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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)

OMB No. 1545-0047

2010

Open to Public  
Inspection

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

A For the 2010 calendar year, or tax year beginning SEP 1, 2010 and ending AUG 31, 2011

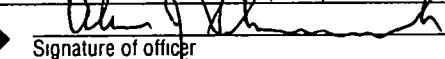
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>KANSAS PEACE OFFICERS ASSOCIATION</b> <b>C/O AL THIMMESCH</b>		D Employer identification number <b>48-6112862</b>	
	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) <b>2614 LANDON</b>			Room/suite
	City or town, state or country, and ZIP + 4 <b>WICHITA, KS 67205-2038</b>			G Gross receipts \$ <b>276,908.</b>
	F Name and address of principal officer <b>AL THIMMESCH</b> <b>2614 LANDON, WICHITA, KS 67205-2038</b>			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	J Website: ► <a href="http://WWW.KPOA.ORG">WWW.KPOA.ORG</a>			If "No," attach a list (see instructions)
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: <b>1957</b> M State of legal domicile: <b>KS</b>		

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <b>SEE SCHEDULE O</b>	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 <b>31</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 <b>31</b>
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 <b>1</b>
	6 Total number of volunteers (estimate if necessary)	6 <b>0</b>
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a <b>0.</b>
b Net unrelated business taxable income from Form 990-T, line 34	7b <b>0.</b>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <b>95,580.</b> Current Year <b>106,119.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>2,865.</b> <b>3,030.</b>
	10 Investment income (Part VIII, column (A), lines 3-4 and 7d)	<b>12,987.</b> <b>30,486.</b>
	11 Other revenue (Part VIII, column (A), lines 5-6d, 8c, 10c, and 11e)	<b>4,683.</b> <b>3,288.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>116,115.</b> <b>142,923.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-9)	<b>0.</b> <b>9,500.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>11,000.</b> <b>11,000.</b>
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>32,167.</b> <b>32,935.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>0.</b>	<b>0.</b> <b>0.</b>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>78,123.</b> <b>65,385.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>121,290.</b> <b>118,820.</b>
	19 Revenue less expenses. Subtract line 18 from line 12	<b>-5,175.</b> <b>24,103.</b>
	20 Total assets (Part X, line 16)	Beginning of Current Year <b>375,004.</b> End of Year <b>409,016.</b>
21 Total liabilities (Part X, line 26)	<b>0.</b> <b>0.</b>	
22 Net assets or fund balances Subtract line 21 from line 20	<b>375,004.</b> <b>409,016.</b>	

## 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	Signature of officer 		Date <b>4-4-12</b>
	► <b>AL THIMMESCH, SECRETARY / TREASURER</b>		
Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name <b>JAMES D. COOPER, CPA</b>	Preparer's signature <b>JAMES D. COOPER, CPA</b>	Date <b>03/31/12</b> Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ► <b>KIRKPATRICK, SPRECKER &amp; CO., LLP</b>		Firm's EIN ►
	Firm's address ► <b>311 S. HILLSIDE WICHITA, KS 67211-2130</b>		Phone no. <b>(316) 685-1411</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010) 

## KANSAS PEACE OFFICERS ASSOCIATION

Form 990 (2010)

C/O AL THIMMESCH

48-6112862 Page 2

**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:**TO PROMOTE ACQUAINTANCE AMONG PEACE OFFICERS IN KANSAS AND ADVANCE THE PROFESSION AND STANDARDS OF LAW ENFORCEMENT.**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 \$ 15,340. including grants of \$ \_\_\_\_\_) (Revenue \$ 3,030.)**THE ASSOCIATION EDUCATED MEMBERS AND KEPT THEM INFORMED ABOUT EVENTS OF THE ASSOCIATION THROUGH AN ANNUAL CONVENTION, SPECIAL MEETINGS AND ASSOCIATION MAGAZINE.**4b (Code: \_\_\_\_\_) (Expenses \$ 11,000. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**THE ASSOCIATION PROVIDED DEATH BENEFITS TO FAMILIES OF FULL TIME LAW ENFORCEMENT OFFICERS WHO WERE MEMBERS OF THE ASSOCIATION.**4c (Code: \_\_\_\_\_) (Expenses \$ 9,500. including grants of \$ 9,500.) (Revenue \$ \_\_\_\_\_)**THE ASSOCIATION PROVIDED COLLEGE SCHOLARSHIPS TO STUDENTS INTERESTED IN LAW ENFORCEMENT.**4d Other program services (Describe in Schedule O)(Expenses \$ 18,493. including grants of \$ \_\_\_\_\_) (Revenue \$ 21,168.)4e Total program service expenses ► 54,333.

