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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form 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)

▶ Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

**Open to Public** 

Inspection

A	For the	e 2010 calend	dar year, or tax yea	r beginning 06/01/10	, and ending	05/31/	11				
В	Check	if applicable	D Emplo	yer identification number							
	Address	s change									
	Name o	change	34-	1666817							
	Initial re	eturn	Number and street (	or P O box, if mail is not delivered to	street address)		Room/suite	E Telepho	one number		
	Termina	ated	PO Box 63	32				440	-813-6412		
	Amende	ed return	City or town, state or	country, and ZIP + 4				F Group	Exemption		
	Applicat	tion pending	Ashtabula	a O1	H 44005-0	0632		Numbe	er 🕨		
G	Accoun	- '	X Cash Accru	al Other (specify)			H Check ▶	X If the	organization is not		
ı	Websit	te: <b>▶</b> <u>N/</u>					required	to attach Sche	edule B		
J	Tax-ex	empt status (c	heck only one) — X	501(c)(3) 501(c) ( ) <b>4</b> (inse	ert no ) 4947(	a)(1) or 52	27 (Form 99	0, 990-EZ, or	990-PF)		
K	Check I	eck if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A									
	Form 99	Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses									
			to file a complete return				<del></del> -				
L,				gross receipts. If gross receipts are		or if total assets	s (Part II,	_	60 660		
		<del> </del>		re, file Form 990 instead of Form 990		<u> </u>		▶ \$	60,667		
F	art i		•	and Changes in Net Ass			•	ctions for P	art I)		
	Т.			used Schedule O to respond	to any questio	n in this Par	<u>t I</u>				
	1		gifts, grants, and simila					1	58,927		
	2	•		ing government fees and contra	cts			2	1,740		
	3	•	dues and assessm	ents				3			
	4 50	Investment i		to ather then consider.				4			
	5a			ets other than inventory		5a   5b					
	b		r other basis and sa	nes expenses er than inventory (Subtract line 5b fro	m lino Fol	ן מכ		<b>─</b>   <u>-</u>			
	c		fundraising events	5c	<del>-</del> ·						
Φ	1	•	ne from gaming (atta								
J.	a		ie nom gaming (alla								
Revenue	<b>.</b>	\$15,000)  b Gross income from fundraising events (not including \$ of contributions									
Œ	"										
		sum of such	aross income and o	d on line (1) (attach Schedule G i contributions exceeds \$45,000)-		6ъ					
	c			ingrand fundraising events	၂၀	6c		<del>-</del>			
	d	Net income	or (loss) from gamin	ng and fundraising events (add li	ioi		<del></del> -				
		line 6c)	or (1033) from garrin	gand fundraising events (add ii		ild Subtract		6d			
	7a	,	of inventory less re	eturns and allowances       T	"=	[ 7a					
	Ь	Less cost of		BAREIL GI		7b					
	c		J	of inventory (Subtract line 7b fro	om line 7a)		<del></del>	7c			
<del></del>	8		ue (describe in Sche	- · · · · · · · · · · · · · · · · · · ·	·····			8			
7.011	9			, 4, 5c, 6d, 7c, and 8				▶ 9	60,667		
	10			d (list in Schedule O)				10			
<b>G</b>	11	Benefits paid	d to or for members	,				11			
-7° ⊗	12	Salaries, oth	ner compensation, a	nd employee benefits				12			
	13	Professional	fees and other pay	ments to independent contractor	rs			13	43,796		
_ed	14		rent, utilities, and m					14	125		
	15	Printing, pub	olications, postage, a	and shipping				15			
Ž	16		ses (describe in Sch					16	16,590		
Z.	17		ses. Add lines 10 th		<del></del>			▶ 17	60,511		
Net Assets ANNE D II IN	18	Excess or (d	leficit) for the year (	Subtract line 17 from line 9)				18	156		
C S	19	Net assets o	or fund balances at b	peginning of year (from line 27, o	column (A)) (mus	t agree with					
As		end-of-year figure reported on prior year's return)							8,172		
žet	20	Other chang	es in net assets or f	fund balances (explain in Sched	ule O)			20			
	21			end of year Combine lines 18 th	rough 20			▶ 21	8,328		
For	Paperw	ork Reduction	Act Notice, see the	separate instructions.				_	Form 990-EZ (2010)		
DAA	١.							$\mathcal{J}$	4		

