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Form **990-EZ****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)**

- Sponsoring 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

**2011****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

**A** For the 2011 calendar year, or tax year beginning 7/01, 2011, and ending 6/30, 2012

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

**C** **Tempe Officers Association**  
P.O. Box 1896  
Tempe, AZ 85280

**D** Employer identification number 86-0841766

**E** Telephone number (480) 707-9005

**F** Group Exemption Number .....

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_

**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: www.aztoa.org

**J** Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) ( 5 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally **not** more than \$50,000. A 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 return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 154,033.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I. .... ☒

<b>1</b>	Contributions, gifts, grants, and similar amounts received .....	<b>1</b>	
<b>2</b>	Program service revenue including government fees and contracts. ....	<b>2</b>	
<b>3</b>	Membership dues and assessments. ....	<b>3</b>	153,163.
<b>4</b>	Investment income .....	<b>4</b>	870.
<b>5a</b>	Gross amount from sale of assets other than inventory. ....	<b>5a</b>	
<b>5b</b>	Less: cost or other basis and sales expenses .....	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .....	<b>5c</b>	
<b>6</b>	Gaming and fundraising events		
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) .....	<b>6a</b>	
<b>6b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) .....	<b>6b</b>	
<b>6c</b>	Less: direct expenses from gaming and fundraising events. ....	<b>6c</b>	
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .....	<b>6d</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances .....	<b>7a</b>	
<b>7b</b>	Less: cost of goods sold .....	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	<b>7c</b>	
<b>8</b>	Other revenue (describe in Schedule O) .....	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .....	<b>9</b>	154,033.
<b>10</b>	Grants and similar amounts paid (list in Schedule O) .....	<b>10</b>	
<b>11</b>	Benefits paid to or for members. ....	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits .....	<b>12</b>	26,350.
<b>13</b>	Professional fees and other payments to independent contractors .....	<b>13</b>	69,256.
<b>14</b>	Occupancy, rent, utilities, and maintenance .....	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping .....	<b>15</b>	
<b>16</b>	Other expenses (describe in Schedule O) .....	<b>16</b>	32,301.
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 .....	<b>17</b>	127,907.
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) .....	<b>18</b>	26,126.
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) .....	<b>19</b>	220,312.
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) .....	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 .....	<b>21</b>	246,438.

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**Form **990-EZ** (2011)



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements inthe instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	<b>33</b>	X
<b>34</b> 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)	<b>34</b>	X
<b>35a</b> 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)?	<b>35a</b>	X
<b>b</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	<b>35b</b>	
<b>c</b> 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.	<b>35c</b>	X
<b>36</b> 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	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	0
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>	X
<b>38a</b> 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>38a</b>	X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	N/A
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9.	<b>39a</b>	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	N/A
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911	N/A	
section 4912	N/A	
section 4955	N/A	
<b>b</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.	<b>40b</b>	
<b>c</b> 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		0
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
<b>e</b> 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	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed		AZ

<b>42a</b> The organization's books are in care of	Joseph Schiefer, E.A.	Telephone no.	(480) 966-6770
Located at	1050 E. Southern Ave., Ste. F-7 Tempe AZ	ZIP + 4	85282
<b>b</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)?	<b>42b</b>	Yes	No
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.			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<b>42c</b>	Yes	No
If 'Yes,' enter the name of the foreign country			

<b>43</b> 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.	<b>43</b>	N/A	
<b>44a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	Yes	No
<b>b</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>44b</b>	X	
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	X	
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	<b>44d</b>		
<b>45a</b> Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45a</b>	X	
<b>b</b> 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).	<b>45b</b>	X	

**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.

	Yes	No
<b>46</b>		X

**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, and complete the tables for lines 50 and 51.

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

**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.

	Yes	No
<b>47</b>		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		
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**b** If 'Yes,' was the related organization a section 527 organization?

<b>49b</b>		
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**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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**e** Total number of other employees paid over \$100,000 **▶** \_\_\_\_\_

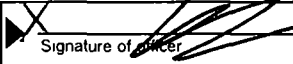
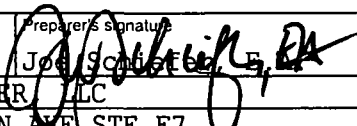
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**e** 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.

<b>Sign Here</b>	Signature of officer 	Date <b>11-12-12</b>			
	Hector Encinas Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature 	Date 11/07/12	Check <input type="checkbox"/> if self-employed	PTIN P00447971
	Firm's name ▶ LEWIS & SCHIEFER LLC				
	Firm's address ▶ 1050 E SOUTHERN AVE STE F7 TEMPE, AZ 85282-5421				
	Firm's EIN ▶ 20-8036186	Phone no. (480) 966-6770			

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☒ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2011**

**Open to Public  
Inspection.**

Tempe Officers Association

Employer identification number

86-0841766

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

The primary purpose of The Tempe Officers Association is to unite Tempe Police Officers and Sergeants in their efforts to effect and maintain a safe, challenging and satisfying career-oriented work environment. To provide the citizens of Tempe the finest, most competent and cost effective police services possible. The Tempe Officers Association will constantly strive to improve the Tempe Police Officers' standards, benefits and working conditions to reflect his/her professional status.

**Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

The management of the Tempe Officer's Association has operated this organization to represent the Tempe Police Officers and Sergeants in a variety of work related matters. The TOA has facilitated the provision of top tier legal representation to Tempe Police Officers and Sergeants regarding internal and external work related matters. Also, the TOA has participated in negotiating a new Memorandum of Understanding for the next fiscal year in which pay and benefits for our membership was at the heart of the negotiations.

Client TTEMPE

Tempe Officers Association

86-0841766

11/07/12

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

Charitable Donations	\$	1,075.
Communication/Telephone		3,027.
Compassion Expenses		4,405.
Conferences, Conventions, and Meetings		1,601.
Depreciation		124.
Dues and Fees		10.
Event Expense		4,957.
Information Technology		1,200.
Insurance		10,898.
Miscellaneous Expenses		150.
Office Expenses		687.
President's Expense Acct.		384.
Training and Education		2,289.
Travel		1,494.
<b>Total</b>	<b>\$</b>	<b>32,301.</b>

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

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment	\$ 170.	\$ 47.
<b>Total</b>	<b>\$ 170.</b>	<b>\$ 47.</b>

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

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Health Benefits &amp; Contrib- ution to EBP &amp; DC</u>	<u>Expense Account &amp; Other Allowances</u>
Jeff McHenry P.O. Box 1896 Tempe, AZ 85280	President 40	\$ 6,000.	\$ 0.	\$ 0.
Todd Bailey P.O. Box 1896 Tempe, AZ 85280	Treasurer 10	3,000.	0.	0.
Larry Wylie P.O. Box 1896 Tempe, AZ 85280	Vice President 10	1,050.	0.	0.
Ron Elcock P.O. Box 1896 Tempe, AZ 85282	Trustee 5	900.	0.	0.

Client TTEMPE

Tempe Officers Association

86-0841766

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## Form 990-EZ, Part IV (continued)

## List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Health Benefits & Contrib- ution to EBP & DC	Expense Account & Other Allowances
Kurt Mayer P.O. Box 1896 Tempe, AZ 85282	Trustee 5	\$ 450.	\$ 0.	\$ 0.
Jeff Millen PO. Box 1896 Tempe, AZ 85280	President 40	9,100.	0.	0.
Joe Rouget P.O. Box 1896 Tempe, AZ 85281	Trustee 5	900.	0.	0.
Mike Kepler P.O. Box 1896 Tempe, AZ 85280	Secretary 5	2,400.	0.	0.
Rob Ferraro P.O. Box 1896 Tempe, AZ 85280	Vice President 0	2,100.	0.	0.
Hector Encinas P.O. Box 1896 Tempe, AZ 85280	Treasurer 10	0.	0.	0.
Jason Moser P.O. Box 1896 Tempe, AZ 85280	Secretary 5	0.	0.	0.
Joe Drelles P.O. Box 1896 Tempe, AZ 85280	Trustee 5	450.	0.	0.
Chris Phillips P.O. Box 1896 Tempe, AZ 85280	Trustee 5	0.	0.	0.
	Total	\$ 26,350.	\$ 0.	\$ 0.

2011

## Federal Supporting Detail

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Client TTEMPE

Tempe Officers Association

86-0841766

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**Stmt. of Functional Expenses (990)**  
**Legal fees**

Legal Expenses	\$	44,519.
Legal Defense Fund		16,525.
APA Legal Expenses		7,200.
Total	\$	<u>68,244.</u>

**Stmt. of Functional Expenses (990)**  
**Office expenses**

Office Supplies	Total	\$	687.
		\$	<u>687.</u>

**Stmt. of Functional Expenses (990)**  
**Information technology**

Web Hosting	Total	\$	1,200.
		\$	<u>1,200.</u>

**Stmt. of Functional Expenses (990)**  
**Conferences, conventions, etc**

Meeting Expense	Total	\$	1,601.
		\$	<u>1,601.</u>

**Stmt. of Functional Expenses (990)**  
**Insurance**

General Insurance	\$	2,168.
Life Insurance		8,730.
Total	\$	<u>10,898.</u>

**Stmt. of Functional Expenses (990)**  
**Office expenses**

Office Supplies	Total	\$	687.
		\$	<u>687.</u>

**Stmt. of Functional Expenses (990)**  
**Information technology**

Web Hosting	Total	\$	1,200.
		\$	<u>1,200.</u>

## Client TTEMPE

## Tempe Officers Association

**86-0841766**

11/07/12

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**Stmt. of Functional Expenses (990)**  
**Conferences, conventions, etc**

Meeting Expense	\$ 1,601.
Total	\$ 1,601.

### Stmt. of Functional Expenses (990) Insurance

General Insurance..	\$	2,168.
Life Insurance ..		8,730.
	Total	<u>\$ 10,898.</u>

## Balance Sheet

### Machinery and equipment

Office Equipment	\$	758.
Computer and Software		1,313.
Total	\$	<u>2,071.</u>