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pepartment of the Treasury nternal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public Inspection

A For the Zui	9 calendar year, or tax year beginning $10/01/09$ , and ending $09/30/1$	U		
B Check if applica	I una ine l		D Emplo	yer identification number
Address chang	Police, Inc.			1161000
Name change	print or Doing Business As	-		1164090
Initial return	type. Number and street (or P O box if mail is not delivered to street address)  See 6350 Horizon Drivo	Room/suite	•	ione number
Termination	Specific OJJO HOLLZON DILVE			<u>-264-0911</u>
=	Instruc- City or town, state or country, and ZIP + 4 Itons. Titusville FL 32780		G Gross rece	ipts\$ 2,325,096
Amended retur	E Name and address of a constant of the		LI/a\ ta this	
Application per	Debra K. Chitwood		affiliate	a group return for es? Yes X No
	6350 Horizon Drive		H(b) Are all	affiliates
	Titusville FL 32780		include	'attach a list. (see instructions)
I Tax-exempt				auton a nac (acc modulation)
<del></del>	www.aphf.orq		H(c) Group	exemption number
		Year of formation 1	2.2.	M State of legal domicile FL
Part I	Summary			
	ly describe the organization's mission or most significant activities			<del></del>
The	e National Association of Chiefs of Police participate	d in the c	elebrat	tion of the 50th
Activities & Governance Activi	niversary of The American Police Hall of Fame & Museum	by hostine	g our b	est attended
Po.	ice Officer Memorial Day observance and the Officer o			5.
္ကြဲ 2 Che	ck this box	5% of its net ass	ets	
3 Nun	ber of voting members of the governing body (Part VI, line 1a)	uie O	3	2
S 4 Nun	ber of independent voting members of the governing body (Part VI, line 1b)		4	_0
5 Tota	I number of employees (Part V, line 2a)		5	25
6 Tota	I number of volunteers (estimate if necessary)		6	40
1	I gross unrelated business revenue from Part VIII, column (C), line 12		7a	0
	unrelated business taxable income from Form 990-T, line 34	Prior Yea	7b	
8 Con	tributions and grants (Part VIII, line 1h)		6,682	1,454,745
9 Prod	gram service revenue (Part VIII, line 2g)		9,801	372,620
a   0   10   10   10   10   10   10   10	stment income (Part VIII, column (A), lines 3, 4, and 7d)		9,700	6,003
11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,637	212,808
12 Tota	I revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,820	2,046,176
	nts and similar amounts paid (Part IX, column (A), lines 1–3)		7,395	68,475
14 Ben	efits paid to or for members (Part IX, column (A), line 4)			
ဖွာ 15 Sala	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	563	1,636	575 <b>,</b> 929
Sala 16a Prof b Tota	essional fundraising fees (Part IX, column (A), line 11e)	202	2,045	564,656
	I fundraising expenses (Part IX, column (D), line 25) ▶ 704,159			
17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24)  RECEIVED  Responses Add lines 13-17 (must equal Part IX, column (A), line 25)		7,407	1,044,484
			3,483	2,253,544
	enue less expenses Subtract line 18 from line 12		2,663	-207,368
20 Total	I assets (Part X, line 16) I liabilities (Part X, line 26)	Beginning of Cur	6,271	End of Year 6,524,446
20 Total	I assets (Part X, line 16) I liabilities (Part X, line 26)		7,338	200,564
21 1016	assets or fund balances Subtract line 21 from line 20 OGDEN, UT		3,933	6,323,882
Part II	Signature Block	0,300	J, JJJ]	0,323,002
1 411 11	Under penalties of perjury, I declare that I have examined this return, including accompanying schedule	s and statements a	and to the he	st of my knowledge
	and belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all in	formation of which p	oreparer has	any knowledge
Sign	1) Delva K. ("hitumal		1 1	2.20.10
Here	Signature of officer		Date	·
1010	Debra K. Chitwood			
ICIC				
iere	Type or print name and title			Preparer's identifying number
	N 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Check	H	fano inetrioticas)
aid	Preparer's Date	self-		(see instructions)
Paid Preparer's	Preparer's signature Date 12/1		red 🕨	P01210648
Paid Preparer's	Preparer's signature  ROBBINS & LANDINO, PA  Prim's name (or yours)  ROBBINS & LANDINO, PA	self-		
Paid Preparer's	Preparer's signature  ROBBINS & LANDINO, PA  frim's name (or yours of self-employed), PA  222 S.E. 10th Street	self-	EIN Phone	P01210648   65-0356804
Paid Preparer's Use Only	Preparer's signature  ROBBINS & LANDINO, PA  frim's name (or yours of self-employed), Pa  222 S.E. 10th Street	self-	EIN Phone	P01210648

4d	Other program services (Describe in Sc	hedule O)		
	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses ▶	1,235,817		
_				

7	IT IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			.,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			١,,
_	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	_		.,
_	complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			١
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			١
	complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or			,,
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		τ,	
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	X	لـــــا
124	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	12		
127	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X			
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	174		<u> </u>
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	142		<u> </u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			<del>                                     </del>
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			<u> </u>
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	_X_	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u>г.                                    </u>	<del></del> -	$\vdash$
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			Ť
-	If "Yes," complete Schedule G, Part III	19	Ì	Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Forn	990	(2009)

	,		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	_X_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? if "Yes," complete Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	Χ	
C	An entity of which a current or former officer director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			i
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1		
	III, IV, and V, line 1	34	_X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	_35		_X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	197 Note. All Form 990 filers are required to complete Schedule O	38	_X_	L
		Form	, gan	(2009)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
-				-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		_			
	U.S. Information Returns Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortabl	le		1	
_	gaming (gambling) winnings to prize winners?		I	1 <u>c</u>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_	م د			
	Statements, filed for the calendar year ending with or within the year covered by this return		25		1	l v
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return.	ns /		<u>2b</u>	+-	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere-	a L.,				
Ja	this return?	и бу		3a	x	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3a 3b	X	$\vdash$
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	itv	30	<u>^                                   </u>	$\vdash$
74	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		=			İ
	account)?	arrolar		4a		Х
b	If "Yes," enter the name of the foreign country			10		<del>                                     </del>
_	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega					
	Prohibited Tax Shelter Transaction?	•		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	е				
	organization solicit any contributions that were not tax deductible?			6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
	and services provided to the payor?				<u> </u>	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			<u>7b</u>	<u> </u>	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
_	required to file Form 8282?		İ	7c	. <del> </del>	<del> </del>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				l
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al .	_		
	benefit contract?	- 40		7e	┼	<del> </del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	activ		7f	┼	├
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			<u>7g</u>	+	$\vdash$
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C required?	a5		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			-/11	1	$\vdash$
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8	1	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a	1	ĺ
þ	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		<b>†</b>
10	Section 501(c)(7) organizations. Enter		_			Τ
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter.					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them )	11b	L		1	
12a	, , , , , , , , , , , , , , , , , , ,		) I	12a	<u> </u>	—
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1	<u>L</u>
				For	m <b>990</b>	(2009)