·Form 990-EZ (2010) Northeast Ohio Police	3	4-1666817			Page 2
Part II Balance Sheets. (see the instructions for Part II )					
Check if the organization used Schedule O to respond to any	question in this	Part II			X
	_	(A) Beginning of year		(B)	End of year
22 Cash, savings, and investments		5,23			4,857
23 Land and buildings			0 23	<u> </u>	
24 Other assets (describe in Schedule O)	-	2,93		<b> </b>	3,471
25 Total assets	_	8,17			8,328
26 Total liabilities (describe in Schedule O)		0 17	0 26		0 220
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  Part III Statement of Program Service Accomplishments (s	and the unetruction	8,17	2 27	L	8,328
Part III Statement of Program Service Accomplishments (s Check if the organization used Schedule O to respond to any		· -	al "		penses
What is the organization's primary exempt purpose?	question in this	raitiii <u>-</u>	<del>-</del> '	•	for section and 501(c)(4)
Sponsors children athletic teams					ons and section
Describe what was achieved in carrying out the organization's exempt purposes. In	a clear and concis	e manner, describe		-	trusts, optional
the services provided, the number of persons benefited, or other relevant informatio				r others	
28 See Schedule O					<u></u>
			l i	ł	
				•	
(Grants \$ ) If this amount includes foreign grants, ch	eck here	<b>▶</b> ∫	28a		3,804
29					
		_	.		
(Grants \$ ) If this amount includes foreign grants, ch	eck here	<b>&gt;</b>	29a	[ 	
30					
			,		
(Grants\$ ) If this amount includes foreign grants, ch	eck here	<b>&gt;</b>	30a		
31 Other program services (describe in Schedule O)		,	,   _,		
(Grants \$ ) If this amount includes foreign grants, ch	eck here	<u> </u>	31a		3,804
22 Total program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Employees. List ea	sch one even if n	ot componented (c	32	netructio	
Check if the organization used Schedule O to respond to any			ee me n	nsuucue	ons for Part IV)
one on the organization about contralic of to respond to any	(a) Title and average	(c) Compensation	(d) Contribi		(e) Expense
(a) Name and address	hours per week devoted to position		iployee bene eferred com		account and other allowances
David Colucci	President			·	
	0.00	0		o	0
Brian Hubbard	V. President				
	0.00	0		0	0
Charles Hitzel	Sec/Treasure	<u> </u>			
	0.00	l ol			•
Thomas Duffy		<del> </del>		0	0
	Trustee			- 0	
	Trustee 0.00	0		0	0

