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Form **990**

Department of the Treasury
Internal 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NATIONAL ASSOCIATION OF POLICE ATHLETIC ACTIVITIES LEAGUES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
658 WEST INDIANTOWN ROAD NO 201

City or town, state or country, and ZIP + 4
JUPITER, FL 33458

D Employer identification number
22-1838364

E Telephone number
(561) 745-5535

G Gross receipts $ 2,593,727

F Name and address of principal officer
LB SCOTT
658 WEST INDIANTOWN ROAD NO 201
JUPITER, FL 33458

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NATIONALPAL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1940 | **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
NATIONAL YOUTH CRIME PREVENTION PROGRAM WHICH PROVIDES RESOURCES AND SERVICES TO LOCAL CHAPTER MEMBERS TO DEVELOPE AND ENHANCE PROGRAMS WHICH BRINGS YOUTH AND LAW ENFORCEMENT OFFICERS TOGETHER IN A POSITIVE ENVIRONMENT

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	5
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,916,788	2,380,400
9	Program service revenue (Part VIII, line 2g)	76,530	85,957
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,716	3,395
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,005,034	2,469,752
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	532,545	1,108,874
14	Benefits paid to or for members (Part IX, column (A), line 4)	133,011	84,132
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	318,337	362,382
16a	Professional fundraising fees (Part IX, column (A), line 11e)	783,498	578,724
b	Total fundraising expenses (Part IX, column (D), line 25) ▶596,146		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	543,804	591,367
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,311,195	2,725,479
19	Revenue less expenses Subtract line 18 from line 12	-306,161	-255,727

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	1,444,828	1,186,269
21	Total liabilities (Part X, line 26)	601,463	590,182
22	Net assets or fund balances Subtract line 21 from line 20	843,365	596,087

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2011-10-18
Signature of officer | Date

MICHAEL DILLHYON EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
DAVID J THOMAS	DAVID J THOMAS			

Firm's name ▶ HOLYFIELD & THOMAS LLC | Firm's EIN ▶

Firm's address ▶ 125 BUTLER STREET
WEST PALM BEACH, FL 33407 | Phone no ▶ (561) 689-6000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

NATIONAL YOUTH CRIME PREVENTION PROGRAM WHICH PROVIDES RESOURCES AND SERVICES TO LOCAL CHAPTER MEMBERS TO DEVELOPE AND ENHANCE PROGRAMS WHICH BRINGS YOUTH AND LAW ENFORCEMENT OFFICERS TOGETHER IN A POSITIVE ENVIRONMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 77,450 including grants of $) (Revenue $ 75,957)

NATIONAL PAL BOXING CHAMPIONSHIPS WERE HELD IN SAN ANTONIO, TX 600 BOXERS COMPETED IN A WEEK LONG EVENT THE WINNERS OF THE CHAMPIONSHIP EARNED AN OPPORTUNITY TO COMPETE IN THE USA BOXING CHAMPIONSHIPS AND A SLOT IN THE US OLYMPIC QUALIFIER FOR THE 2012 OLYMPIC GAMES

4b (Code) (Expenses $ 126,532 including grants of $) (Revenue $ 10,000)

NATIONAL PAL BASKETBALL CHAMPIONSHIP HELD IN DUNN, NC OTHER PROGRAMS AND SERVICES INCLUDE NFL AND ANNUAL CONFERENCES, AND OTHER MISC SERVICES

4c (Code) (Expenses $ 1,416,230 including grants of $ 1,108,874) (Revenue $)

NATIONAL PAL YOUTH LEADERSHIP PROGRAM GRANTS PROVIDE FUNDS TO 25 CHAPTERS AROUND THE US THROUGH A GRANT FROM THE USDOJ ALSO, FUNDS WERE PROVIDED TO 130 CHAPTERS LOCATED THROUGHOUT THE UNITED STATES TO PROVIDE MENTORING SERVICES TO YOUTH THROUGH A USDOJ RECOVERY ACT GRANT

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 1,620,212

Part 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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," complete Schedule D, Part IV*	9		No
10	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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	Did the organization report an amount for other assets 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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
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–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		No
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**		No
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**		No
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**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 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		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	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				
a	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**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
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		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AL, AK, AZ, AR, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, CA, TX

18 Section 6104 requires an organization to make its Form 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 ☑ 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MICHAEL DILLHYON EXEC DIR
658 W INDIANTOWN RD 201
JUPITER, FL 33458
(561) 745-5535