Form 990 (2009) National Association of Chiefs of 59-1164090

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	Enter the number of voting members of the governing body.  See Schedule 0   140   2		Yes	No
1a	Little the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	<u>X</u>	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code )	r		
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	ļ
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>X</u>	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	L
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?	13	<u>X</u>	L
14	Does the organization have a written document retention and destruction policy?	14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u>X</u>	L
þ	Other officers or key employees of the organization	15b	<u>X</u>	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI	,IL,KS,E	ΚY	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Debra K. Chitwood 6350 Horizon Drive		_	
Ti	tusville FL 32780	<u>321-26</u>		
DAA		Form	990	(2009)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Posi	tion (	(C checl	C) k all t	hat a	pply)	(D) Reportable	(E) Reportable	(F) Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Debra K. Chitwood Exec. Treas.	35.00			Х				76,512	0	0
Donna M. Shephero	10.00			X				0	0	
DAA										- 000

Form **990** (2009)

Part VII Section A. Officers	, Directors, Trus	stee	s, Ke	y Er	nplo	yees	s, an	nd Highest Compensated	Employees (continued)				
(A)	(B)				C)			(D)	(E)		(F)		
Name and Jitle	Average hours per week	ndividual trustee or director	_	Officer	Key employee	a Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	CC 0	Estima amour other other impens from i rganiz and rel rganiza	nt of er sation the ation ated	
				L									
<del></del>													
***													
						ļ 							
	-											_	
													·
	-												
	<u> </u>												
1b Total	1						_	76,512				37,	900
2 Total number of individuals (in	-		_	thos	e lis	ted a	bov		\$100,000 in				
reportable compensation from	the organization		U									Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"								yee, or highest compensat	ted		3		Х
4 For any individual listed on line the organization and related o individual											4		Х
5 Did any person listed on line 1									г				
Section B. Independent Contractor		cor	пріє	ie Sc	nea	uie J	tor	such person	•••		5		X
Complete this table for your five compensation from the organic	ve highest compo	ensa	ted ı	ndep	end	ent c	ontr	ractors that received more	than \$100,000 of				
	(A) business address							Descrip	(B) tion of services		Co	(C)	tion
Odell, Simms & Assoc		_	20		770	4 ]		sburg Pike					
Falls Church Kael Direct	VA		20		602	0.1		Education/Func hmond Hwy, Ste				471	1,835
Alexandria	VA	_ 2	23					Prepaid Postac				210	),476
American Police Acad Titusville	-	. 3	27		635	0 I	1	izon Drive Management				149	9,500
Total number of independent of more than \$100,000 in competition.		_				ed to	thos	se listed above) who receiv	red		3	· <del></del> .	

Pa	rt V		nent of Reve			<del></del>		33 1104030		1 age 🗸
-		,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	1a	Federated car	nnaigne	1a				Tevenue		312, 313, 01 314
an		Membership d		1b	•				1	
g,E		Fundraising ev		1c						
ifts ar a		Related organ		1d		135,000				
S,E		Government grants		1e		1337000			İ	
r si		All other contribution	,	<del>  ```  </del>						
the t	•	and similar amounts		<sub>1f</sub>	1.	319,745				
뎚	a	Noncash contributio	ns included in lines 1a-	$\overline{}$		10,600				
3 ೯	_	Total. Add line		., ,	•	<b>1</b> 0,000	1,454,745			
Program Service Revenue   Contributions, gifts, grants						Busn. Code	7		`	7
ven	2a	Gun Ran	qe			713990	204,805		204,805	
Re	b	•	eum Revenue			511120	85,111	85,111		
/ice	С	NACOP P	ublications	and O	ther	611710	82,704	82,704		
Sen	d									
am	е									
ogra	f	All other progr	am service reve	nue						
Ā	g	Total. Add line	es 2a-2f			•	372,620			
	3	Investment inc	come (including	dıvıden	ds, intere	est, and				
		other similar a	mounts)			▶	17,839			17,839
	4	Income from I	nvestment of tax	-exem	pt bond p	roceeds 🕨 💄				
	5	Royalties				<b>•</b>				
			(ı) Real		(II) F	Personal				
	6a	Gross Rents	120,	000						
	þ	Less rental exps								
				000						
		Net rental inco			1	<b>•</b>	120,000			120,000
	sales of assets (1) Securities		(11)	Other						
		other than inventory	75,	272						
	b	Less cost or other	0.7	100					,	
	_	basis & sales exps		108 836					·	
		Gain or (loss)		836	L		11 026			11 026
		Net gain or (lo	ss) om fundraising eve	<sub>-t-</sub> [	<del></del>	<u>-</u> -	-11,836			-11,836
Ë	oa	(not including \$	Jili lundraising eve	111.5						
Other Revenue			reported on line 1c)	,						
æ		See Part IV, line	•	ا م						
je.	ь	Less direct ex		ь						
ō			(loss) from fund	- Iraisino	events	<b>•</b>				
			om gaming activitie	r			. <del></del>		·	
		See Part IV, line		a		[				
	b	Less direct ex	penses	ь[						
	c	Net income or	(loss) from gam	nng ac	tivities	<b>&gt;</b>				
	10a	Gross sales of	f inventory, less							
		returns and all	lowances	a		252,273				
	b	Less cost of g	goods sold	ь[		191,812				
	С	Net income or	(loss) from sale	s of inv	entory	<b>•</b>	60,461		60,461	····
		Misc	ellaneous Revenue	•		Busn. Code				
	11a	Publicati	on-Chief of	Polic	е	541800	32,347	2,424	29,923	
	b					<u> </u>				
	C					<b></b>				<del></del>
	d	All other rever				L	20 247			
		Total Revenue				<b>!</b>	32,347 2,046,176	170,239	295,189	126,003
	14	TOTAL REVENU	e. See instructio	115			2,040,176	110,239	250,109	126,003

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

·	· All other organizations must o		e not required to complet	te columns (B), (C), and (D	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	, 8b, 9b, and 10b of Part VIII.  Grants and other assistance to governments and	<u> </u>	expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21	37,993	37,993		
2	Grants and other assistance to individuals in	31,993	<u> </u>		
_	the U.S. See Part IV, line 22	30,482	30,482		
3	Grants and other assistance to governments,	30, 402	30, 102		<del></del>
•	organizations, and individuals outside the		]		
	U S See Part IV. lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	····			
	trustees, and key employees	117,312	43,433	58,118	15,761
6	Compensation not included above, to disqualified			33,223	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	315,183	252,594	23,601	38,988
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	19,577	9,741	5,890	3,946
9	Other employee benefits	63,949	31,822	19,238	12,889
10	Payroll taxes	59,908	29,810	18,023	12,075
11	Fees for services (non-employees)				<del></del>
а	Management				
b	Legal	9,104		9,104	
С	Accounting	10,000		10,000	
	Lobbying				
е	Professional fundraising services See Part IV, line 17	564,656			<u>564,656</u>
f	Investment management fees				
g	Other	0.4.5.61			
12	Advertising and promotion	24,561		24,561	
13	Office expenses	3,707	2,317	1,274	116
14	Information technology				
15	Royalties	·-··			
16	Occupancy Travel				
17 18	<b>1</b>				
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		<del></del>		
21	Payments to affiliates			<del></del>	<del></del>
22	Depreciation, depletion, and amortization	192,661	163,935	17,995	10,731
23	Insurance	81,010	69,860	6,984	4,166
		01/010	03/000		1/100
24	Other expenses Itemize expenses not	,			
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	Postage and Mailing	184,767	143,050	33,949	7,768
b	Printing and Publications	110,602	82,646	26,934	1,022
C	Utilities	108,618	92,423	10,145	6,050
d	Repairs and Maintenance	101,953	94,905	4,415	2,633
е	Mailing List Rental	53,150	43,486	9,664	
	All other expenses	164,351	107,320	33,673	23,358
	Total functional expenses. Add lines 1 through 24f	2,253,544	1,235,817	313,568	704,159
26	Joint costs. Check here ► X if following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	000 000	22. 22.		084 65
DAA	fundraising solicitation	833,300	374,985	83,330	374,985
2//					Form <b>990</b> (2009)