Ves   No	Pa		Information (Note the statement requirements in the instructions for Part V ) if the organization used Schedule O to respond to any question in this Part V				П
Section 501(c)(3) and 501(c)(4) organizations. Either amount of policies priced and either total amount involved a large and either total amount of the corporation of the say year covered by this return?		Crieck	if the organization used Schedule O to respond to any question in this Fart V			Yes	No
34   Wee any significant changes made to the organization or advantage to the organization's name Otherwise, explain the change on Schedule O (see instructions)	33	Did the organization	on engage in any activity not previously reported to the IRS? If "Yes," provide a detailed				
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schodulic Of See instructions)  35 If the organization had some from flushess scholes, such as floor reported on less 2.6 s. and 7a (emerg others), but not reported on Form 990-1; explain in Schodulic O Way the organization do not report the income or Form 990-1. The organization have enreliated business gross income of \$1.000 or more or was a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(a) notice, reporting, and proxy tax requirements?  35 Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If If "Yes," complete applicable parties of Schedule N. 1 and the instructions?  36 Unit the organization become in Part 120-POL for the year?  37 Enter amount of political expenditures, direct or indirect, as described in the instructions.  38 Dut the organization borrow from, or make any loans to, any officer, director, installed in the instructions.  38 Dut the organization borrow from, or make any loans to, any officer, director, installed on the section 33b.  38 Section 501(c)(3) organizations. Either an out of the tax year covered by this return?  39 Dut the organization borrow from, or make any loans to, any officer, director, installed on the 9 (c) (c) (c) organizations. Either an out of the tax year covered by this return?  39 Section 501(c)(3) and 501(c)(4) organizations. Either an out in the organization during the year under section 501(c)(3) and 501(c)(4) organizations. Either an out of the organization during the year of the translation of the organization organization and you fit the professions. Either an out of tax mit post of the professions of the professions. It is the statistic organization and the organization and professions and some of the foreign country (when the professions and fitting from 990 (c) (c) (c) organizations. At any time during the tax year, was the organization		description of eac	ch activity in Schedule O		33		X
change on Schedulic O (see instructions)  If the organization has drawner from the bases setwles, such as those reported on lines 2, 6a, and 7a (among others), but not reported on From 980-7, explain is Schedule C why the organization did not report the income on Form 980-7.  Sol (c)(5), or 501(c)(6) or 901(c)(6) organization subject to section 603(a)(a) notice, reporting, and priory tax requirements?  17	34			ed			
35 If the eigenization had recome from besiness advises, such as those reported on feror \$9.7 ception in Schedule O why the organization def not report the income on form \$90.7 ception in Schedule O why the organization def not report the income on form \$90.7 ception in Schedule O why the organization defered to the income on form \$90.7 ception \$35.0 ception \$35.		· ·				•	
on Form 990-T, explain m Schedule O why the organization dut on report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was at a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  174 "Tes," has in the data return or Form 990-T for this year (see instructions)?  175 Did the organization undergo a liquidation, dissolution, termatenous, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  176 Did the organization form of more in ordined; as described in the instructions  178 Did the organization form of more in ordined; as described in the instructions  179 Did the organization form of more, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  180 Did the organization form officer, organization and still outstanding at the end of the tax year covered by the return?  180 Did the organization form officer, organization organization organization organization organizations or the total amount involved  180 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year ordined organization organization organization organizations. Enter amount of tax organization organization organization organization organizations organizations organizations organizations organizations. Solid et lengage in an excess benefit transaction organization organization organization organizations. All any time during the year office organizations and surply the organizations organization organization organizations. All any time during the teacher organizations organization organizations and surply the organizations organization. The organizations and surply organizations organization organization organization organization organization organization organization organization organization org		=			34	ļ <u>.</u>	<u>X</u>
a Dot the organization have unrelated business gross income of \$1,000 or more of was it a section 501(c)(4), 501(c)(5) organization subject to section 603(e) notice, reporting, and proxy tax requirements?  b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?  35 Dut the organization undergo a lequidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable pairs of Schedule 1.  36 Dut the organization before in 1120-POL for this year?  37 Enter amount of political expenditures, direct or notived, as described in the instructions \( \begin{align*} \begin{align*} \) 137a   37b   37c   37b   37b   37c   37b   37c   37b   37c   37b	35		•	reported			