**KANSAS PEACE OFFICERS ASSOCIATION**  
**C/O AL THIMMESCH**

Form 990 (2010)

48-6112862 Page 3

**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
*If "Yes," complete Schedule A*
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 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*
- 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*
- 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*
- 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*
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 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*
- 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*
- 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, line 10? *If "Yes," complete Schedule D, Part VI*
  - 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*
  - 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*
  - 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*
  - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
  - 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*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*
- 12b 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*
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - 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*
- 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 United States? *If "Yes," complete Schedule F, Parts II and IV*
- 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 United States? *If "Yes," complete Schedule F, Parts III and IV*
- 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*
- 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*
- 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*
- 20a Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*
  - b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	X	
2	X	
3	X	
4		
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b		

Form 990 (2010)

## KANSAS PEACE OFFICERS ASSOCIATION

Form 990 (2010)

C/O AL THIMMESCH

48-6112862 Page 4

## Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
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	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
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	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	34	X
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	35	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
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	X
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	X

Form 990 (2010)

**KANSAS PEACE OFFICERS ASSOCIATION**  
**C/O AL THIMMESCH**

Form 990 (2010)

48-6112862 Page 5

**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	0
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	<input checked="" type="checkbox"/>
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	1
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>		
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	<input checked="" type="checkbox"/>
b If "Yes," enter the name of the foreign country: ►  <i>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</i>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<input checked="" type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	<input checked="" type="checkbox"/>
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	7a	<input checked="" type="checkbox"/>
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?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	<input checked="" type="checkbox"/>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	9b	
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter:	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> 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	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
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	
<b>14a Did the organization receive any payments for indoor tanning services during the tax year?</b>	14a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b	

Form 990 (2010)

## KANSAS PEACE OFFICERS ASSOCIATION

Form 990 (2010)

C/O AL THIMMESCH

48-6112862 Page 6

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

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	31	
1b	Enter the number of voting members included in line 1a, above, who are independent	31	
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

**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?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		
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		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		
14	Does the organization have a written document retention and destruction policy?		
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		
b	Other officers or key employees of the organization		
	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?		
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?		
16a		X	
16b			

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ►	<b>NONE</b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►	
	<b>AL THIMMESCH - 316-722-8433</b>	
	<b>2614 LANDON, WICHITA, KS 67205-2038</b>	



KANSAS PEACE OFFICERS ASSOCIATION  
C/O AL THIMMESCH

**Form 990 (2010)**

48-6112862 Page 8

Page 8

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

**1b Sub-total**

**c Total from continuation sheets to Part VII, Section A**

**d Total (add lines 1b and 1c)**

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 ►

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

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

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 \_\_\_\_\_

	Yes	No
3		X
4		X
5		X

**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 **NONE**

(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

0

**KANSAS PEACE OFFICERS ASSOCIATION**  
**C/O AL THIMMESCH**

Form 990 (2010)