			(A)		(B)
<del>-</del>			Beginning of year		End of year
1	Cash—non-interest bearing	F	167,247	1	1,949
2	Savings and temporary cash investments	-	115,596	2	188,840
3	Pledges and grants receivable, net	-		3	
4	Accounts receivable, net	ļ		4	
5	Receivables from current and former officers, directors				
1	employees, and highest compensated employees Con	nplete Part II of			
_	Schedule L			5	<del></del>
6		•			
- [	4958(f)(1)) and persons described in section 4958(c)(3)	(B) Complete			
Q	Part II of Schedule L	-		6	<del></del>
7 8	Notes and loans receivable, net	-		7	
ğ   8	Inventories for sale or use	_	75,378	_8	67,388
1 9	Prepaid expenses and deferred charges	, , <u> </u>	75 <b>,</b> 851	9	57,159
10	a Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	10a 7,300,881			
l t	Less accumulated depreciation	10b 1,476,950	5,937,719		5,823,931
11	Investments—publicly traded securities	L	344,480	11	385 <b>,</b> 179
12	Investments—other securities See Part IV, line 11	L	<u></u>	12	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets	<u> </u>		14	
15	Other assets See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 3	34)	6,716,271	16	6,524,446
17	Accounts payable and accrued expenses	<u> </u>	133,480	17	121,938
18	Grants payable	<u> </u>		18	
19	Deferred revenue	<u> </u>	83 <b>,</b> 858	19	78,626
20	Tax-exempt bond liabilities	<u> </u>		20	
ß 21	Escrow or custodial account liability Complete Part IV	of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
21 22 22	Payables to current and former officers, directors, truste	ees, key			
<u> </u>	· employees, highest compensated employees, and disq	ualified			
<u> </u>	persons Complete Part II of Schedule L	L		22	
23	Secured mortgages and notes payable to unrelated thir	d parties		23	
24	Unsecured notes and loans payable to unrelated third p	parties	·····	24	
25	Other liabilities Complete Part X of Schedule D	L		25	
26	Total liabilities. Add lines 17 through 25		217,338	26	200 <b>,</b> 564
2   U	Organizations that follow SFAS 117, check here ▶ 🛚	∡ and			
	complete lines 27 through 29, and lines 33 and 34.				
등   27	Unrestricted net assets	L	6,498,933	27	6,323,882
Ď   28	Temporarily restricted net assets	L		28	
29	•			29	·
<b>3</b>	Organizations that do not follow SFAS 117, check he	ere ►			
5	and complete lines 30 through 34.				
3 30	Capital stock or trust principal, or current funds	L		30	
31	Paid-in or capital surplus, or land, building, or equipment	nt fund		31	<del></del>
2 32	Retained earnings, endowment, accumulated income,	or other funds		32	
27 28 29 30 31 32 33 34	Total net assets or fund balances		6,498,933	33	6,323,882
2 34	Total liabilities and net assets/fund balances		6,716,271	34	6,524,446

Form **990** (2009)

issued on a consolidated basis, separate basis, or both

the Single Audit Act and OMB Circular A-133?

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

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### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Inspection

Internal Revenue Service National Association of Chiefs of Name of the organization **Employer identification number** Police, Inc. 59-1164090 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? [11g(iii] Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (I) listed in your the organization in ganization in col support col (i) of your (i) organized in the above or IRC section governing document? US? support? (see instructions)) Yes No Yes No Yes Nο

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009 Nat Support Schedule for O					0-1164090	Page 2
r	Support Schedule for O (Complete only if you che				)(1)(A)(IV) and	170(B)(T)(A)(V	')
Sec	tion A. Public Support	ecked the box	011 line 5, 7, 0	1001 Part I.)			<del></del>
_	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Sec	Public support. Subtract line 5 from line 4						
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(4) 2000	(5) 2555	(0) 200.	(4) 2000	(0,200	(1) 10101
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	<u></u>	L	<u> </u>	I		
12	Gross receipts from related activities, etc	•		and a Sill to a second	EO:	1(2)(3)	
13	First five years. If the Form 990 is for the organization, check this box and stop her	•	t, secona, thira, ic	outtn, or mith tax yea	ar as a section 50	1(0)(3)	▶ □
Sec	tion C. Computation of Public Su		tage	<del></del>	······································		
14	Public support percentage for 2009 (line 6			mn (fl)	<del></del>	14	%
15	Public support percentage from 2008 Sch			(1))		15	%
16a	33 1/3 % support test—2009. If the organ	•		13. and line 14 is	33 1/3 % or more.	<del></del>	
	and stop here. The organization qualifies				·		▶ [
b	33 1/3 % support test-2008. If the organ	zation did not che	eck a box on line 1	3 or 16a, and line	15 is 33 1/3 % or r	more, check this	
	box and stop here. The organization qual	fies as a publicly s	supported organiz	ation			▶ [
17a	10%-facts-and-circumstances test—200	9. If the organizat	ion did not check a	a box on line 13, 16	Sa, or 16b, and line	e 14 is 10% or	
	more, and if the organization meets the "fa						· F
	organization meets the "facts-and-circums		•	• •			▶ [_
b	10%-facts-and-circumstances test—200	-					
	more, and if the organization meets the "fa						
40	organization meets the "facts-and-circums			• •			
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	op, 1/a, or 1/b, che	eck this box and se	ee instructions	▶ ∟