Soft(c)(5), or 501(c)(5) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  35 bl H "Yes," has tifled a tax return on Form 990-FC to this year (see instructions)?  36 bl H corganization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  36 X  37a Enter amount of political expenditures, direct or natived, as described in the instructions    37b D die dre organization form from from 90 FC In this year? See and capital control trips, or make any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  37b J X  37c J T S Section 501(c)(7) organizations Enter amount of tax year covered by this return?  38a J X  37c J T S S S S S S S S S S S S S S S S S S							
b   1"Yes." has if filed a tax return on Form 990-T for this year (see instructions)?  Dot the organization undergo a bloudation, dissolution, fermination, or significant disposition of net assets during the year? If "Yes." complete applicable parts of Schedule N  37a   Enter amount of political expenditures, direct or indirect, as described in the instructions	а						
36 D dithe organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.  37a Enter amount of policial expenditures, direct or indirect, as described in the instructions.  37b D of the organization file Form 1120-PQL for this year?  37b D of the organization file Form 1120-PQL for this year?  37c D of the organization file Form 1120-PQL for this year?  37b D of the organization file Form 1120-PQL for this year?  37c D of the organization file Form 1120-PQL for this year?  37c D of the organization file Form 1120-PQL for this year?  37d D of the organization file Form 1120-PQL for this year?  37d D of the organization file Form 1120-PQL for this year?  37d D of the organization file Form 1120-PQL for this year?  37d D of the organization file Form 1120-PQL for this year?  37d D of the organization file Form 1120-PQL for this year?  37d D of the organization file Form 1120-PQL for this year?  37d D of the organization file Form 1120-PQL for this year?  37d D of the organization file Form 1120-PQL for this year?  37d D of the organization file Form 1120-PQL for this year?  37d D of the organization file Form 1120-PQL for this year?  37d D of the organization file Form 1120-PQL for this year?  37d D of the organization file Form 1120-PQL for this year?  37d D of the organization file Form 1120-PQL for this year?  37d D of the organization file Form 1120-PQL for this year?  38d D of the organization file Form 1120-PQL for this year?  38d D of the organization file Form 1120-PQL for this year?  38d D of the organization file Form 1120-PQL for this period on the organization during the year under section sets of the file file file file file file file fil				•			<u>X</u>
aduring the year? If "Yes," complete applicable parts of Schedule N 278 Enter amount of political expenditures, direct or indirect, as described in the instructions  b Did the organization file Form 1120-POL for this year?  380 Did the organization borrow from, or make any loans to, any officer, director, fusities, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved  381 Section 501(c)(7) organizations Enter a indiation fees and capital contributions included on line 9  382 Gross recepts, michaded on line 9, for public use of club facilities 383 Section 501(c)(3) and 501(c)(4) organizations better a indiation fees and capital contributions included on line 9  382 Gross recepts, michaded on line 9, for public use of club facilities 383 Section 501(c)(3) and 501(c)(4) organizations but the organization during the year under section 4911 Public section 4912 Section 501(c)(4) organizations but the organization engage in any section 4958 excess benefit transaction during the year, of did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior forms 990 or 990-227 if "Yes," complete Schedule L, Part I  40b X  C Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed to a prohibited tax sheller transaction? If Yes," complete Some 990 or 990-227 if Yes, and 1904  1 List the states with which a copy of this return is filed ▶  1 List the states with which a copy of this return is filed ▶  1 List the states with which a copy of this return is filed ▶  2 Lib The organization's books are in care of ▶ Charles Hitzel  2 Po Box 577  1 Located at ▶ Anhtabula  3 At any time during the calendar year, did the organization have an i			- · · · · · · · · · · · · · · · · · · ·		35b		├
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a   37b	36	=					
b Did the organization file Form 1128-PQL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes", complete Schedule L, Part II and enter the total amount involved  38b   38a	27-	- ·			36		-
38a D the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule I., Part II and enter the total amount involved  38b   38	_	•					
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(?) organizations Enter a Initiation fees and capital contributions included on line 9  Gross recepts, included on line 9  Gross recepts included include		<del>-</del>	•		3/6		