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- 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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) L B SCOTT PRESIDENT	2 00	X		X				0	0	0
(2) CHRISTOPHER HILL 1ST VICE PRESIDENT	2 00	X		X				0	0	0
(3) LAUREN HURST 2ND VICE PRESIDENT	2 00	X		X				0	0	0
(4) BARBARA BONILLA 3RD VICE PRESIDENT	2 00	X		X				0	0	0
(5) DONNA MILLER SECRETARY	2 00	X		X				0	0	0
(6) CATHERINE DWYER TREASURER	2 00	X		X				0	0	0
(7) BERNIE WINER SGT AT ARMS	2 00	X		X				0	0	0
(8) TERREL HARRISON REGION 1 CHAIRMAN	2 00	X		X				0	0	0
(9) ROBERT ALVARADO REGION 2 CHAIRMAN	2 00	X		X				0	0	0
(10) LESLEE BRIMER REGION 3 CHAIRMAN	2 00	X		X				0	0	0
(11) KENT CLARKSON II REGION 4 CHAIRMAN	2 00	X		X				0	0	0
(12) CONNIE RAYFORD REGION 5 CHAIRMAN	2 00	X		X				0	0	0
(13) JAMES A ZAMPARELLO REGION 6 CHAIRMAN	2 00	X		X				0	0	0
(14) JERRY BABCOCK ATHLETIC DIRECTOR	2 00	X		X				0	0	0
(15) BRENDAN R LEE PAST PRESIDENT	2 00	X		X				0	0	0
(16) DON LITTLE TRUSTEE	2 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) RONALD ALLEN TRUSTEE	2 00	X						0	0	0
(18) ADRIAN GUTIERREZ TRUSTEE	2 00	X						0	0	0
(19) DAN AKEL LEGAL COUNSEL	2 00	X						0	0	0
(20) MICHAEL DILLHYON EXECUTIVE DIRECTOR	40 00			X				90,263	0	5,710
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								90,263	0	5,710

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b	140,250				
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	1,405,938				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	834,212				
	g Noncash contributions included in lines 1a-1f $	18,000				
	h **Total.** Add lines 1a-1f . . . . . ▶		2,380,400			
Program Service Revenue		Business Code				
	2a CONFERENCE PROGRAMS	713940	63,702	63,702		
	b TOURNAMENT PROGRAMS	713940	22,255	22,255		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		85,957			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		5,768			5,768
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	121,602				
	b Less cost or other basis and sales expenses	123,975				
	c Gain or (loss)	-2,373				
	d Net gain or (loss) . . . . . ▶		-2,373			-2,373
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See Instructions . . . ▶		2,469,752	85,957	0	3,395

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,108,874	1,108,874		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members	84,132	84,132		
5 Compensation of current officers, directors, trustees, and key employees	90,263	49,111	41,152	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	184,958	100,633	84,325	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,276	7,709	6,567	
9 Other employee benefits	48,715	25,763	22,952	
10 Payroll taxes	24,170	11,010	13,160	
a Fees for services (non-employees) Management				
b Legal	22,623		21,492	1,131
c Accounting	52,111		49,505	2,606
d Lobbying				
e Professional fundraising services *See Part IV, line 17*	578,724			578,724
f Investment management fees				
g Other	123,789	47,741	73,922	2,126
12 Advertising and promotion	39,614	11,964	27,650	
13 Office expenses	84,548	15,776	60,252	8,520
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	125,457	79,558	45,899	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	75,791	75,791		
20 Interest	36,618		36,618	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,667		21,667	
23 Insurance	2,519		2,519	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a LICENSES & PERMITS	4,480		1,441	3,039
b PRINTING & PUBLICATIONS	2,150	2,150		
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,725,479	1,620,212	509,121	596,146
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		11,326	1	6,429
	2	Savings and temporary cash investments		367,592	2	188,405
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		60,349	4	26,587
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		38,564	9	32,704
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 877,350			
	b	Less accumulated depreciation	10b 187,737	711,280	10c	689,613
	11	Investments—publicly traded securities		255,717	11	242,531
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,444,828	16	1,186,269
Liabilities	17	Accounts payable and accrued expenses		62,576	17	72,159
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		538,887	23	518,023
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		601,463	26	590,182
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		296,455	27	400,274
	28	Temporarily restricted net assets		546,910	28	195,813
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		843,365	33	596,087
	34	Total liabilities and net assets/fund balances		1,444,828	34	1,186,269