48-6112862 Page 9

**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	<b>1 a</b> Federated campaigns <b>1 b</b> Membership dues <b>1 c</b> Fundraising events <b>1 d</b> Related organizations <b>1 e</b> Government grants (contributions) <b>1 f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1 g</b> Noncash contributions included in lines 1a-1f \$ _____ <b>1 h</b> Total. Add lines 1a-1f ►	<b>1a</b> <b>1b</b> <b>52,200.</b> <b>1c</b> <b>1d</b> <b>1e</b> <b>1f</b> <b>53,919.</b> <b>1g</b> <b>1h</b> <b>106,119.</b>			
Program Service Revenue	<b>2 a</b> CONVENTION RECEIPTS <b>2 b</b> <b>2 c</b> <b>2 d</b> <b>2 e</b> <b>2 f</b> All other program service revenue <b>2 g</b> Total. Add lines 2a-2f ►	<b>Business Code</b> <b>611430</b>      <b>2g</b> <b>3,030.</b>	<b>3,030.</b>	<b>3,030.</b>	
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) ►		<b>9,943.</b>		<b>9,943.</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds ►				
	<b>5</b> Royalties ►		<b>2,663.</b>		<b>2,663.</b>
	<b>6 a</b> Gross Rents <b>6 b</b> Less rental expenses <b>6 c</b> Rental income or (loss) <b>6 d</b> Net rental income or (loss)  <b>7 a</b> Gross amount from sales of assets other than inventory <b>7 b</b> Less. cost or other basis and sales expenses <b>7 c</b> Gain or (loss) <b>7 d</b> Net gain or (loss)  <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 <b>8 b</b> Less: direct expenses <b>8 c</b> Net income or (loss) from fundraising events ►	<b>(i) Real</b>     <b>(i) Securities</b> <b>154,528.</b>   <b>7a</b> <b>7b</b> <b>7c</b> <b>7d</b> <b>8a</b> <b>8b</b> <b>8c</b>		<b>20,543.</b>	<b>20,543.</b>
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 <b>9 b</b> Less direct expenses <b>9 c</b> Net income or (loss) from gaming activities ►				
	<b>10 a</b> Gross sales of inventory, less returns and allowances <b>10 b</b> Less: cost of goods sold <b>10 c</b> Net income or (loss) from sales of inventory ►				
	<b>Miscellaneous Revenue</b>	<b>Business Code</b> <b>900099</b>	<b>625.</b>	<b>625.</b>	
	<b>11 a</b> MISCELLANEOUS <b>11 b</b> <b>11 c</b> <b>11 d</b> All other revenue <b>11 e</b> Total. Add lines 11a-11d ►		<b>625.</b>		
	<b>12</b> Total revenue. See instructions. ►		<b>142,923.</b>	<b>24,198.</b>	<b>0.</b>
					<b>12,606.</b>

**KANSAS PEACE OFFICERS ASSOCIATION**  
**C/O AL THIMMESCH**

Form 990 (2010)

48-6112862 Page 10

**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).*

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,500.	9,500.		
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	11,000.	11,000.		
5 Compensation of current officers, directors, trustees, and key employees	30,250.		30,250.	
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	2,685.		2,685.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	5,605.		5,605.	
d Lobbying	13,028.	13,028.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,197.		8,197.	
g Other				
12 Advertising and promotion				
13 Office expenses	4,969.		4,969.	
14 Information technology				
15 Royalties				
16 Occupancy	4,800.		4,800.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,557.	14,557.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 TELEPHONE	5,874.		5,874.	
b TRAINING	4,265.	4,265.		
c PRINTING, POSTAGE AND M	2,890.	783.	2,107.	
d DONATIONS	1,050.	1,050.		
e REFUNDS	150.	150.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	118,820.	54,333.	64,487.	0.
26 Joint costs. Check here ► <input type="checkbox"/> 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				

**KANSAS PEACE OFFICERS ASSOCIATION**  
**C/O AL THIMMESCH**

Form 990 (2010)

48-6112862 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,968.	1	15,532.
	2 Savings and temporary cash investments	41,532.	2	34,672.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments - publicly traded securities	327,504.	11	358,812.
	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	
	<b>16 Total assets. Add lines 1 through 15 (must equal line 34)</b>	<b>375,004.</b>	<b>16</b>	<b>409,016.</b>
Liabilities	17 Accounts payable and accrued expenses		17	
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	<b>26 Total liabilities. Add lines 17 through 25</b>	<b>0.</b>	<b>26</b>	<b>0.</b>
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	375,004.	30	409,016.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
	33 Total net assets or fund balances	375,004.	33	409,016.
	<b>34 Total liabilities and net assets/fund balances</b>	<b>375,004.</b>	<b>34</b>	<b>409,016.</b>

Form 990 (2010)

**KANSAS PEACE OFFICERS ASSOCIATION**  
**C/O AL THIMMESCH**

Form 990 (2010)

48-6112862 Page 12

**Part XI Reconciliation 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	142,923.
2 Total expenses (must equal Part IX, column (A), line 25)	2	118,820.
3 Revenue less expenses Subtract line 2 from line 1	3	24,103.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	375,004.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	9,909.
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	409,016.