b if "Yes," complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations Enter  a Initiation fees and capital contributions included on line 9  50 Gross receipts, included on line 9 (6) for public use of club facilities  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911    50 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction or a prory year, that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I  50 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  50 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 400 reminutes of the organization at year was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T  41 List the states with which a copy of this return is filed ▶  Charles Hitzel Telephone no ↓ 440−813−6412  Po Box 577  b 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 and the foreign country (such as a bank account, securities account, or other financial account in a foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S ?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form 1041 — Check here and enter the amount of tax-exempt intere	304	=		ie	200		v
39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities 39b  39a 39a 39a 39a 39a 39a 39a 39a 39a 39	ь				304		
a Initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities 39b							
b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶							
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► section 4912 ► section 4912 ► section 4915 ► section 4915 ► section 4915 ► section 4916 ► section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ■ section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organizations at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T ■ OH			· · · · · · · · · · · · · · · · · · ·				
section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶  b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction uning the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule I, Part I  c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  400			•				
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reminder that the organization is a part of the organization of the organization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶  OH  12 Po Box 577  Located at ▶ Ashtabula  PO Box 577  Located at ▶ Ashtabula  OH ZIP + 4 ▶ 440.05 − 0577  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 \( \) See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt			· · · · · · · · · · · · · · · · · · ·				
transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I complete Schedule L, Par	ь			efit	-		
reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filled  P Box 577  b 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 accounts and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country   42b							
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40e		-			40b		X
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed b  All the organization's books are in care of b Charles  The organization's books are in care of b Charles  BY  BY  BY  BY  BY  BY  BY  BY  BY  B	С						
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8868-T  List the states with which a copy of this return is filed ▶ OH  1 Degranizations books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ▶ Charles Hitzel Telephone no Books are in care of ₱ Charles Hitzel Telephone no Books are in care of ₱ Charles Hitzel Telephone no Books are in care of ₱ Charles Hitzel Telephone no Books are in care of ₱ Charles Hitzel Telephone no Books are in care of ₱ Charles Hitzel Telephone no Books are in care of ₱ Charles Hitzel Telephone no Books are in care of ₱ Charles Hitzel Telephone no Books are in care of ₱ Charles Hitzel Telephone no Books are in care of ₱ Charles Hitzel Telephone no Books are in care of ₱ Charles Hitzel Telephone no Books are in care of ₱ Charles Hitzel Telephone no Books are in care of ₱ Charles Hitzel Telephone no Books are in care of ₱ Degrate no care of ₱ Charles Hitzel Telephone no Books are in care of ₱ Charles Hitzel Telephone no Books are in care of ₱ Charles Hitzel Telepho							
reimbursed by the organization  All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed  PO Box 577  Located at  Ashitabula  OH ZIP+4  44005-0577  b 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)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year   44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d'44b X  44c X  44d			<b>&gt;</b>				
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶ OH  142a The organization's books are in care of ▶ Charles Hitzel Telephone no	d	Section 501(c)(3)	and 501(c)(4) organizations Enter amount of tax on line 40c		_		
transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶ OH  The organization's books are in care of ▶ Charles Hitzel Telephone no ▶ 440-813-6412  PO Box 577  Located at ▶ Ashtabula OH ZIP+4 ▶ 44005-0577  b 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)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		reimbursed by the	e organization   Lagranda    L				ĺ
List the states with which a copy of this return is filed ► OH  The organization's books are in care of ► Charles Hitzel  To Box 577  Located at ► Ashtabula  OH ZIP+4 ► 44005-0577  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)?  If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year   Yes No  Yes No  Yes No  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	е	All organizations	At any time during the tax year, was the organization a party to a prohibited tax shelter				l
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Located at Nashtabula  Ashtabula  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)?  If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  42b X  42c X  Yes No  42c X   Yes No  43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	41	List the states with	h which a copy of this return is filed  OH				
