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Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

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(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	134,779	22	116,045
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	134,779	25	116,045
26	Total liabilities (describe in Schedule O)	3,398	26	1,725
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	131,381	27	114,320

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

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What is the organization's primary exempt purpose?
The primary exempt purpose of APOA is to focus upon the objectives of law enformcement, corrections and related fields, support of legislation resulting in a more effective and professional justice system, professional training and enhancement of interpersonal and interagency relationships among the agencies of the justice system

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	JOURNALS - TO PROVIDE RELEVANT INFORMATION FOR THE LAW ENFORCEMENT OFFICERS AND CONCERNED CITIZENS (Grants \$)	If this amount includes foreign grants, check here . . . ☐	28a	
29	CRIME CONFERENCE/CPE - TO PROMOTE TRAINING AND CONTINUING EDUCATION (Grants \$)	If this amount includes foreign grants, check here . . . ☐	29a	
30	FIELD MANUAL - TO PROVIDE A POCKET SIZE BOOKLET ON CODE DESCRIPTIONS AND POLICY TO LAW ENFORMEMENT PERSONNEL AND INTERESTED PUBLIC (Grants \$)	If this amount includes foreign grants, check here . . . ☐	30a	
31	Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here . . . ☐	31a	
32	Total program service expenses (add lines 28a through 31a)		32	

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

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(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	No
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
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-EZ? If "Yes," complete Schedule L, Part I	40b	
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	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ KALIE BELL Telephone no ▶ (907) 277-0515 PO BOX 240106 Located at ▶ ANCHORAGE, AK ZIP + 4 ▶ 99524		
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 .	42b	No
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 ▶	42c	No
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	43	
		Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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	2012-07-27 Date			
	KALIE BELL, Executive Director Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Marga Beltrami	Date	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Beltrami & Associates PC 3825 Spenard Road Anchorage, AK 99517			EIN
					Phone no (907) 345-9695

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

2011

Open to Public Inspection

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization
ALASKA PEACE OFFICERS ASSOCIATION

Employer identification number

51-0210787

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$3398 Accounts Payable and Accrued Expenses - Ending \$1725
Form 990-EZ, Part I, Line 20 1001	Other Changes In Net Assets Or Fund Balances 1001	Net Unrealized Gains and Losses on Investments \$-2110
Form 990-EZ, Part I, Line 16 21	Other Expenses 21	ALARM\$-150
Form 990-EZ, Part I, Line 16 17	Other Expenses 17	PHOTOCOPY \$103
Form 990-EZ, Part I, Line 16 16	Other Expenses 16	MISCELLANEOUS \$110
Form 990-EZ, Part I, Line 16 15	Other Expenses 15	BANK FEES \$120
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	PO BOX FEES \$250
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	Training \$300
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	Softw are \$353
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	AWARDS \$496
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	PROFESSIONAL DUES \$505
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Credit card fees \$972
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	COMPUTER \$1125
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	NEWSLETTER EXPENSES \$1280
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	MEMBERSHIPS \$1477
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Telephone \$2577
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	FIELD MANUAL PRODUCTION \$4499
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	JOURNAL PRODUCTION \$76808
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$471
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$6823

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$3992
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$832
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$4252
Form 990-EZ, Part I, Line 8 2	Other Revenue 2	MISC \$160
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	JOURNAL Exclusion 512a1 \$90105

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 51-0210787
Name: ALASKA PEACE OFFICERS ASSOCIATION

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
THECLA LALONDE PO BOX 1168 WRANGELL,AK 99929	Pres-WRANGELL 2 00	0		
MARILYN BAILEY 13760 ARNE ERICKSON CIR ANCHORAGE,AK 99515	Secretary-Treas 0	0		
KEVIN BREW PO BOX 875315 WASILLA,AK 99687	Pres-MATSU CHAP 2 00	0		
CHARLIE JOHNSON PO BOX 5232 KETCHIKAN,AK 99901	Pres-FIRST CHPT 2 00	0		
JOHN WALDRON PO BOX 370 UNALASKA,AK 99685	Pres-ALEUTIAN 2 00	0		
MICHELE LOGAN PO BOX 100316 ANCHORAGE,AK 99510	Pres-ANCHORAGE 2 00	0		
MARK PEARSON PO BOX 1030 KENAI,AK 99611	Pres-KENAI 2 00	0		
STEVE HALL PO BOX 20751 JUNEAU,AK 99802	Pres-CAPITAL 2 00	0		
BRAD JOHNSON PO BOX 72064 FAIRBANKS,AK 99707	Pres-Far North 2 00	0		
ANGELLA LONG PO BOX 871152 WASILLA,AK 99687	Past President 2 00	0		
JOHN LUCKING 44510 STERLING HWY SOLDOTNA,AK 99669	President 4 00	0		
KRIS SELL PO BOX 20751 JUNEAU,AK 99802	Vice President 4 00	0		
JOSEPH YOUNG 3126 BETTLES BAY LOOP ANCHORAGE,AK 99518	BUSINESS MNGR 40 00	33,036		