Schedule A (Form 990 or 990-EZ) 2009

Page 3

Schedule A (Form 990 or 990-EZ) 2009 National Association of Chiefs of Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support				· <del>- ·</del>		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,870,594	1,648,091	1,827,080	1,416,682	1,454,745	8,217,192
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	569,889	490,239	512,794	869,438	777,240	3,219,600
3	Gross receipts from activities that are not an unrelated trade or business under section 513						···
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,440,483	2,138,330	2,339,874	2,286,120	2,231,985	11,436,792
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		•				
С	amount on line 13 for the year  Add lines 7a and 7b					-	
8	Public support (Subtract line 7c from line 6)						11,436,792
Sec	tion B. Total Support			±	·	L	11,430,792
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	2,440,483	2,138,330	2,339,874	2,286,120	2,231,985	11,436,792
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,194	40,676	28,841	16,723		143,273
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	39,194	40,676	28,841	16,723	17,839	143,273
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	2,479,677					11,580,065
14	First five years. If the Form 990 is for the	-	, second, third, fou	ırth, or fifth tax yea	ir as a section 501	(c)(3)	, ,-
~	organization, check this box and stop here						<b>P</b> [
	tion C. Computation of Public Su					T.4-1	
15	Public support percentage for 2009 (line 8		=	n (f))		15	98.76%
16	Public support percentage from 2008 Sch					16	97.88 <b>%</b>
	tion D. Computation of Investme			antuma (A)	•	17	1.9/
17 18	Investment income percentage for 2009 (I			, column (i))		18	1 % 1 %
10 19a	Investment income percentage from 2008 33 1/3 % support tests—2009. If the orga			14 and line 15 is	more than 33 1/3	\ <del></del>	1_/6_
b	17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2008. If the orga	oox and stop here.	The organization	qualifies as a publi	cly supported orga	anization	, <b>•</b> 🛚
	line 18 is not more than 33 1/3 %, check to						▶ [
20	Private foundation of the erganization dis						

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Name of the organization Employer identification number National Association of Chiefs of Police, Inc. 59-1164090 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements. b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	edule D (Form 990) 2009 National	<u> Association</u>	of Chiefs	of	59-11	64090	Page <b>2</b>
P	art III Organizations Maintainii	ng Collections of Art	, Historical Trea	sures, o	r Other	Similar Assets	(continued)
3	Using the organization's acquisition, acces collection items (check all that apply)	sion, and other records, ch	eck any of the followi	ng that are	a significa	ant use of its	
а	Public exhibition	d 🗌 Loar	or exchange program	ns			
b		e Othe					
c		о <sub>—</sub> о	" – – – –				
4	Provide a description of the organization's Part XIV	collections and explain how	v they further the orga	ınızatıon's	exempt pu	rpose in	
5	During the year, did the organization solicit	or receive donations of art	, historical treasures,	or other si	ımılar		
	assets to be sold to raise funds rather than  art IV Escrow and Custodial A					"Vaa" ta Farra	Yes No
re	• • •		•	alion an	iswered	res to Form	990, Part
4.	IV, line 9, or reported an a					-	
1a	Is the organization an agent, trustee, custo	dian or other intermediary	for contributions or otl	her assets	not		
	included on Form 990, Part X?						∐ Yes ∐ No
b	If "Yes," explain the arrangement in Part XI	V and complete the follow	ng table				
							Amount
C	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on	Form 990, Part X, line 21?					Yes No
b	If "Yes," explain the arrangement in Part XI	V					
Pa	art V Endowment Funds. Com	plete if organization	answered "Yes" t	to Form	990, Pa	rt IV, line 10.	
		(a) Current year	(b) Prior year	(c) Two y	ears back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
C	Net investment earnings, gains,		<del>*.*</del>			***************************************	
Ū	and losses						1
ч	Grants or scholarships		<del>-</del>	<b></b>			
•	Other expenditures for facilities						
6	· ·						
	and programs						
1	Administrative expenses						<del></del>
g	End of year balance						<u>.i</u>
2	Provide the estimated percentage of the year	ear end balance held as					
a	Board designated or quasi-endowment ▶	%					
b		%					
C	Term endowment ▶ %						
3a	Are there endowment funds not in the poss	session of the organization	that are held and adm	ninistered t	for the		
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(ii), are the related organization	ons listed as required on So	hedule R?				3b
4	Describe in Part XIV the intended uses of t						
₽ŧ	art VI Investments—Land, Buil	dings, and Equipme	nt. See Form 99	0, Part )	X, line 10	)	
	Description of investment	(a) Cost or other basis	(b) Cost or other	her	(c) Acc	umulated	(d) Book value
		(investment)	basis (other	)	depre	eciation	
1a	Land		657	,460			657,460
	Buildings		6,069		1.	137,760	4,931,447
	Leasehold improvements				•	1	
	Equipment		154	,903		126,536	28,367
	Other			,311		212,654	206,657
	il. Add lines 1a through 1e (Column (d) musi	t equal Form 990, Part X, c				▶	5,823,931

Schedule D (Form 990) 2009 Part VII Investment	nts—Other Securities. See Form		59-1164090	Page
	cription of security or category	(b) Book value	(c) Method of valuation	
	cluding name of security)	''	Cost or end-of-year market value	
Financial derivatives				•
Closely-held equity interests				
Other				
	·			
		_		
- <del></del>			<del></del>	
Total. (Column (b) must equa	al Form 990, Part X, col (B) line 12)	<b>&gt;</b>		
Part VIII Investmer	nts—Program Related. See Form	990, Part X, line 13.		
	escription of investment type	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market value	
<u>-</u>				
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Total (Column (b) must equa	al Form 990 Part X col. (B) line 13.)	<b>.</b>		
	al Form 990, Part X, col. (B) line 13.)	<b>&gt;</b> 5.		
	al Form 990, Part X, col. (B) line 13 ) sets. See Form 990, Part X, line 1: (a) Description		(b) Book	value
	sets. See Form 990, Part X, line 1		(b) Book	value
	sets. See Form 990, Part X, line 1		(b) Book	value
	sets. See Form 990, Part X, line 1		(b) Book	value
	sets. See Form 990, Part X, line 1		(b) Book	value
	sets. See Form 990, Part X, line 1		(b) Book	value
	sets. See Form 990, Part X, line 1		(b) Book	value
	sets. See Form 990, Part X, line 1		(b) Book	value
	sets. See Form 990, Part X, line 1		(b) Book	value
	sets. See Form 990, Part X, line 1		(b) Book	value
	sets. See Form 990, Part X, line 1		(b) Book	value
Part IX Other Ass	at Form 990, Part X, col (B) line 15)	5.	(b) Book	value
Part IX Other Ass	sets. See Form 990, Part X, line 1:  (a) Description	ē 25.		value
Total. (Column (b) must equal Part X Other Lial 1	at Form 990, Part X, col (B) line 15)	5.		value
Total. (Column (b) must equal Part X Other Lial	at Form 990, Part X, col (B) line 15 ) bilities. See Form 990, Part X, line	ē 25.		value
Total. (Column (b) must equal Part X Other Lial	at Form 990, Part X, col (B) line 15 ) bilities. See Form 990, Part X, line	ē 25.		value
Total. (Column (b) must equal Part X Other Lial 1	at Form 990, Part X, col (B) line 15 ) bilities. See Form 990, Part X, line	ē 25.		value
Total. (Column (b) must equal Part X Other Lial 1	at Form 990, Part X, col (B) line 15 ) bilities. See Form 990, Part X, line	ē 25.		value
Total. (Column (b) must equal Part X Other Lial 1	at Form 990, Part X, col (B) line 15 ) bilities. See Form 990, Part X, line	ē 25.		value
Total. (Column (b) must equal Part X Other Lial	at Form 990, Part X, col (B) line 15 ) bilities. See Form 990, Part X, line	ē 25.		value
Part IX Other Ass  Total. (Column (b) must equal Part X Other Lial	at Form 990, Part X, col (B) line 15 ) bilities. See Form 990, Part X, line	ē 25.		value
Total. (Column (b) must equal Part X Other Lial 1	at Form 990, Part X, col (B) line 15 ) bilities. See Form 990, Part X, line	ē 25.		value
Total. (Column (b) must equal Part X Other Lial	at Form 990, Part X, col (B) line 15 ) bilities. See Form 990, Part X, line	ē 25.		value
Total. (Column (b) must equal Part X Other Lial	at Form 990, Part X, col (B) line 15 ) bilities. See Form 990, Part X, line	ē 25.		value
Total. (Column (b) must equal Part X Other Lial 1 (a Federal income taxes	at Form 990, Part X, col (B) line 15 ) bilities. See Form 990, Part X, line	ē 25.		value