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	2,469,752
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,725,479
3	Revenue less expenses Subtract line 2 from line 1	3	-255,727
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	843,365
5	Other changes in net assets or fund balances (explain in Schedule O)	5	8,449
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	596,087

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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 . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF POLICE ATHLETIC ACTIVITIES LEAGUES INC

Employer identification number
22-1838364

Part I 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)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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).**

4 ☐ 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

_____

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ 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)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ 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)

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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 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)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,909,023	5,036,566	2,996,581	1,901,473	2,380,400	17,224,043
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	4,909,023	5,036,566	2,996,581	1,901,473	2,380,400	17,224,043
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 **Public Support.** Subtract line 5 from line 4						17,224,043

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,909,023	5,036,566	2,996,581	1,901,473	2,380,400	17,224,043
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,232	26,973	21,515	11,989	5,768	84,477
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)		34,738				34,738
11 **Total support** (Add lines 7 through 10)						17,343,258

12	Gross receipts from related activities, etc (See instructions)	12	524,830

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	99 310 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	99 300 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
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						
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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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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

2010

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF POLICE ATHLETIC ACTIVITIES LEAGUES INC

Employer identification number
22-1838364

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of a certified historic structure

2 Complete lines 2a–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 Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 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 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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

Part III 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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e 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 XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered 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 organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		782,332	97,792	684,540
c Leasehold improvements				
d Equipment		82,435	77,362	5,073
e Other		12,583	12,583	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				689,613

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,469,752
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,725,479
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-255,727
4	Net unrealized gains (losses) on investments	4	8,449
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 - 8	9	8,449
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-247,278

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,478,201
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	8,449		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	8,449
3	Subtract line **2e** from line **1**			3	2,469,752
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,469,752

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,725,479
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	2,725,479
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,725,479

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	AT INCEPTION, THE ORGANIZATION WAS GRANTED TAX-EXEMPT STATUS UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE AS OF SEPTEMBER 27, 1995, THE ORGANIZATION WAS GRANTED TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THESE FINANCIAL STATEMENTS IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) DURING 2010, THE ORGANIZATION ADOPTED FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS PRONOUNCEMENT SEEKS TO REDUCE THE DIVERSITY IN PRACTICE ASSOCIATED WITH CERTAIN ASPECTS OF MEASUREMENT AND RECOGNITION OF ACCOUNTING FOR INCOME TAXES IT PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION WHICH AN ENTITY TAKES OR EXPECTS TO TAKE IN A TAX RETURN AN ENTITY MAY ONLY RECOGNIZE OR CONTINUE TO RECOGNIZE TAX POSITIONS WHICH MEET A "MORE LIKELY THAN NOT" THRESHOLD THE ORGANIZATION ASSESSES ITS INCOME TAX POSITIONS BASED ON MANAGEMENT'S EVALUATION OF THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE REPORTING DATE THE ORGANIZATION USES THE PRESCRIBED "MORE LIKELY THAN NOT" THRESHOLD WHEN MAKING ITS ASSESSMENT AT ADOPTION, THE ORGANIZATION DID NOT RECORD A CUMULATIVE EFFECT ADJUSTMENT, AND THE ORGANIZATION DID NOT ACCRUE ANY INTEREST EXPENSE OR PENALTIES RELATED TO TAX POSITIONS THERE ARE CURRENTLY NO OPEN FEDERAL OR STATE TAX YEARS UNDER AUDIT

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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

2010

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF POLICE ATHLETIC ACTIVITIES LEAGUES INC

Employer identification number
22-1838364

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
XENTEL INC 101 NE 3RD AVE FT LAUDERDALE, FL 33301	TELEMARKETING SOLICITATIONS	Yes		761,711	586,711	175,000
Total . . . . . ▶				761,711	586,711	175,000

3 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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WI, WY

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a 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? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF POLICE ATHLETIC ACTIVITIES LEAGUES INC