**Part XII Financial Statements and Reporting**

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

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?  
 b Were the organization's financial statements audited by an independent accountant?  
 c If "Yes" to line 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  
 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 separate 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?  
 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

	Yes	No
2a	<input checked="" type="checkbox"/>	
2b		<input checked="" type="checkbox"/>
2c		<input checked="" type="checkbox"/>
3a		<input checked="" type="checkbox"/>
3b		

Form 990 (2010)

Department of the Treasury  
Internal Revenue Service

### For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.  
► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **KANSAS PEACE OFFICERS ASSOCIATION**  
**C/O AL THIMMESCH**

**Employer identification number**  
**48-6112862**

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures
- 3** Volunteer hours

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_  
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_  
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  
4a Was a correction made?  Yes  No  
b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_

4 Did the filing organization file Form 1120-POL for this year?  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds	If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization

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

**Schedule C (Form 990 or 990-EZ) 2010**

1 H A

## KANSAS PEACE OFFICERS ASSOCIATION

Schedule C (Form 990 or 990-EZ) 2010

C/O AL THIMMESCH

48-6112862 Page 2

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768  
(election under section 501(h)).A Check  if the filing organization belongs to an affiliated group.B Check  if the filing organization checked box A and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a. If zero or less, enter -0-**i** Subtract line 1f from line 1c. If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

## KANSAS PEACE OFFICERS ASSOCIATION

Schedule C (Form 990 or 990-EZ) 2010 C/O AL THIMMESCH

48-6112862 Page 3

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1 <input checked="" type="checkbox"/>	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2 <input checked="" type="checkbox"/>	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3 <input checked="" type="checkbox"/>	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE I**  
(Form 990)

OMB No. 1545-0047

**2010**

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.

Open to Public  
Inspection

Name of the organization **KANSAS PEACE OFFICERS ASSOCIATION**  
C/O AL THIMMESCH

**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 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

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

3 Enter total number of other organizations

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

KANSAS PEACE OFFICERS ASSOCIATION  
C/O AL THIMMERSCH

Schedule I (Form 990) (2010)

48-6112862

Page 2

**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.

Part III can be duplicated 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
THE ASSOCIATION PROVIDED SCHOLARSHIPS TO COLLEGE STUDENTS INTERESTED IN LAW ENFORCEMENT.	10	9,500.	0.		

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

**SCHEDULE I, PART I, LINE 2: MUST BE A HIGH SCHOOL SENIOR OR COLLEGE STUDENT  
AND THE DEPENDENT OF AN ACTIVE KPOA MEMBER**

**MUST ATTEND AN ACCREDITED JUNIOR COLLEGE (COMMUNITY COLLEGE) OR FOUR-YEAR UNIVERSITY IN THE STATE OF KANSAS. (ACCREDITED LIST AVAILABLE THROUGH THE KPOA SECRETARY- TREASURER OR SCHOLARSHIP COMMITTEE.)**

**MUST ENROLL IN 12 HOURS OR MORE IN COLLEGE CREDITS PER SEMESTER.**

KANSAS PEACE OFFICERS ASSOCIATION  
C/O AL THIMMESCH

Schedule I (Form 990) 2010

48-6112862 Page 2

**Part IV Supplemental Information**

MUST SUBMIT TO AN ORAL INTERVIEW BY KPOA SCHOLARSHIP COMMITTEE IF SO REQUESTED.

MUST ATTACH A BRIEF (NO LONGER THAN ONE TYPE WRITTEN PAGE) RESUME OF FUTURE ACADEMIC AND LIFE GOALS.

MUST ATTACH A RECENT PHOTOGRAPH.

MUST ATTACH A LETTER OF ENDORSEMENT FROM A RANKING LAW ENFORCEMENT OFFICER IN APPLICANT'S AREA.