	dule D (Form 990) 2009 National Association of Chiefs of 59-116	4090	Page 4
P	IRL XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	atements	_
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,046,176
- 2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,253,544
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-207,368
4	Net unrealized gains (losses) on investments	4	32,317
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	32,317
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-175,051
Pa	at XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	2,055,288
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 22, 3	317	
þ	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
đ	Other (Describe in Part XIV )		
е	Add lines 2a through 2d	2e	32,317
3	Subtract line 2e from line 1	3	2,022,971
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)  4b 23, 2	205	
С	Add lines 4a and 4b	4c	23,205
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,046,176
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1	Total expenses and losses per audited financial statements	1	2,230,339
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIV )		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,230,339
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		·
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)  4b 23, 2	205	
С	Add lines 4a and 4b	4c	23,205
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,253,544
	rt XIV Supplemental Information		
and 2 this p	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complet part to provide any additional information  art XI, Line 8 - Reconcilation of Changes - Other		
_ P	ublication-Chief of Police Direct Advertising Costs	_\$	<u>-23,205</u>
_ P	ublication-Chief of Police Direct Advertising Costs	_\$	<u>23,205</u> _
	art XII, Line 4b - Revenue Amounts Included on Return - Cublication-Chief of Police Direct Advertising Costs		23, 205 

-Schedule D Part XIV			Na ntal l	tio	nal	As	SOC!	lat	ion	of	Chi	efs	5 01	<u> </u>	59-	-116	409	0				Page 5
														·								
Part	XIII	<u>Lir</u>	ne_ 4	<u>lb</u>	_Ex	pen	<u>se _</u>	A <u>m</u> o	<u>unt</u>	s_I	<u>ncl</u> ı	u <u>d</u> e	<u>d</u> <u>o</u> :	n_R	<u>e</u> t <u>u</u> :	r <u>n</u> _	<u>O</u> t.	<u>her</u>	_	- <b>-</b>		
_Publi	<u>cati</u>	on-Cl	ni <u>e</u> f	<u>_ of</u>	_Po	lic	<u>e</u> <u>D</u>	i <u>r</u> e	<u>c</u> t _	<u>Ad</u> v	<u>ert</u> :	i <u>s</u> i	ng_	C <u>o</u> s	<u>t</u> s_		_\$		_	<u>2</u> 3 <u>,</u>	2 <u>0</u> 5	<del>-</del> –
		<del>-</del>	<del>.</del> —					_		· –		_		_	_ <del>_</del>		. <b>–</b> .		_			
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### · SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Supplemental Information Regarding** 

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open To Public

Name of the organization National Association Police, Inc.				Employer identif	90
Part I Fundraising Activities. Comple Form 990-EZ filers are not requ	ete if the organizat uired to complete t	ion answ his part.	vered "Yes" to For	m 990, Part IV, lir	ne 17.
1 Indicate whether the organization raised funds thro	ough any of the following	g activities	Check all that apply		
a X Mail solicitations	e Solicitation	of non-go	vernment grants		
b Internet and email solicitations	f Solicitation	of governi	ment grants		
c X Phone solicitations	g 🗌 Special fur	ndraising ev	vents		
d In-person solicitations					
2a Did the organization have a written or oral agreem or key employees listed in Form 990, Part VII) or e	ent with any individual ( intity in connection with	ıncludıng o profession	fficers, directors, truster al fundraising services?	es	X Yes No
b If "Yes," list the ten highest paid individuals or enti- to be compensated at least \$5,000 by the organiza	ties (fundraisers) pursua ation	ant to agree	ements under which the	fundraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund- raiser have custody or control of contributions?	from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
Odell, Simms & Associates	Direct Mail		1 000 500		
Shamrock Publications Co., Inc.	Direct Mair	X	1,038,539	471,835	566,704
	Phone	X	119,692	92,821	26,871
					• • • • • • • • • • • • • • • • • • • •
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		:			
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	<del></del>		1		
-					
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Total		<b></b>	1,158,231	564,656	593,575

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Hampshire, New Jersey, New York, North Carolina, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin

۲	art i	Fundraising E more than \$15													ροπε	ea
		' more man \$15	,000	(a) Event #		0a.	(b) Ever		33 160		Other event		# <u>2,000</u>	<i>J.</i>		
			·				=		_	(-,				i) Total		gh
ā				(event type)	)		(event ty	pe)		(to	otal number)			col	(c))	
Revenue		Gross receipts														
8	1 2	Less Charitable			<del></del>		_				·····					
		contributions				ļ										
	3	Gross revenue (line 1 minus line 2)											İ			
_		minus inic 2 <sub>j</sub>		-												_
	4	Cash prizes														
	5	Noncash prizes				<u> </u>			_							·
enses	6	Rent/facility costs							-					<del></del>		. <del></del>
Direct Expenses	7	Food and beverages				<u> </u>		· · · · · · · · · · · · · · · · · · ·	+							
Θğ	8	Entertainment						iii	_							
	9	Other direct expenses														
	10	Direct expense summary		-								<b>•</b>	k			
Ö	11 art l	Net income summary Com  If Gaming. Com	ombine ploto	if the organ	n (d), and lin	e 10	red "Vec" t	Form 00	00 Pa	art I\/	line 10	or rei	orted	more		
•	aiti	than \$15,000 c				13446	ieu ies t	or oring	50, i e	21 L 1 V	, 11116 13	, 01 16	Jorteu	111016	•	
ne				(a) Bingo			(b) Pull tabs			(c) (	Other gamin	ıg	1 '	otal gan		
Revenue				<u> </u>		<del> </del>	biligo/progress	ive billgo	_				- 601	a) unou	gii coi	(0))
~	1	Gross revenue				ļ							<u> </u>			
S	2	Cash prizes											r			
Expenses	3	Noncash prizes	!													
	Ì	·				-		_								
Direct	4	Rent/facility costs														
	5	Other direct expenses		Yes	%	<del>                                     </del>	Yes	%	$\dashv_{r}$	Yes		%	<u> </u>	<del></del>		
	6	Volunteer labor		No	70		No			No				_		
	7	Direct expense summary	y Add	lines 2 through	5 ın column	(d)						•	ķ			
	8	Net gaming income sum	mary	Combine line 1	, column d,	and lir	ne 7					<b>&gt;</b>	l 			
9	En	ter the state(s) in which th	e orga	nization operat	tes gaming a	ctivitie	es								Yes	No
а		he organization licensed t	_											9a		
b	lf "i	No," Explain														
10a		ere any of the organization	n's gam	ning licenses re	evoked, susp	ende	d or terminate	during the	tax yea	ır?				10a		
b	If "	Yes," Explain														
11		es the organization opera	_	=			ambor of a sec	tnarchin as	othor c	ntitu				11		
12		he organization a grantor, med to administer charital		-	e oi a trust 0	ı a me	ember of a par	ulership of (	omer ei	illity				12		