Employer identification number
22-1838364

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 98

3 Enter total number of other organizations . . . ▶ 0

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 Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 NATIONAL PAL MANAGEMENT HAS DEVELOPED A SYSTEM WHERE THEY KEEP AN INVENTORY LIST OF ALL THE CHAPTERS THAT HAVE RECEIVED SUB-GRANTS AND A DETAIL OF THE REQUIRED INFORMATION THAT THE CHAPTERS NEED TO SUBMIT TO THE ORGANIZATION EACH SUB-GRANT IS DOCUMENTED IN SEPARATE FOLDERS THAT ARE FILED BY GRANT AND BY CHAPTER THE GRANT IS ON A REIMBURSEMENT BASIS, THEREFORE, THE CHAPTERS NEED TO SUBMIT A REQUEST FOR REIMBURSEMENT WITH EVIDENCE OF THE EXPNESES THE REQUEST IS COMPARED WITH THE FUNDS AVAILABLE FOR EACH CHAPTER AND REVIEWED TO MAKE SURE THEY REPRESENT ELIGIBLE EXPENDITURES THE ORGANIZATION HAS CONTRACTED WITH FIRST PIC, INC CONSULTING (FPIC), TO PROVIDE GUIDANCE AND ONGOING TECHNICAL ASSISTANCE FOR FINANCIAL REPORTING REQUIREMENTS AND REIMBURSEMENT PROCEDURES FPIC REVIEWS THE CHAPTERS EXPENDITURES TO DETERMINE ALLOWANCE OF COSTS AND COMPLIANCE WITH FEDERAL GUIDELINES FINAL AUTHORIZATION REMAINS THE RESPONSIBILITY OF THE ORGANIZATION WHICH RECEIVES THE REPORTS FROM FPIC AND PREPARES THE REIMBURSEMENTS