MUST SUBMIT HIGH SCHOOL AND COLLEGE (IF APPLICANT HAS ATTENDED COLLEGE) TRANSCRIPTS WITH THE APPLICATION.

MUST UNDERSTAND THAT THE \$1,000 SCHOLARSHIP WILL BE PAID IN TWO \$500 INSTALLMENTS IN THE FIRST AND SECOND SEMESTERS.

**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 990-EZ 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

KANSAS PEACE OFFICERS ASSOCIATION  
C/O AL THIMMESCH

Employer identification number  
**48-6112862**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**TO PROMOTE ACQUAINTANCE AMONG PEACE OFFICERS IN KANSAS AND ADVANCE THE  
PROFESSION AND STANDARDS OF LAW ENFORCEMENT.**

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**THE ASSOCIATION PROVIDES LAW ENFORCEMENT TRAINING TO MEMBERS OF THE  
ASSOCIATION.**

**THE ASSOCIATION LOBBYS ON BEHALF OF ITS MEMBERS.**

**EXPENSES \$ 18,493. INCLUDING GRANTS OF \$ 0. REVENUE \$ 21,168.**

**FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION HAS MEMBERS.**

**FORM 990, PART VI, SECTION B, LINE 11: THE ASSOCIATION PROVIDES THE BOARD  
OF GOVERNORS WITH THE OPPORTUNITY TO REVIEW THE RETURN BEFORE IT IS FILED.**

**FORM 990, PART VI, SECTION C, LINE 18: THE ASSOCIATION MAKES ITS IRS FORM  
990 AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS ADMINISTRATIVE OFFICE.**

**FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION MAKES ITS GOVERNING  
DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS ADMINISTRATIVE  
OFFICE.**

**FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:**

**NET UNREALIZED GAINS ON INVESTMENTS:**

**9,909.**

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization  KANSAS PEACE OFFICERS ASSOCIATION C/O AL THIMMESCH	Employer identification number  48-6112862
	Number, street, and room or suite no. If a P.O. box, see instructions.  C/O KIRKPATRICK, SPRECKER & COMPANY, LLP - 311 S. HILLSIDE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions.  WICHITA, KS 67211	

Enter the Return code for the return that this application is for (file a separate application for each return)

 0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

AL THIMMESCH

- The books are in the care of ► 2614 LANDON - WICHITA, KS 67205-2038

Telephone No ► 316-722-8433 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ► \_\_\_\_\_ If it is for part of the group, check this box ► \_\_\_\_\_ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

APRIL 15, 2012, to file the exempt organization return for the organization named above. The extension

is for the organization's return for.

►  calendar year \_\_\_\_\_ or►  tax year beginning SEP 1, 2010, and ending AUG 31, 20112 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

## **Chief Executive Officers**

### **PRESIDENT**

**Lieutenant Keith Rather**  
Kansas Dept of Wildlife & Parks  
Box 777  
Chanute, Ks 66720

### **PRESIDENT - ELECT**

**Deputy Director Darin Beck**  
Kansas Law Enforcement Training Center (KLETC)  
PO BOX 647  
11009 S Hornet  
Hutchinson, Kansas 67501

### **VICE PRESIDENT**

**Chief Deputy Richard Powell**  
Sedgwick County Sheriff's Office  
141 W Elm  
Wichita, Kansas 67501

### **SECRETARY / TREASURER**

**Al Thimmesch**  
Kansas Peace Officers Association  
P O Box 2592  
Wichita, Kansas 67201

## BOARD OF GOVERNORS

### District 1

Includes Doniphan, Atchison, Jefferson, Leavenworth, Wyandotte, Douglas, Johnson, Franklin and Miami Counties.

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Johnson County Sheriff's Office  
27747 West 159<sup>th</sup> Street  
New Century, KS 66031

#### **Major Daryl Reece**

Johnson County Sheriff's Office  
27747 W. 159th St  
New Century, KS 66031

#### **Sergeant Lonnie Stites**

Olathe Police Department  
501 E Old 56 Hwy  
Olathe, KS 66061

### District 2

Includes Marshall, Nemaha, Brown, Riley, Pottawatomie, Jackson, Geary, Wabonsee, Shawnee, Morris, Chase, Lyon and Osage Counties.