Located at ▶ Ashtabula  OH ZIP + 4 ▶ 44005-0577  b 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)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  Yes No  Yes No  Yes No  Other organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	42a	The organization's	s books are in care of ▶ Charles Hitzel Te	lephone no 🕨 4	40-81	3-6	412
b 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)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  143  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		PO	Box 577	_			_
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If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			ccount in a foreign country (such as a bank account, securities account, or other financial			Yes	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country   43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		•			42b		<u> </u>
and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S ?  If "Yes," enter the name of the foreign country ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					- I I		
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If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  144 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							•
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44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	43			N   42			
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		and enter the ami	built of tax-exempt interest received or accrued during the tax year	43			
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completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	442	Did the organization	on maintain any denor advised funds during the year? If "Ves " Form 990 must be			162	140
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c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	U				AAL		x
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	•	•			-		
explanation in Schedule O 44d	4				-9-9-0		<u> </u>
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Form 9	990-EZ (2	2010) <b>1</b>	North	neast	Ohio	Poli	ce		34	4-1666817			P	age 4
	-												Yes	No
45` I	s any rel	ated orgar	nization a	a controlle:	d entity of	the organi	zation within the m	eaning o	f section 5	12(b)(13)?		45		X
a [	Old the o	rganizatior	n receive	any paym	nent from o	or engage	in any transaction	with a co	ntrolled en	tity within the				
r	neaning	of section	512(b)(1	3)? If "Ye:	s," Form 9	90 and Sc	hedule R may nee	to be c	ompleted ii	nstead of				
F	orm 990	)-EZ (see i	instructio	ns)								45a		X
46 [	Old the o	rganizatior	n engage	e, directly o	or indirectly	y, in politic	cal campaign activit	ies on b	ehalf of or a	n opposition				
t	o candid	ates for pu	ublic offic	æ? If "Yes	," complet	e Schedul	e C, Part I					46		X
Part	VI	Section	n 501(c	:)(3) org	anizatio	ns and	section 4947(a	)(1) no	onexemp	t charitable ti	rusts only. All	section		
		501(c)(3	3) organi	zations a	nd section	n 4947(a)	)(1) nonexempt c	haritabl	e trusts m	ust answer ques	tions 47-49b			
		and 52,	and con	nplete the	e tables fo	or lines 50	and 51.							_
		Check if	f the org	anization	used Sch	nedule O	to respond to any	questi	on in this f	Part VI				Ш
													Yes	No
47 [	Old the o	rganızatıor	n engage	ın lobbyır	ng activities	s? If "Yes,	" complete Schedu	ie C, Pa	rt II			47		<u>X</u> _
48 I	s the org	anization a	a school	as describ	oed in sect	tion 170(b)	)(1)(A)(II)? If "Yes,"	complet	e Schedule	Ε		48		<u> </u>
49a [	Old the o	rganızatıor	n make a	iny transfe	ers to an ex	xempt non	-charitable related	organiza	tion?			49a		<u> </u>
b l	f "Yes," v	was the rel	lated org	anization a	a section 5	527 organı	zation?					49b		
50 (	Complete	this table	for the c	organizatio	n's five hiç	ghest com	pensated employed	es (other	than office	ers, directors, trust	ees and key			
6	employee	es) who ea	ach receiv	ved more t	than \$100,	,000 of cor	mpensation from th							
		(a) Nar	me and ad		ch employee	e paid more			e and average 's per week	(c) Compensation	(d) Contributions to employee benefit plans		Expens count ar	
				than \$100	1,000		.=		ted to position		deferred compensation		allowar	
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f 7	Γotal nun	nber of oth	ner emplo	yees paid	d over \$100	0,000			▶		_			
51 (	Complete	this table	for the c	organizatio	າກ's five hiç	ghest com	pensated independ	ent cont	ractors who	each received m	ore than			
	100,000	of compe	ensation f	rom the or	rganization	If there i	s none, enter "Non	e"		<u> </u>				
	(a) Na	ame and add	dress of e	ach indepen	ident contra	ctor paid me	ore than \$100,000		(b)	Type of service	(c)	Compens	sation	
None	9													
								<del></del>						
								1						
											<del></del>			
											<del>                                     </del>			
d <sup>7</sup>	Total nun	aber of oth	ner inden	endent co	ntractors e	ach recen	ving over \$100,000		<u> </u>		<u> </u>			
			•				on 501(c)(3) organi	zatione	and 4947/a	V(1)				
		_	•		ch a comp		( ), ( )	20110113	ana 4547 (a	·/( ' /	<b>▶</b> 5	K Yes		No
							ding accompanying scl	nedules a	nd statement	s and to the hest of i				10
							ased on all information			•	)	iner, it is		
		Xd	1/1		5l	J/n			·	× 6/11	0/11			
Sign		Signature	re of office	1	= JUX V	16				Date	///			—
Here		XTH	omas	E	DULY	44	Treaum	L.						
		Type or p	print name	and title		7/	· · · · · · · · · · · · · · · · · · ·							
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### SCHEDULE A (Form 990 or 990-EZ)