Additional Data Return to Form

Software ID:
Software Version:
EIN: 22-1838364
Name: NATIONAL ASSOCIATION OF POLICE ATHLETIC ACTIVITIES LEAGUES INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AIKEN BOXING675 YORK ST NE AIKEN,SC 29801	57-1023932	501(C)(3)	7,545				REC ACTIVITY GRANT
ALAMEDA COUNTY DEPUTY SAL6689 OWENS DRIVE 100 PLEASANTON,CA 94588	83-0410537	501(C)(3)	14,745				REC ACTIVITY GRANT
ALPHARETTA PAL2565 OLD MILTON PKY ALPHARETTA,GA 30009	91-2048106	501(C)(3)	10,269				REC ACTIVITY GRANT
ASHEBORO PALPO BOX 2246 GREENBORO,NC 27402	76-0808421	501(C)(3)	11,521				REC ACTIVITY GRANT
ATLANTA PAL120 ANDERSON AVE ATLANTA,GA 30314	58-1391927	501(C)(3)	7,938				REC ACTIVITY GRANT
AUBURN BARROW PALPO BOX 441 AUBURN,GA 30011	26-3899544	501(C)(3)	14,575				REC ACTIVITY GRANT
BEAVERTON OR PAL449 NE EMERSON PORTLAND,OR 97211	94-3118749	501(C)(3)	8,645				REC ACTIVITY GRANT
BOCA RATON PAL100 NW 2ND AVE BOCA RATON,FL 33432	65-0248843	501(C)(3)	7,792				REC ACTIVITY GRANT
BOISE PAL333 N SAILFISH BOISE,ID 83704	82-0527311	501(C)(3)	10,631				REC ACTIVITY GRANT
BRENTWOOD PAL9100 BRENTWOOD BLVD BRENTWOOD,CA 94513	68-0409080	501(C)(3)	8,240				REC ACTIVITY GRANT
BRICK TOWNSHIP PALPO BOX 4095 BRICK,NJ 08723	22-2135362	501(C)(3)	8,210				REC ACTIVITY GRANT
CALIFORNIA STATE PAL 2000 E 14TH ST SAN LEANDRO,CA 94577	94-1752116	501(C)(3)	9,609				REC ACTIVITY GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CENTRAL ARK PAL1616 W 3RD ST LITTLE ROCK,AR 72201	20-8095568	501(C)(3)	15,937				REC ACTIVITY GRANT
CENTRAL FL PALPO BOX 540148 ORLANDO,FL 32854	52-1076736	501(C)(3)	9,717				REC ACTIVITY GRANT/NP YLP GRANT
CENTURY PAL4700 RAMONA BLVD MONTEREY,CA 91754	95-4047797	501(C)(3)	10,060				REC ACTIVITY GRANT
CHILLICOTHE ROSS PAL PO BOX 2007 CHILLICOTHE,OH 45601	68-0584520	501(C)(3)	10,335				REC ACTIVITY GRANT
CLEVELAND PAL1300 ONTARIO ST CLEVELAND,OH 44113	34-1002813	501(C)(3)	13,055				REC ACTIVITY GRANT
COATESVILLE PAL1 CITY HALL PL COATESVILLE,PA 19320	80-0079074	501(C)(3)	9,716				REC ACTIVITY GRANT/NFL GRANT
COMPTON PAL4700 RAMONA BLVD MONTEREY,CA 91754	95-4047797	501(C)(3)	9,566				REC ACTIVITY GRANT
CRANFORD PAL8 SPRINGFIELD AVE CRANFORD,NJ 07016	22-2363604	501(C)(3)	6,955				REC ACTIVITY GRANT
CUYAHOGA PAL5715 WOODLAND AVE CLEVELAND,OH 44105	34-6000703	501(C)(3)	7,643				REC ACTIVITY GRANT
DAVIE PAL4300 SW 57TH TERR DAVIE,FL 33314	65-0716849	501(C)(3)	5,811				REC ACTIVITY GRANT
DELAWARE PAL26 KARLYN DR NEW CASTLE,DE 19720	22-2606531	501(C)(3)	9,198				REC ACTIVITY GRANT
DUNN PALPO BOX 1065 DUNN,NC 28335	56-6001214	501(C)(3)	10,817				REC ACTIVITY GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
EAST CLEVELAND PAL 14340 EUCLID AVE EAST CLEVELAND,OH 44112	23-7351586	501(C)(3)	9,985				REC ACTIVITY GRANT
EAST LOS ANGELES PAL 4700 RAMONA BLVD MONTEREY,CA 91754	95-4047797	501(C)(3)	5,397				REC ACTIVITY GRANT
EAST LOS ANGELES SCHOOL PAL4360 DOZIER ST LOS ANGELES,CA 90022	95-3174214	501(C)(3)	5,849				REC ACTIVITY GRANT
EASTLAKE PAL35150 LAKESHORE BLVD EASTLAKE,OH 44095	34-1822961	501(C)(3)	11,293				REC ACTIVITY GRANT
EGG HARBOR PAL2590 RIDGE AVE HARBOR TOWNSHIP,NJ 08234	22-2956576	501(C)(3)	11,586				REC ACTIVITY GRANT