Sche	dule G (Form 990 or 990-EZ) 2009 National Association of Chiefs of	59-116409	0	Р	age 3
				Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a %			
b	An outside facility	13b %			
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records				
	Name				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a		ļ
b	,	and the			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party				
	Name				
	Address ►				
16	Gaming manager information				
	Name ►				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			ĺ	
	retain the state gaming license?		17a	<del></del>	ļ
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
	in the organization's own exempt activities during the tax year ▶ \$		i i	I	1

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

Open to Public Inspection

Department of the Treasury Internal Revenue Service	<u></u>		•	▶ Attach to Form 990.	0.			Inspection	tion
Name of the organization	National Association Police, Inc.	on of Chief	jo sja			Employer i	Employer identification number 59—1164090		
Part I Gene	General Information on Grants and Assistance	d Assistance							
1 Does the organize the selection critical Describe in Part	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	the amount of the gr ince? ontoring the use of g	ants or ass grant funds	istance, the grantees' in the United States	eligibility for the grants	or assistance, and	F.	X Yes	% 
#	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed	overnments and ecipient that rectional side of the second	d Organ seived m pace is r	<b>Organizations in the United States.</b> Complete if the organization answered "Yes" to sived more than \$5,000. Check this box if no one recipient received more than \$5,00 ace is needed	ited States. Com Check this box if r	olete if the organo one recipier	anization ansv nt received me	wered "Yes" to ore than \$5,000 Use	
1 (a) Name	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Iberia Parish 300 S Iberia	Sheriff's Dept. St Ste 120							K-9 Matching Grant	ant
New Iberia	LA 70560-4543	72-6000546	GOV	10,000					
Westampton Twp Police 710 Rancocas Rd Ste 1 Westampton	rp Police Dept. Rd Ste 1 NJ 08060-5642	21-0733189	GOV	9,600				K-9 Matching Grant	ant
Milford Police 19 Garden St Milford	e Dept.	02-6002175	GOV	9,073				K-9 Matching Gr	Grant
olis pahoe olis	Police Dept. St WY 81443-2745	83-6000117	GOV	9,320				K-9 Matching Gr	Grant
			·						
2 Enter total numb 3 Enter total numb	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	organizations						4 0	

Schedule I (Form 990) 2009 National Association of Chiefs of 59-1164090

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

<u>"</u>	(a) Type of grant or assistance (b) Number of cash grant recipients cash grant	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)
Medica	Medical Reimbursements	9	2,538			
Educat	Educational Scholarships	64	24,234			
Summer Camp	Camp		3,710		:	
				,		
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to p	provide the information	on required in Part I,	line 2, and any other additi	onal information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Records are maintained for recipients of grants and assistance.

Schedule I (Form 990) 2009

### -SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

### **Transactions With Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

National Association of Chiefs of

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2009

**Employer identification number** 

Open To Public Inspection

59-1164090 Police, Inc. Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (b) Loan to (c) Original (d) Balance due (e) In default? (f) Approved (g) Written or from the principal amount by board or agreement? omanization? committee? Yes No Yes No Yes No To From Total **▶** \$ Part III **Grants or Assistance Benefitting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Shanng (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction of org interested person and the transaction revenues? organization Yes No Brent Shepherd CEO's Son 72,122 NACOP Employee Х Barry Shepherd CEO's Son 72,122 NACOP Employee

### SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

National Association of Chiefs of Police, Inc.

Employer identification number 59-1164090

Form 990, Part VI, Line 1a (and Part I, Line 3) - Explanation of Governing Body

The organization has an active hands-on six member advisory committee that meet regularly throughout the year to discuss, brainstorm, and evaluate the mission accomplishments of the non-profit entity. These thoughts, recommendations, and assessments are discussed in detail with the executive board on a regular basis. The executive board relies on the advisory committee recommendations throughout the year in making any decisions that require a vote of any kind. There is an annual board meeting, held in May each year around Police Memorial Day, that summarizes the accomplishments and concerns of the organization from the previous year.

Form 990 - Organization's Mission or Most Significant Activities

The National Association of Chiefs of Police, Inc. (NACOP) is organized as a charitable and educational organization directed to provide its services to officers who hold supervisory positions in federal, state, county, and local law enforcement agencies within the borders of the United States and its territories. This includes those individuals who are involved in the security industry and work hand in hand in the protection of life and property of this nation. To achieve these goals and to concentrate our many programs listed below, we limit our membership to the American law enforcement services and concentrate our efforts in serving our own communities and laws.

The corporation has a multi-faceted program service effort including, but not limited to, the following:

- a. To maintain and perpetuate the American Police Hall of Fame and museum for the purpose of honoring officers who have died in the line of duty in the United States of America and its territories and possessions and to house a museum of law enforcement artifacts for public display to promote the law enforcement profession and help develop the public's understanding of the day to day challenges faced by law enforcement professionals.
- b. To educate and promote the annual observance of Peace Officers' Week and May 15th, Peace Officers' Memorial Day, to the general public through activities and sponsored programs.
- c. To offer assistance to officers and their families who have been disabled in the line of duty.
- d. To encourage educational activities and services to upgrade law enforcement and security on a professional level.
- e. To publish, distribute and print materials relative to law enforcement history, training and services and research material which may be funded by the Corporation.
- f. To hold meetings and sponsor seminars and conferences for the purpose of educating and upgrading those who may supervise agencies in law enforcement at the federal, state, county and local levels as well as private security, as needed.
- g. To encourage citizen support for law enforcement, for the establishment and maintenance of a law enforcement memorial and museum and for honoring those who serve and protect in the community on all levels of government.
- h. To help fund or provide resources to law enforcement agencies for crime prevention and/or crime deterrence programs or services for which funds or resources are not readily available to the agency. Such funding and/or resources may be provided for such programs and/or services which may

include, but need not be limited to, police K9's, K9 program related expenses, community oriented gun safety programs and children's safety education.

- i. To operate a gun range at which police departments, officers and the public can safely participate in firearm education, training, skill development, recreation and competition and at which the public can develop a better understanding of the firearm competencies required of police officers.
- j. To operate a pro shop common to gun ranges in general where firearms, ammunition, firearm accessories, safety products and personal defense items can be sold to law enforcement and security personnel and to the general public who typically use the Shooting Center in accordance with federal, state and local requirements and regulations and at which firearms safety can be demonstrated.