**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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Northeast Ohio Police Athletic League

Employer identification number 34-1666817

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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II c Type III-Functionally integrated d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(ı) (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(in) Provide the following information about the supported organization(s) (i) Name of supported (v) Did you notify (III) Type of organization (rv) Is the organization (vi) Is the (VII) Amount of the organization in rganization in col organization (described on lines 1-9 in col (i) listed in your support col (i) of your (i) organized in the above or IRC section governing document? support? (see instructions)) Yes Yes No Yes No No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2010

Section A. Public Support

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.)

Cale	ndar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	62,453	82,829	91,105	85,970	58,927	381,284				
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	62,453	82,829	91,105	85,970	58,927	381,284				
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						381,284				
	tion B. Total Support			<del>-</del>	1	<u>L</u> _	301,204				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
7	Amounts from line 4	62,453	82,829	91,105	85,970	58,927	381,284				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
9	Net income from unrelated business activities, whether or not the business is regularly carried on	ivities, whether or not the business									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
11	Total support. Add lines 7 through 10						381,284				
12	Gross receipts from related activities, etc	•				12	1,740				
13	First five years. If the Form 990 is for the	organization's first,	second, third, fou	rth, or fifth tax year	r as a section 501	(c)(3)					
	organization, check this box and stop here										
Sec	tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·	<del></del>			· · · · · · · · · · · · · · · · · · ·					
14	Public support percentage for 2010 (line 6		· · ·	າ (f))		14	100.00%				
15	Public support percentage from 2009 Scho					15	100.00%				
16a	33 1/3% support test—2010. If the organi				3 1/3% or more, ch	neck this	. ==				
	box and stop here. The organization quali	-					► X				
b	33 1/3% support test—2009. If the organi				i is 33 1/3% or mo	re,					
47-	check this box and stop here. The organiz			_	401		▶ [_]				
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 "fa organization				-		▶ [7]				
b	<del>-</del>	9. If the organization	n did not check a l	box on line 13 16a	16b or 17a and	line	<b>~</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 me					blicly					
	supported organization						▶ □				
18	Private foundation. If the organization did instructions	not check a box or	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see	•	<b>▶</b> □				
						odulo A /Form 000 a					

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.)

	tion A. Public Support						
Cale	ndar 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)						
Sec	tion B. Total Support	<u> </u>	<b>L</b>	·	I	11	<del></del>
	ndar 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						
С	Add lines 10a and 10b						<del></del> .
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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, check this box and stop here	-	t, second, third, for	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	<b>•</b>
Sec	tion C. Computation of Public Su		tage			<u> </u>	
15	Public support percentage for 2010 (line 8	, column (f) divide	d by line 13, colum	nn (f))		15	%
<u> 16</u>	Public support percentage from 2009 Scho					16	%
<u>Sec</u>	tion D. Computation of Investme	nt Income Per	rcentage				
17	Investment income percentage for 2010 (li	ine 10c, column (f)	divided by fine 13	, column (f))		17	%_
18	Investment income percentage from 2009					18	%
19a	33 1/3% support tests—2010. If the organ						. —
L	17 is not more than 33 1/3%, check this be		_	•			▶ [_]
b	33 1/3% support tests—2009. If the organ						▶ □
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did		_		• • •	-	
			, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	500001400		· · · · · · · · · · · · · · · · · · ·

Part IV 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).

Part II, Line 10 - Other Income Detail

Other income

\$

0

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Northeast Ohio Police Athletic League

Employer identification number 34-1666817

Form 990-EZ, Part I, Line 16 - Other Expenses

		•		
Description	Amount			
Pepperoni Roll Fundraiser				
Cost of Goods Sold	\$	1,485		
Expenses				
Per Diem - Travel and Transpo	\$	1,888		
Meals and Entertainment	\$	3,354		
Program - Supplies	\$	68		
Telephone	\$	33		
Postage	\$	147		
Office Supplies	\$	1,203		
Dues and Subscriptions	\$	734		
Donations	\$	687		
Insurance	\$	2,311		
Bank Service Charges	\$	30		
Storage Fees	\$	800		
Activity Fees	\$	3,439		
Advertising	\$	172		
Supplies	\$	239		
Total	\$	16,590		

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. o	f Year	End of	Year
Due from Ohio Cops for Kids	\$	2,695	\$	2,695
	\$	8,418	\$	9,075

Name of the organization Northeast Ohio Police		Employer identificat 34-166681	
Less Accumulated Depreciation	\$	8,174 \$	8,299
	Total \$	2,939 \$	3,471

Form 990-EZ, Part III, Line 28 - First Achievement NEO PAL sponsors athletic teams in various communities through out Ashtabula County, thus giving children a chance to play sports that they otherwise might not be able to play.