EUCLID PALEUCLID POL DEPT EUCLID,OH 44123	31-1528142	501(C)(3)	9,141				REC ACTIVITY GRANT
FT PIERCE PAL920 S US 1 FT PIERCE,OH 34950	65-0670756	501(C)(3)	16,107				REC ACTIVITY GRANT/NP YLP
GTR KING CTY PAL800 5TH AVE SEATTLE,WA 98104	61-0606936	501(C)(3)	13,618				REC ACTIVITY GRANT/NFL GRANT
GTR MELBORNE PAL1092 SWAN ST MELBOURNE,FL 32935	59-3604649	501(C)(3)	7,366				REC ACTIVITY GRANT/NFL GRANT
GTR PORTKAND PAL449 NE EMERSON PORTLAND,OR 97211	94-3118749	501(C)(3)	12,775				REC ACTIVITY GRANT
GTR READING PAL1161 PERSHING AVE READING,PA 19611	23-1365380	501(C)(3)	12,356				REC ACTIVITY GRANT
GUILFORD PAL1012 E LEE ST GREENBORO,NC 27406	41-2251928	501(C)(3)	9,821				REC ACTIVITY GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HALFMOON BAY PAL537 KELLY ST HALFMOON BAY,CA 94019	99-9999999	501(C)(3)	5,120				REC ACTIVITY GRANT
HENRICO PALPO BOX 15892 RICHMOND,VA 94019	75-3240820	501(C)(3)	11,439				REC ACTIVITY GRANT/NP YLP
ILL STATE CRIME PAL42 W 23RD ST CHICAGO HTS,IL 60411	36-3965790	501(C)(3)	11,841				REC ACTIVITY GRANT
INDIANAPOLIS PAL4209 N COLLEGE AVE INDIANAPOLIS,IN 46205	35-1534981	501(C)(3)	12,542				REC ACTIVITY GRANT/NP YLP
INGLEWOOD PAL330 N CENTINELA AVE INGLEWOOD,CA 90302	16-1635062	501(C)(3)	13,664				REC ACTIVITY GRANT
JACKSONVILLE PALPO BOX 12256 JACKSONVILLE,FL 32209	23-7323006	501(C)(3)	10,188				REC ACTIVITY GRANT/NP YLP
JERSEY SHORE PAL2903 HIGHWAY 138 EAST WALL,NJ 07719	27-1760831	501(C)(3)	7,319				REC ACTIVITY GRANT
KENAI PAL705 FRONTAGE RD KENAI,AK 99611	94-3067142	501(C)(3)	12,699				REC ACTIVITY GRANT
LAKEWOOD PAL4700 RAMONA BLVD MONTEREY,CA 91754	95-4047797	501(C)(3)	8,652				REC ACTIVITY GRANT
LANCASTER PAL1700 W FAIR AVE LANCASTER,OH 43130	26-4127436	501(C)(3)	12,958				REC ACTIVITY GRANT
LAPD RAMPART PAL1401 W 6TH ST LOS ANGELES,CA 90017	95-4675764	501(C)(3)	7,910				REC ACTIVITY GRANT/NP YLP
LEARN PALPO BOX 1147 LYNDONVILLE,VT 05851	75-3053377	501(C)(3)	5,498				REC ACTIVITY GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LENNOX PAL4700 RAMONA BLVD MONTEREY,CA 91754	95-4047797	501(C)(3)	8,757				REC ACTIVITY GRANT
LEXINGTON PAL150 E MAIN STREET LEXINGTON,KY 40507	61-0858140	501(C)(3)	6,471				REC ACTIVITY GRANT
LOS ANGELES PAL1330 W PICO BLVD LOS ANGELES,CA 90015	54-2076445	501(C)(3)	12,804				REC ACTIVITY GRANT/NP YLP
MACON PAL700 POPLAR ST MACON,GA 31201	58-6000612	501(C)(3)	10,835				REC ACTIVITY GRANT
MARINA DEL RAY PAL4700 RAMONA BLVD MONTEREY,CA 91754	95-4047797	501(C)(3)	9,442				REC ACTIVITY GRANT
MIAMI BEACH PAL999 11TH ST MIAMI BEACH,FL 33139	59-0994619	501(C)(3)	8,040				REC ACTIVITY GRANT
MILWAUKEE PAL2320 WEST BURLEIGH ST MILWAUKEE,WI 53206	39-1623395	501(C)(3)	6,146				REC ACTIVITY GRANT
MONTEREY CTY PAL19122 MARJORIE LANE SALINAS,CA 93907	77-0378704	501(C)(3)	12,324				REC ACTIVITY GRANT/NP YLP
MOTINT PAL10755 71ST AVE SEMINOLE,FL 33772	94-9999999	501(C)(3)	5,700				REC ACTIVITY GRANT
MT HOOD PALPO BOX 1351 WELCHES,OR 97049	94-3118749	501(C)(3)	13,170				REC ACTIVITY GRANT
MOUNTAIN VIEW PAL1000 VILLA ST MOUNTAIN VIEW,CA 94040	23-7072928	501(C)(3)	11,367				REC ACTIVITY GRANT
NASHUA PAL52 ASH ST NASHUA,NH 30360	02-0427526	501(C)(3)	11,859				REC ACTIVITY GRANT