Form 990, Part III, Line 4a - First Achievement EDUCATION, RECOGNITION, SUPPORT AND PUBLIC AWARENESS:

EDUCATION: Among the many educational benefits, we encourage every law-abiding individual to support their local police. We accomplish this with many publications and programs that are educational in nature. We also publish guidelines and books of value to command officers that can be utilized in training. In most cases, these books are provided without charge to the police agencies or at cost. We produce other educational materials such as posters and printed guidelines to promote Police Week, and encourage citizen support of police in their own community.

Chief of Police Magazine: NACOP publishes a magazine on a regular basis to members. It provides information on changes in the law and of ideas of successful anti-crime programs, administrative concerns and training of staff and officers to chiefs of police, county sheriffs, and state and federal agencies who employ hundreds of thousands of sworn law enforcement officers in the United States.

Survey: On an annual basis, we conduct a survey of command officers regarding issues and questions of ethics that they in turn can use as a guideline for training and actions. The survey also provides the media, the legislature and the community with the views of the police departments on subjects such as traffic standards, firearms, funding, training, use of force, sharing crime facts, and problems dealing with the use of narcotics, school violence, and issues of policing in the years ahead. We can respond to major issues, via the results of the survey, which is now in its 23rd year of publication.

Police Ethics: Part of the educational program of the National Association of Chiefs of Police is to reach out to citizens in the community to help set standards for police leadership and police ethics. We encourage citizens to understand that a real professional must have ethics and standards to keep the community alert to trends in crime and the selection of men and women who uphold the law. NACOP sets goals and guidelines for the leaders of American law enforcement now and in the future.

Police Museum: The 30,000 square foot Police Museum houses many exciting

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exhibits and displays that provide visitors with an abundance of hands-on educational opportunities. Visitors learn about police equipment from yesterday, today and tomorrow, terrorism, street and prison weapons, and capital punishment through a close-up view of thousands of artifacts assembled from all over the world over the past 46 years. A simulated crime scene together with police investigation and forensic tools provide an opportunity for visitors to gain a better understanding of crime scene investigation work. An interactive counterfeit money display allows visitors to check the authenticity of their currency using several techniques available to law enforcement agencies. In addition to many other visitors, thousands of police officers and survivors of police officers killed in the line of duty visit the Museum every year to see the memorial where more than 8,000 names of slain police officers from the past five decades are engraved.

Training Facility: Our training rooms have been used recently by many governmental agencies, local municipalities and educational institutions for training and educational sessions. These groups include the U.S. Department of Commerce, 18th Judicial Circuit Court, Florida Department of Law Enforcement, Brevard County Sheriff's Office, Titusville Police Department, Kennedy Space Center Security, Brevard County Correctional Institute, Brevard Community College Police Academy, Florida Institute of Technology, Brevard County, the City of Titusville, Police Benevolent Association, and the Space Coast League of Cities. Numerous schools make field trips that start in the training room and then continue to the Museum and memorial. Thousands of school children have been part of NACOP's program. Each year during the week of May 15th, we hold annual services

where the families of slain officers are invited, as are members of the Board of Directors. We also support and work with our local Police Athletic Leagues and Police Explorers groups.

Shooting Center: Our 24-lane indoor gun range known as the Shooting Center is open to law enforcement, corrections, security and military personnel and to the general public. The range is used for teaching firearms safety, self-defense, training, competitions and practice. More than 24,000 people annually shoot in the range. Many of these are first time firearms users who come away with a keen appreciation for the skills and competencies required of law enforcement officers in the performance of their duties and a real life, first-hand education on firearms safety. The Shooting Center has hosted training conducted by Kennedy Space Center Security, the Bureau of Alcohol, Tobacco, Firearms and Explosives, the National Park Service and the Titusville Police Department, and has hosted events in conjunction with the Civilian Marksmanship Program, NJROTC, Keiser University, Boy Scouts of America and Florida Sport Shooting Association. Many private security firms and training organizations use the Shooting Center for firearms and self-defense training and for armed security officer qualifying.

Pro Shop: Our Pro Shop is an integral part of the Shooting Center operation as it provides a place where law enforcement and security personnel and the general public who typically use the Shooting Center can purchase firearms with confidence and assurance that the process is performed professionally and in compliance with federal, state and local regulations. Firearm accessories, ammunition, safety products and personal defense items can also be purchased.

RECOGNITION: The awards program is important for morale as well as individual recognition for outstanding service. Once an award is granted, local press releases are sent to the news media. The program is in its 49th year.

Medal of Honor: The highest award, the Posthumous Medal of Honor, is issued when an officer has died in the line of duty. The award is sent to the officer's department and then presented to the officer's family. The officer's name is then added to the memorial wall located inside the Police Museum.

National Awards Recognition: A series of citations, medals and uniform bars are also available to all police agencies in recognition of acts of service and valor. This also includes citizens who come to the aid of other citizens and local police. The next highest award after the Posthumous Medal of Honor is the Silver Star for Bravery, followed by a series of other awards suitable for acknowledgement to the community, that one of its officers has been nominated and won an award. The bar can be worn on the police uniform and is similar to those worn by members of the armed forces. The citation and larger medals are worn at other ceremonies and displayed at home or office.

Law Enforcement Officer of the Year: One officer is selected each year to receive this award. The award is designed to recognize the bravery and dedication of one outstanding law enforcement officer each year.

SUPPORT: It is one of the goals of the National Association of Chiefs of Police to support the law enforcement community, both to the individual officers and to the agencies themselves. The organization seeks to find areas where normal funding and support is not currently available and make that service or funding available.

Disabled Police Program: Each day almost 190 officers are injured in the line of duty. Many will also be disabled and not able to return to police work. As part of the research and training program of NACOP, we study, utilizing a survey, the date and type of injury and what type of support is available to injured officers. Because each state and often each community has its own rules, there are almost no standards for disabled or paralyzed officers. We have provided access to a volunteer chairman (a paralyzed officer) who contacts as many officers as possible from information obtained through our research. This experienced officer is often able to assist the injured officer and advise what he or she can do to retrain or rehabilitate. We are also able to grant monies to officers to help in retraining or other needs such as medical reimbursement and educational scholarships for disabled officers and their children. Each officer is given a free lifetime membership as well as a Purple Heart citation and medal, which identify him or her as an injured officer. We also encourage disabled officers to attend our annual meetings.

K-9 Matching Grant Program: The National Association of Chiefs of Police has worked with 78 police departments in 26 states throughout the U.S. to help raise funds for their canine programs. Over \$763,000 has been awarded to these departments since the program began in 2001.

PUBLIC AWARENESS: It is the desire of the National Association of Chiefs of Police that the public be aware of the nature and importance of law enforcement and the law enforcement profession.

Press Releases: When awards of recognition are made, a press release is sent to the local newspapers for publication. Information on the presentation of canine grant money is also made available to local media.

Direct mail: Information on current relevant law enforcement related issues are sent to individuals who have expressed interest in the organization's purpose. Throughout the year, personal safety and identity-theft information is provided to citizens throughout the United States.

Public Service Announcements: From time to time the National Association of Chiefs of Police produces public service announcements on topics relevant to the public and related to law enforcement.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Donna M. Shepherd Debra K. Chitwood

Exec. Treas.

Donna M. Shepherd and Debra K. Chitwood are both officers for American American Police Academy, Inc., Florida Crime Prevention Commission, Inc., Venerable Order of Knights of Michael the Archangel, Inc. and American Federation of Police and Concerned Citizens, Inc. (AFP & CC). All of these organizations are included on Schedule R, Part II (Related Organizations and Unrelated Partnerships). NACOP also received compensation of \$675,000

from AFP & CC for management services. They also paid compensation of \$149,500 to American Police Academy, Inc. for management services. These amounts are included on Schedule R, Part V.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 After an independent CPA firm has prepared a draft copy of the organization's Internal Revenue Service Form 990, the Audit Committee, every member of the Executive Board, the Executive Director and the Director of Operations are all required to review the form in detail. Every member of the Board of Directors and the Advisory Committee are asked to review the form. All of these individuals may make comments or suggestions or raise any questions they may have about the form. All questions, comments and suggestions are answered by the Chief Financial Officer and/or the CPA. Changes that need to be made are presented to the CPA to prepare and file the final IRS Form 990.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Policy is reviewed and discussed by board members and employees at meetings
and any possible conflicts that arise are required to be disclosed.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Review by board, consultation with CPA specializing in not-for-profit companies and monitoring of salaries listed in philanthropic industry publications.

Form 990, Part VI, Line 15b - Compensation Process for Officers
Review by board, consultation with CPA specializing in not-for-profit

Name of the organization

National Association of Chiefs of

Employer identification number

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companies and monitoring of salaries listed in philanthropic industry publications.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Hampshire, New Jersey, New York, North Carolina, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available upon request.

SCHEDULE R	_	Related Organ	Related Organizations and Unrelated Partnerships	nrelated Partne	rshins		OMB No 1545-0047
(Form 990)		Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	ion answered "Yes" to F	orm 990, Part IV, line 3	3, 34, 35, 36, or 37.		2009
Department of the Treasury internal Revenue Service	easury Nice	► Attach to	Attach to Form 990.	See separate instructions.	<i>ம்</i>		Open to Public Inspection
Name of the organization	ization National Association Police, Inc.	on of Chiefs of				Employer identific 59-1164090	Employer identification number 59-1164090
Part i lo	Identification of Disregarded Entities (Complete	ifth	e organization answered "Yes" to Form 990, Part IV, line 33.)	red "Yes" to Form 9	90, Part IV, line 33	<u>:</u>	
	(a) Name, address, and EIN of disregarded entity	ntity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II h	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	mpt Organizations (Copt organizations)	complete if the orgain the tax year.)	nization answered	"Yes" to Form 990,	Part IV, line 34 bed	cause it
	(a) Name, address, and EIN of related organization	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
American	Police Academy, Inc.						
6350 Horizon	zon Drive	59-1632952	Crime Prevention				
Titusville	FL 32780		& Safety	FL	3	11a	N/A
FL Crime Prev	Prevention Commission, Inc	59-1764219	Crime Prevention				
Titusville	;		& Safety	FL	3	<b>o</b>	N/A
Venerable Order	of Michael the Arch	nc.					
6350 Horizon	on Drive	59-2598998	Crime Prevention				
Titusville	.e FL 32780	- 1	& Safety	FL	3	8	N/A
American Federat 6350 Horizon	ion of Police & Concerned Drive	Citizens, Inc. 52-1127259					
Titusville	;	) I	Public Education	FL	3	6	N/A

Schedule R (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Page 2

() General or managing partner? Yes No Schedule R (Form 990) 2009 Percentage ownership amount in box 20 of Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V-UBI Schedule K-1 (Form 1065) end-of-year assets Share of <u>6</u> (h)
Disproportionate (g) Share of end-of-year Share of total income assets (f) Share of total income (C corp, S corp, Type of entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) Direct controlling (d) Direct controlling Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV βĄ

# Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) PartV

Note. Co	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes No
1 Duri	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		••••
a Rece	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a ×
b Gift,	Gift, grant, or capital contribution to other organization(s)		1b ×
c Giff,	Gift, grant, or capital contribution from other organization(s)		<del>ر</del> ×
d Loan	Loans or loan guarantees to or for other organization(s)		7d ×
e Loan	Loans or loan guarantees by other organization(s)		1e ×
f Sale	Sale of assets to other organization(s)		1 <b>f</b> ×
g Purc	Purchase of assets from other organization(s)		19 ×
h Exch	Exchange of assets		1h X
i Leas	Lease of facilities, equipment, or other assets to other organization(s)		<b>:</b>
j Leas	Lease of facilities, equipment, or other assets from other organization(s)		1j   ×
k Perfo	Performance of services or membership or fundraising solicitations for other organization(s)		1k
I Perk	Performance of services or membership or fundraising solicitations by other organization(s)		<b>1</b>
m Shar	m Sharing of facilities, equipment, mailing lists, or other assets		- E
n Shar	Sharing of paid employees		× ×
o Rein	o Reimbursement paid to other organization for expenses		10
p Rem	Reimbursement paid by other organization for expenses		1p ×
q Othe	Other transfer of cash or property to other organization(s) Other transfer of cash or property from other organization(s)		× ×
2 If the	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds	
!	(a)	(g)	(2)
	Name of other organization	Transaction type (a-r)	Amount involved
(1)	American Federation of Police & Concerned Citizens, Inc.	U	135,000
(2)	American Federation of Police & Concerned Citizens, Inc.	m	120,000
<u>(6</u>	American Federation of Police & Concerned Citizens, Inc.	្ ជ	420,000
5	ייייייייייייייייייייייייייייייייייייי	ţ	149 500
	FOTTCE ACAGEMY	11	0001651
(5)			
(9)			
		Sci	Schedule R (Form 990) 2009

59-1164090 Schedule R (Form 990) 2009 National Association of Chiefs of

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(h) General or managing partner?	Š	ļ						0) 2009
Germal	Yes				 			 96 m.c
(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		: :						Schedule R (Form 990) 2009
rtionate ions?	ટ							
(f) Disproportionate allocations?	Yes	-					 	
(e) Share of end-of-year assets								
artners on )(3)	2		,				-	
(d) Are all partners section 501(c)(3) organizations?	Yes						 	
(c) Legal domicile (state or foreign country)	<b>L</b>							
(b) Primary activity								
(a) (c) (c) Name, address, and EiN of entity Primary activity (state or foreign country)								

59-1164090	Federal Statements	ements		1
	Form 990, Part IX, Line 24f -	Part IX, Line 24f - All Other Expenses		
Miscellaneous Readership Costs Direct Advertising Costs Police Special Events Newsletter Awards and Gifts Telephone Dues and Subscriptions	Total 51, 45, 45, 10, 10, 7, 44, 44, 44, 44, 44, 44, 44, 44, 44,	Program Service \$ 24,166 45,987 18,562 8,502 7,520 1,362	Management & General \$ 26,926   1,889   3,178   1,680   2,673	Fund. Raising \$ 23,205
Total	201			$\hat{\gamma}$