#### **Herman Jones, Undersheriff**

Shawnee County Sheriff's Office  
320 S Kansas Ave, Suite 200  
Topeka, Kansas 66603

#### **Kirk Thompson, Director**

Kansas Bureau of Investigation  
3320 S.W. Tyler  
Topeka, KS 66611

#### **Doug Younger, Special Agent**

Kansas Bureau of Investigation  
3320 S.W. Tyler  
Topeka, KS 66611

### District 3

Includes Jewell, Republic, Washington, Mitchell, Cloud, Clay, Lincoln, Ottawa, Ellsworth, Saline, Dickinson, Rice, McPherson and Marion Counties.

#### **Major Jason De Vore**

Kansas Highway Patrol  
2019 E Iron Ave  
Salina, KS 67401

**Sheriff Tracy Ploutz**  
Ellsworth County Sheriff's Office  
212 N. Kansas  
Ellsworth, KS 67439

**Chief Dave Smith**  
Ellsworth Police Department  
P O Box 163  
Ellsworth, KS 67439

**District 4**  
Includes Cheyenne, Rawlins, Decatur, Norton, Phillips, Smith, Sherman, Thomas, Sheridan, Graham, Rooks, Osborne, Wallace, Logan, Grove, Trego, Ellis, and Russell Counties.

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Wakeeney Police Department  
525 Waren Ave  
Wakeeney, KS 67672

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Kansas Bureau of Investigation  
1620 SW Tyler  
Topeka, KS 66612

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Trego County Sheriff's Department  
525 Warren  
Wakeeney, KS 67672

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Finney County Sheriff's Department  
304 N. 9th  
Garden City, KS 67846

**Larry Cole**  
Kansas Highway Patrol (Retired)  
Holcomb, KS

**Sgt. Matt Cole**  
Garden City Police Department  
304 N. 9th Street  
Garden City , KS 67851

**District 6**

Includes Rush, Barton, Pawnee, Stafford, Reno, Edwards, Kiowa Pratt, Kingman, Comanche, Barber and Harper Counties.

**Chief Dick Heitschmidt**

Hutchinson Police Department  
210 W 1st  
Hutchinson, KS 67502

**Undersheriff Larry Holliday**

Barton County Sheriff's Office  
1416 Kansas  
Great Bend, KS 67501

**Mike Lewis**

Kansas Law Enforcement Training Center (KLETC)  
PO BOX 647  
11009 S. Hornet  
Hutchinson, KS 67501

**District 7**

Includes Harvey, Sedgwick, Butler, Sumner and Cowley Counties

**Chief Bill Edwards**

Park City Police Department  
6110 N Hydraulic  
Park City, KS 67219

**SSA David Falletti**

Kansas Bureau of Investigation  
P.O. Box 6  
Winfield, KS 67156

**Sheriff Don Read**

Cowley County Sheriff's Office  
P.O. Box 47  
Winfield, KS 67156

**District 8**

Includes Greenwood, Coffey, Anderson, Linn, Woodson, Allen, Bourbon, Elk, Wilson, Neosho, Crawford, Chautauqua, Montgomery, Labette, and Cherokee Counties.

**Asst. Chief Steve Berry**

Caney Police Department  
P.O. Box 129  
Caney, KS 67333

**Trent McCown**  
Kansas Department of Wildlife & Parks  
419 S. Oak  
Garnett, KS 66032

**Undersheriff Dan Peak**  
Crawford County Sheriff's Office  
P O Box 157  
Girard, KS 66743

**Board of Governors - at Large**

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Eastborough Police Department  
1 Douglas Avenue  
Eastborough, KS 67207

**Mark Damitio, Deputy Assistant Director**  
Kansas Law Enforcement Training Center (KLETC)  
11009 S. Hornet  
Hutchinson, Kansas 67501

**Lt. Chuck Yokley**  
Kansas Highway Patrol, Troop H  
301 W. 14th Street  
Chanute, KS 66720