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NEW MEXICO PAL6600 GISELE DR ALBUQUERQUE,NM 87109	85-0437104	501(C)(3)	15,375				REC ACTIVITY GRANT
NEW SMYRNA BEACH PAL 1400 N DIXIE HWY NEW SMYRNA BEACH,FL 32168	20-3896759	501(C)(3)	7,818				REC ACTIVITY GRANT
NORTH AUGUSTA PAL216 PATRICIA DR AUGUASTA,SC 29841	58-1633211	501(C)(3)	13,215				REC ACTIVITY GRANT
NORWALK PAL4700 RAMONA BLVD MONTEREY,CA 91754	95-4047797	501(C)(3)	8,853				REC ACTIVITY GRANT
OAKLAND PALPO BOX 6788 OAKLAND,CA 94605	94-2826718	501(C)(3)	5,140				REC ACTIVITY GRANT
OHIO PAL4795 BELMONT PL HUBER HT,OH 45424	31-0067016	501(C)(3)	10,929				REC ACTIVITY GRANT
OKEECHOBEE PALPO BOX 2412 OKEECHOBEE,FL 34973	65-0849367	501(C)(3)	15,752				REC ACTIVITY GRANT
OKLAHOMA CITY PAL701 COLCORD DR OKLAHOMA CITY,OK 73102	73-1400680	501(C)(3)	9,728				REC ACTIVITY GRANT
OLMSTED TOWNSHIP PAL 26900 COOK OLMSTEAD,OH 44138	34-6001098	501(C)(3)	12,795				REC ACTIVITY GRANT
OXNARD PAL555 S A ST OXNARD,CA 93030	77-0381393	501(C)(3)	9,481				REC ACTIVITY GRANT
CAPE COD PALPO BOX 751 FALMOUTH,MA 02541	30-0043808	501(C)(3)	10,389				REC ACTIVITY GRANT
PALM BEACH COUNTY PAL 12180 ALTERNATE AIA PALM BEACH GARDENS,FL 33410	65-0461384	501(C)(3)	6,553				REC ACTIVITY GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PALMDALE PAL4700 RAMONA BLVD MONTEREY,CA 91754	95-4047797	501(C)(3)	9,802				REC ACTIVITY GRANT
DAYTONA BEACH PAL308 S MLK BLVD DAYTON BEACH,FL 32114	59-2927596	501(C)(3)	13,114				REC ACTIVITY GRANT
RICHMOND PAL2200 MACDONALD AVE RICHMOND,CA 94801	94-2826455	501(C)(3)	10,592				REC ACTIVITY GRANT
RICHMOND PAL1365 OVERBROOK RD RICHMOND,VA 23220	54-1549777	501(C)(3)	9,767				REC ACTIVITY GRANT
SAN LEANDRO PAL2000 E 14TH ST SAN LEANDRO,CA 94577	94-1752116	501(C)(3)	13,510				REC ACTIVITY GRANT
SANTA BARBARA PALPO BOX 91121 SANTA BARBARA,CA 93190	77-0522326	501(C)(3)	10,238				REC ACTIVITY GRANT
SANTA CLARITA PAL4700 RAMONA BLVD MONTEREY,CA 91754	95-4047797	501(C)(3)	8,941				REC ACTIVITY GRANT
SANTA MARIA PAL615 S MCCELLAND ST SATA MARIA,CA 93454	77-0469844	501(C)(3)	6,968				REC ACTIVITY GRANT
SOUTH COUNTY PAL400 COUNTY CENTER REDWOOD CITY,CA 94063	94-6000532	501(C)(3)	5,829				REC ACTIVITY GRANT
ST PETERSBURG PAL1450 16TH ST ST PETERSBURG,FL 33704	59-1060508	501(C)(3)	13,143				REC ACTIVITY GRANT
STAR PAL4110 54TH ST SAN DIEGO,CA 92105	33-0363138	501(C)(3)	14,973				REC ACTIVITY GRANT
STATE OF FL PALPO BOX 350399 JACKSONVILLE,FL 32235	59-2588363	501(C)(3)	9,227				REC ACTIVITY GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SUFFOLK CTY PALPO BOX 26 YAPHANK,NY 11980	23-7356002	501(C)(3)	14,384				REC ACTIVITY GRANT
TAHEQUAH PALPO BOX 1967 TAHLEQUAH,OK 74464	73-1505432	501(C)(3)	11,464				REC ACTIVITY GRANT
TEMPLE PAL4700 RAMONA BLVD MONTEREY,CA 91754	95-4047797	501(C)(3)	8,317				REC ACTIVITY GRANT
TOLEDO LUCAS PAL525 NORTH ERIE ST TOLEDO,OH 43604	34-1833773	501(C)(3)	17,246				REC ACTIVITY GRANT
VACAVILLE PAL1000 ULATIS DR VACAVILLE,CA 95687	91-1779367	501(C)(3)	5,161				REC ACTIVITY GRANT
VANCOUVER PAL2800 NE STAPLETON RD VANCOUVER,WA 98661	91-2072283	501(C)(3)	7,027				REC ACTIVITY GRANT
VISALIA PAL701 E RACE AVE VISALIA,CA 93292	77-0256941	501(C)(3)	5,948				REC ACTIVITY GRANT
WALNUT PAL4700 RAMONA BLVD MONTEREY,CA 91754	95-4047797	501(C)(3)	7,359				REC ACTIVITY GRANT
WEBB COUNTY PAL902 VICTORIA ST LAREDO,TX 78040	74-6001587	501(C)(3)	10,824				REC ACTIVITY GRANT
WEST HOLLYWOOD PAL 4700 RAMONA BLVD MONTEREY,CA 91754	95-4047797	501(C)(3)	10,403				REC ACTIVITY GRANT
WINTER HAVEN PAL203 AVE R WINTER HAVEN,FL 33881	59-2666530	501(C)(3)	5,612				REC ACTIVITY GRANT
YOUNGSTOWN PAL116 WEST BOARDMAN ST YOUNGSTOWN,OH 44503	33-1159467	501(C)(3)	5,223				REC ACTIVITY GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
YOUTH & COMPANY PALPO BOX 632 SOUTH HAVEN, MI 49090	38-3298735	501(C)(3)	12,475				REC ACTIVITY GRANT
ZANESVILLE-MUSKINGGUM PALPO BOX 1001 ZANESVILLE, OH 43702	31-1557873	501(C)(3)	11,540				REC ACTIVITY GRANT