# Form 4562

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

2010

ttachment 67

Name(s) shown on return

Northeast Ohio Police

Notheast Ohio Police

Athletic League

Identifying number

	11011160.	re meagae							100	) OOT /	
	ness or activity to which this form relates	•									
	ndirect Depreciat										
P	Election To Exper						anlata C				
1	Note: If you have a Maximum amount (see instruction		ity, complete P	art v L	eiore you	u COI	ripiete P	art I.	1	500,00	<u> </u>
2	Total cost of section 179 property	•	e instructions)						2	300,0	
3	Threshold cost of section 179 pro		3	2,000,00	<u> </u>						
4	Reduction in limitation Subtract li		4	2,000,00							
5	Dollar limitation for tax year Subtract lii		· ·		separately s	see inst	nuctions		5		_
6	(a) Descriptio		I		(business use			Elected cos			
					<del>-</del>				_		
								-		1	
7	Listed property Enter the amount	from line 29	•			7					
8	Total elected cost of section 179	property Add amoun	ts in column (c), line	es 6 and	17				8		
9	Tentative deduction Enter the sm	aller of line 5 or line	8						9		_
10	Carryover of disallowed deduction	from line 13 of your	2009 Form 4562						10		_
11	Business income limitation Enter	the smaller of busine	ess income (not les	s than z	ero) or line	5 (see	instruction	ns)	11		
12	Section 179 expense deduction A	dd lines 9 and 10, b	ut do not enter more	e than lir	ne 11			·	12		
13	Carryover of disallowed deduction	to 2011 Add lines 9	and 10, less line 1	2	<b>•</b>	13					
Note	: Do not use Part II or Part III below	for listed property I	nstead, use Part V								
Pa	art II Special Depreciati						lude list	ed prop	erty.)	(See instructions	)
14	Special depreciation allowance for	r qualified property (d	other than listed pro	perty) pl	aced in ser	vice					
	during the tax year (see instruction	ns)							14	<del></del>	
15	Property subject to section 168(f)(	1) election							15		
16	Other depreciation (including ACR		<del></del>						16	12	<u> 25</u>
Pa	art III MACRS Depreciat	ion (Do not incl			<u>See instr</u>	<u>uctio</u>	ns.)				_
			Section		_				,		_
17	MACRS deductions for assets pla								17		0
18	If you are electing to group any assets p								L <u>.</u>	<u></u>	
	Section B—/	Assets Placed in Se				Gene	rai Depre	ciation Sy	stem		
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depred (business/investme only-see instruction	ent use	(d) Recovery period	(e) C	onvention	(f) Met	hod	(g) Depreciation deduction	on
19a	3-year property										
b	5-year property										
С	7-year property										_
	10-year property									<del></del>	_
	15-year property										
f	20-year property										
<u>g</u>	25-year property				25 yrs			S/L			_
h	Residential rental property				27 5 yrs		MM_	S/L			
					27 5 yrs		MM	S/L			
i	Nonresidential real property	<u> </u>			39 yrs		MM	S/L			
	<u> </u>	l sets Placed in Serv	ina Durina 2010 Ta		llaine the f		MM ]	S/L			
202	Class life	secs riaced in serv	ice During 2010 12	ax rear	Using the A	Aiterna	itive Depr		ysten	<u>'                                    </u>	
					12			S/L			
	12-year				12 yrs		1414	S/L			_
	40-year  Irt IV Summary (See ins	tructions )			40 yrs		MM	S/L			_
<u> </u>	Listed property Enter amount from								24		—
22	Total. Add amounts from line 12, i		inge 10 and 20 in a	oluma (a	n) and line '	21 =-	tor horo		21		_
	and on the appropriate lines of you						iei neie		22	12	) F
23	For assets shown above and place	•	·			7				12	
_	portion of the basis attributable to		John Jean, em			23					
									'		