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF POLICE ATHLETIC ACTIVITIES LEAGUES INC

Employer identification number
22-1838364

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		MEMBERS PAY ANNUAL FEES IN RETURN FOR ORGANIZATIONAL INFORMATION, ASSISTANCE, AND EVENT PARTICIPATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		MEMBER ORGANIZATIONS OF NATIONAL PAL HAVE VOTING RIGHTS FOR ELECTING THE GOVERNING BOARD OF THE ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		DECISIONS OF THE GOVERNING BOARD OF NATIONAL PAL ARE SUBJECT TO REVIEW BY THE MEMBER ORGANIZATIONS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 10B		MEMBERS ENJOY THE BENEFITS OF MEMBERSHIP, WITHOUT NATIONAL PAL ACTIVELY MANAGING OR ADVISING MANAGEMENT

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		COPIES OF FORM 990 ARE MADE AVAILABLE TO THE BOARD OF DIRECTORS VIA ONLINE WEBSITE LINK PRIOR TO FILING THE FORM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, MANAGEMENT PROVIDES EMPLOYEES WITH A CONFLICT OF INTEREST QUESTIONAIRE EMPLOYEES SUBMIT THE COMPLETED QUESTIONAIRES TO NATIONAL PAL MANAGEMENT REGARDING POTENTIAL CONFLICTS OF INTEREST IF MANAGEMENT SUSPECTS A CONFLICT EXIST, THE ISSUE IS ADDRESSED BY THE NATIONAL PAL BOARD OF DIRECTORS FOR RESOLUTION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION IS DETERMINED BY AN INDEPENDENT COMPENSATION COMMITTEE CREATED BY THE BOARD OF DIRECTORS AND NEGOTIATED ANNUALLY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 8,449

Identifier	Return Reference	Explanation
AUDIT REPORT REVIEW PROCESS	PART XI LINE 2C	THE AUDIT REPORT IS REVIEWED ANNUALLY AT THE AUDIT REPORT REVIEW MEETING AS PRESENTED BY THE INDEPENDENT AUDITOR THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF POLICE ATHLETIC ACTIVITIES LEAGUES INC

Employer identification number
22-1838364

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) NATIONAL POLICE ATHLETIC FOUNDATION INC 658 W INDIANTOWN RD 201 JUPITER, FL 33458 27-4818071	FUNDRAISING FOR NATIONAL POLICE ATHLETIC/ACTIVITIES LEAGUE, INC	FL	501(C)(3)	170(B)(1)(A)(VI)			No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to other organization(s)	1b	No
c	Gift, grant, or capital contribution from other organization(s)	1c	No
d	Loans or loan guarantees to or for other organization(s)	1d	No
e	Loans or loan guarantees by other organization(s)	1e	No
f	Sale of assets to other organization(s)	1f	No
g	Purchase of assets from other organization(s)	1g	No
h	Exchange of assets	1h	No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes
n	Sharing of paid employees	1n	No
o	Reimbursement paid to other organization for expenses	1o	No
p	Reimbursement paid by other organization for expenses	1p	No
q	Other transfer of cash or property to other organization(s)	1q	No
r	Other transfer of cash or property from other organization(s)	1r	No

2 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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	NATIONAL POLICE ATH FOUNDATION INC	M		
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation