

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the 2	2012 calen	dar year, or tax year beginning $1/19$ , 2012, and ending	12/3	31	,	2012		
В	Check if app	plicable	С		D Employ	er Identif	ication Number		
	Addres	s change	Public Safety Coordination Associates	ļ	45-4378382				
	Name	change	122 Baltimore Street		E Telepho	ne numbe	er	-	
	X Initial r	return	Gettysburg, PA 17325		717	-798-	0824		
	Termin	nated							
	Amend	ded return			G Gross re	eceipts \$	744	,199.	
	Applica	ation pending	F Name and address of principal officer Douglas M Aiken	l(a) Is this a	group retur			X <sub>No</sub>	
			j sougrab ii lithen	l(b) Are all	affiliates incl	uded?	Yes	No	
$\overline{}$	Tax-exen	npt status	501(c)(3) X 501(c) ( 4 ) < (insert no.)   4947(a)(1) or   527	If 'No,'	attach a list	(see instr	uctions)		
÷	Websit	<del></del> _		Ma) Group o	exemption nu	ımbor ►			
ĸ		organization	X Corporation Trust Association Other ► L Year of Formatio	<del></del>	<del></del>	-	gal domicile VA		
,		Summar	<u></u>	<u> </u>	2 177 3	itale of leg	gai domiche V.F.		
FC	1 Bri	efly descri	be the organization's mission or most significant activities Providing	. ECC	mandat	od fo			
	~~	ony doson	tion activities to the public safety community	_F_C	manaar	60 Ti	bacic equency		
.⊎ାଧ Governance		JOIGILIA	cton accivicies to the bublic safety community	_on_a_	TIOTIPIC	7777.	nazīz		
퍨									
⊋ <b>≅</b>	2 Ch	eck this bo	ox If the organization discontinued its operations or disposed of mor	e than 25	 5% of its	net ass	ets		
			oting members of the governing body (Part VI, line 1a)			3		7	
	4 Nu		dependent voting members of the governing body (Part VI, line 1b)			4		7	
≝; <u>~</u>	<b>5</b> Tot		of individuals employed in calendar year 2012 (Part V, line 2a)			5		3 8	
OL ⊥ ⊎ Activities	6 To		of volunteers (estimate if necessary)			6		8	
Act P	/a 101	tai unreiate	ed business revenue from Part VIII, column (C), line 12			7 a		0.	
	<b>D</b> Ne	t uniterated	business taxable income from Form 990-TRECTIVED	T -	·	7 b		0.	
Revenue Revenue	8 Co	ntributions	and grants (Part VIII line 1h)	Pi	rior Year		Current Y	ear —	
₩s			and grants (Part VIII, line 1h)  vice revenue (Part VIII, line 2g)  ncome (Part VIII, column (A), lines 3, 4, and 7d)		-		744	100	
₹ē			vice revenue (Part VIII, line 2g)	-			/44	,198.	
ĕĕ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					1.	
7	12 Tot	tal revenue	e – add lines 8 through 11 (must equal Part VIII), column (A), line 12				711	,199.	
			imilar amounts paid (Part IX, column (A), lines 1-3)					, 500.	
	1		to or for members (Part IX, column (A), line 4)				30	, 300.	
	1	· ·	er compensation, employee benefits (Part IX, column (A), lines 5-10)				80	,941.	
ses	16a Pro		fundraising fees (Part IX, column (A), line 11e)					, , , , , , ,	
ē	100   10			88.6		N 200 (S)	2. J. 188634	Ž1 21	
Expenses	<b>D</b> 101		sing expenses (Part IX, column (D), line 25)	11 &	.,,,%	* `	( ' ) ( ( ) .	\${, };	
_	17 Ott	,	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	ļ				<u>,417.</u>	
	1		es Add lines 13-17 (must equal Part IX, column (A), line 25)					<u>,858.</u>	
8		venue less	s expenses Subtract line 18 from line 12	ļ				<u>,341.</u>	
			(D. I.V. I. 10)	Beginnin	g of Curren		End of Ye		
Ass	20 Tot		(Part X, line 16) es (Part X, line 26)			0.		,411.	
Net Assets Fund Balan	<b>21</b> To					0.		<u>,070.</u>	
	122 110		fund balances. Subtract line 21 from line 20		***	0.	150	<u>,341.</u>	
Pa	urt II 👝 🗄	<u>Signatur</u>	e Block						
Unde	er penalties o	of perjury, I de	eclare that I have examined this return, including accompanying schedules and statements, and to the erer (other than officer) is based on all information of which preparer has any knowledge	e best of my	y knowledge	and belief	f, it is true, correct	, and	
		T. T.	The Court digit officery is successful an information of infloring property flag any knowledge			1-0	1/1->		
٠.		Signatu	ire of officer	Dat	6/	<u> </u>	//3_		
Sig	gn								
He	re		glas M Aiken  print name and title	Shair	man				
			·			T. TP	TIN		
_			0.4e/3 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Check	」"			
Pa			C Boehner PC CPA (all Val 6-18-	1)	self-employe	ed P	00394315		
	eparer	Firm's name							
US	e Only	Firm's addre			Firm's EIN	23-3	058245		
			Gettysburg, PA 17325-1931		Phone no	(717)	334-7227		
			nis return with the preparer shown above? (see instructions)				X Yes	No	
BA	A For Pa	perwork R	Reduction Act Notice, see the separate instructions.	0113L 12/	18/12		Form <b>99</b>	(2012)	

	990 (2012) Public Safety Co		45-4378382 Page <b>2</b>
Par		•	
_		response to any question in this Part III	<u> </u>
1	Briefly describe the organization's miss		
		frequency_coordination_services_	
		as authorized by Congress under	47 U.S.C. Sec. 332(b) and
	provide associated educa	tional programs.	
	Did the erganization undertake any ciantin	cant program services during the year which were not li	cted on the prior
2	Form 990 or 990-EZ?	and program services during the year which were not in	Yes X No
	If 'Yes,' describe these new services or	Schedule ∩	les V
3		or make significant changes in how it conducts, an	y program services? Yes X No
J	If 'Yes,' describe these changes on Sch		y program services:
4	_	rvice accomplishments for each of its three largest	nrogram services as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizati	ons and section 4947(a)(1) trusts are required to report	the amount of grants and allocations to
	others, the total expenses, and revenue	e, if any, for each program service reported	
			0 500 \ (D)
		593,858. including grants of \$5	0,500.)(Revenue \$ 744,199.)
	<u>See_Schedule_O</u>		
			<b></b>
4 h	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
40	(Code:) (Expenses \$		) (Neveride 4
			<del></del>
4.0	(Code ) (Expenses \$	including grants of \$	) (Revenue \$
40	(Code) (Expenses \$\frac{1}{2}_{}	including grants of \$\varphi\$	) (Nevenue V)
			<del>-</del>
40	Other program services (Describe in S	chedule O)	
7.0	(Expenses \$		(Revenue \$ )
4 6	Total program service expenses ►	593,858.	
	h 3 aaa aba	TEFA0102L 08/08/12	Form <b>990</b> (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V .	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	х	
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	11 b		Х
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	11 c		Х
	I 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	11 d		х_
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	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	11 f	_	X_
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	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 and XII is optional	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States? .	14a		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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	15		Х
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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

	•		res	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	х	
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 27 If 'Yes,' complete Schedule I, Parts I and III	22		Х
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? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24 -	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
240	the last day of the year, and 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		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	If 'Yes' to line 35a, 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	35b		
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (	2012)

#### Form 990 (2012) 45-4378382 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b O c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b 5 c c If 'Yes.' to line 5a or 5b, did the organization file Form 8886-T? 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 as charitable contributions? Х 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ì٨. services provided to the payor? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C3 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: 10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ). 11 b 12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13 a Note. See the instructions for additional information the organization must report on Schedule O 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 13c c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14 a

14 b

Form 990 (2012) Public Safety Coordination Associates 45-4378382 Page 6 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ Х X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule 0 Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch O stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8 a b Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer, director or 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 See Schedule 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done . See Schedule O . . . Х 13 Х 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official See Schedule 0 15 a X b Other officers of key employees of the organization 15b 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? X 16a b If 'Yes,' did the organization follow 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ PA VA 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 X Upon request Another's website Other (explain in Schedule O) 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 during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

John McIntosh 420 W 31st Ave Kennewick WA 99337 509-539-3787

Form <b>990</b> (2012)	Public	Safety	Coordination	Associates
-orm <b>990</b> (2012)	Public	Sarety	Coordination	ASSOCIALES

45-4378382

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees; and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
		(C)								
(A) Name and Title	(B) Average hours per	, Officer and a director/trusteer						(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Douglas M Aiken			ŀ							
Chairman	0	Х		Х				0.	0.	0.
(2) John McIntosh	2		- 1							
Secr/Treasurer	0	X		X				0.	0.	0.
(3) Roy Mott	0.5									
Director	0	X						0.	0.	0.
(4) Jeffrey Knight	0.5_		-							
Director	0	X						0.	0.	0.
(5) Paul Szoc	0.5									
Director	0	Х						0.	0.	0.
(6) David Kumke	0.5_									
Director	0	Х						0.	0.	0.
	0.5						İ			
Director	0	Х						0.	0.	0.
(8) Paul M Leary	0.5									
Vice Chairman	0			X				0.	0.	0.
(9)							İ			
-			_							
(10)		-								
(11)										
		İ								
(12)										
(13)										
(14)										

Page 8

Part VII Section A. Officers, Directors, Tru.	<del></del>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						I Inghost con	ipensatea Emp	(00/11)
(A) Name and title	Average hours per week	box, unless person is to officer and a director/to				ıs boti or/trus	h an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	(list any hours	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)	<del> </del>			-						· · · · · · · · · · · · · · · · · · ·
(16)		-								
(17)					_					
(18)							 			
(19)										
(20)										
(21)										10.0
(22)										
(23)										
(24)										
(25)								-		
1 b Sub-total	1		_	l		L	<b></b>	0.	0.	0.
c Total from continuation sheets to Part VII, Sectio d Total (add lines 1b and 1c)	n A						<b>►</b>	0.	0.	0.
2 Total number of individuals (including but not limited to	o those I	sted	abo	ve) v	who	recei	ved			
from the organization 0				-						Yes No
3 Did the organization list any <b>former</b> officer, directed on line 1a? If 'Yes,' complete Schedule J for such	or or trus	stee, ial	key	em	ploy	ee, d	or h	ighest compensat	ed employee	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater	reportab	le co	mpe	ensa If 'Y	ition Yes'	and com	oth plet	ner compensation te Schedule J for	from	*
<ul> <li>such individual</li> <li>Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,</li> </ul>									ındıvıdual	4 X
Section B. Independent Contractors	comple	te So	cnec	uie	J TO	r suc	en p	person		5 X
Complete this table for your five highest compens compensation from the organization Report compens	ated ind	epen the c	den alen	t co	ntra vear	ctors	tha	at received more to	han \$100,000 of ganization's tax year	· <del></del>
(A) Name and business addre				•	•			Description		(C) Compensation
2 Total number of independent contractors (including by \$100,000 in compensation from the organization)		ited to	o the	ose I	liste	abo	ve)	who received more	than	
							_	·	·	Form 000 (2012)

	1 990 (2012) Public Safety Coordination Ass	SUCTACES		45-43/8382	Page
. u.	Check if Schedule O contains a response to any questi	on in this Part VIII			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
STS	1 a Federated campaigns 1 a				
CONTRIBUTIONS, GIFTS, GRANT! AND OTHER SIMILAR AMOUNTS	<b>b</b> Membership dues 1 b				
	c Fundraising events 1c				
₽ ₹	d Related organizations 1 d				
SS	e Government grants (contributions) 1 e				
RIBUTIK	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
	g Noncash contributions included in lns 1a-1f: \$ h Total. Add lines 1a-1f				
뿔	Business Code				
PROGRAM SERVICE REVENUE	2a FCC Coordinations	744,198.	744,198.		
끮	h	744,190.			
꽃					
SER	d		<del></del>		
₩	e				<del></del>
8	f All other program service revenue				<del> </del>
꾪	g Total. Add lines 2a-2f	744,198.			
	3 Investment income (including dividends, interest and	744,190.			
	other similar amounts)	1.	1.		
	4 Income from investment of tax-exempt bond proceeds			-	
	5 Royalties				- <del>-</del>
	(i) Real (ii) Personal	4		*	
	6a Gross rents.	, 44 , 44 , 44		* ****	,
	<b>b</b> Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶			the Effect Characterists are an action to	
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	<b>`</b> }	<s *<="" td=""><td></td><td>**</td></s>		**
	<b>b</b> Less, cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ►		a ma ana a na a a mane anan		a wasan as a separa
OTHER REVENUE	8 a Gross income from fundraising events (not including \$			-	
2	of contributions reported on line 1c).	,			
8	See Part IV, line 18	;	. }	, «	
동	b Less direct expenses b	7	·		
•	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19	,	:		
	<b>b</b> Less direct expenses <b>b</b>			a to the out and the out	
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a				
	<b>b</b> Less: cost of goods sold . <b>b</b>		***		
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c	1.5.1			
	d All other revenue				<u></u>
	e Total. Add lines 11a-11d				

12 Total revenue. See instructions

744,199.

744,199

0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All	l other organizations must complete column (A)
Check if Schedule O contains a response to any gues	stion in this Part IX

	Check if Schedule O contains a r				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21.	50,500.	50,500.	go	
2	Grants and other assistance to individuals in the United States See Part IV, line 22		33,000.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			*	
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described				
_	in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	74,282.	74,282.		
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	· ·	6,659.	6,659.		
	Fees for services (non-employees)				
	Management				
	Legal	10,616.	10,616.		
	: Accounting	1,761.	1,761.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17			\$ x	
	Investment management fees				. <u>.                                   </u>
	Other (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion	440	440		
13	Office expenses	448.	448.		<del></del>
14	Information technology	6,240.	6,240.		
15	Royalties .	81,974.	81,974.		·
16	Occupancy	12 000	12 000	·	
17	Travel	13,000. 25,836.	13,000. 25,836.		<del></del>
• •	Payments of travel or entertainment expenses for any federal, state, or local public officials	23,836.	23,836.		
19 20	Conferences, conventions, and meetings Interest	1,000.	1,000.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,059.	5,059.		
	Insurance	6,930.	6,930.		
	Other expenses Itemize expenses not	0, 550.	` *		· · · · · · · · · · · · · · · · · · ·
	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10%.		·		~*,
	of line 25, column (A) amount, list line 24e	,			1
	expenses on Schedule O)	<u> </u>	· · · · · · · · · · · · · · · · · · ·		* *
	Contract Services	253,522.	253,522.		
	Interservice Fees	54,085.	54,085.		
	License Fees	1,080.	1,080.		
	Other Costs	351.	351.		
	All other expenses	515.	515.		
	Total functional expenses Add lines 1 through 24e	593,858.	593,858.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720).				
BAA		TEEA0110L 12/	18/12		Form <b>990</b> (2012)

BAA

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 1 187,544 Savings and temporary cash investments 2 2 1,001 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other 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). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 a 6,974 b Less accumulated depreciation 10b 10 c 1. 395 579 11 Investments - publicly traded securities. 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 56,287. Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 0 250,411 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 LIABILITIES 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, ~ \$ · key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 100,000 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 70. Total liabilities. Add lines 17 through 25 0. 26 100,070 Organizations that follow SFAS 117 (ASC 958), check here > N E T and complete lines 27 through 29, and lines 33 and 34. ASSETS 27 Unrestricted net assets Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 R X Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 150,341. 33 Total net assets or fund balances 33 0 150,341 Total liabilities and net assets/fund balances 34

Form **990** (2012)

250,411

34 0.

Forn		<u>45-4378</u>	382		Pa	ige 12
Pai	t 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	_	74	4,1	L99.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		59	3,8	358.
3	Revenue less expenses Subtract line 2 from line 1 .	3		15	0,3	341.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4				0.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O) .	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		15	0,3	341.
Pai	rt XII Financial Statements and Reporting	<del></del>				
	Check if Schedule O contains a response to any question in this Part XII					П
				Y	'es	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				ġ.,	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				į	,
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both	iewed on a	a	, %	۵	*
	Separate basis Consolidated basis Both consolidated and separate basis					
ĺ	b Were the organization's financial statements audited by an independent accountant?		[]:	2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	parate		, <u>*</u>		
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,		2 c	4	ئمـ ا
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					, c
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	ıle		3 a		X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit		3 b		
BAA			F	orm 9	90 (	(2012)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name	or the organization		Employer identifica	anon namber
D1	olic Safety Coordination Assoc	niatos	45-4378382	2
Pur		or Advised Funds or Other Similar Fun		
Par	the organization answered 'Yes'	to Form 990, Part IV, line 6.	as of Accounts.	note ii
		(a) Donor advised funds	(b) Funds and other	accounts
1	Total number at end of year	(C) Contract tands	(2) 1 21123 2112 2113	
2	Aggregate contributions to (during year).		<del></del> ;	
3	Aggregate grants from (during year) .		· · · · · · · · · · · · · · · · · · ·	
4	Aggregate value at end of year			
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets held in do organization's exclusive legal control?	nor advised funds Yes	No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	ors, and donor advisors in writing that grant fund t of the donor or donor advisor, or for any other	s can be used only purpose conferring Yes	 ☐ No
Par	t II Conservation Easements. Comp	lete if the organization answered 'Yes'	to Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held b	y the organization (check all that apply)		_
	Preservation of land for public use (e.g.,	· 🗀	an historically important la	
	Protection of natural habitat	Preservation of	a certified historic structure	•
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation contribution in the form	of a conservation easement o	on the
			Held at the End of	of the Tax Year
	a Total number of conservation easements		2 a	
	<b>b</b> Total acreage restricted by conservation ease		2 b	
•	c Number of conservation easements on a certi	fied historic structure included in (a) .	2 c	
(	d Number of conservation easements included structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histori	c 2 d	
3	Number of conservation easements modified, traitax year ►	nsferred, released, extinguished, or terminated by th	e organization during the	
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy reand enforcement of the conservation easeme	garding the periodic monitoring, inspection, han	dling of violations,	□No
6		inspecting, and enforcing conservation easements d		
7	Amount of expenses incurred in monitoring, inspenses	ecting, and enforcing conservation easements during	the year	
8	and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expens to the organization's financial statements that de	e statement, and balance she escribes the organization's a	et, and accounting for
Pai	rt III Organizations Maintaining Colle	ctions of Art, Historical Treasures, or	Other Similar Assets.	
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line 8	3.	
1 :	a If the organization elected, as permitted unde art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its fina	r SFAS 116 (ASC 958), not to report in its reven eld for public exhibition, education, or research in fu ncial statements that describes these items	ue statement and balance s rtherance of public service, pro	sheet works of ovide,
1	b If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue sor public exhibition, education, or research in further	statement and balance shee ance of public service, provide	t works of art, e the
	(i) Revenues included in Form 990, Part VIII	, line 1	<b>►</b> \$	
	(ii) Assets included in Form 990, Part X .		. ▶\$	
2	If the organization received or held works of art, amounts required to be reported under SFAS	historical treasures, or other similar assets for finance	cial gain, provide the following	
i	a Revenues included in Form 990, Part VIII, line		. ►\$	

**b** Assets included in Form 990, Part X

Schedule D (Form 990) 2012 Public Safet Part III Organizations Maintaining Coll					45-437 Other Similar Ass			age <b>2</b>
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection								
Items (check all that apply)	and other rec	_		ange programs	e a significant use of its	Conection		
b Scholarly research		e Other	or exeric	ange programs				
c Preservation for future generations		• 🗀 •			<del>-</del>			
Provide a description of the organization's collect Part XIII.	ctions and exp	olain how they	further	the organization's	s exempt purpose in			
5 During the year, did the organization solicit of to be sold to raise funds rather than to be m	or receive dos aintained as	nations of art	t, histor rganiza	ical treasures, o tion's collection	r other similar assets	Yes	П	No
Part IV Escrow and Custodial Arrangements	. Complete if	the organization				ne 9, or		
reported an amount on Form 99	90, Part X,	line 21.						
1 a Is the organization an agent, trustee, custod on Form 990, Part X?					er assets not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	and complet	te the follow	ng table	<del>)</del> :				
_						Amount		
c Beginning balance				•	1 c			
d Additions during the year					1 d	<u>.</u>	<del></del>	
e Distributions during the year		•			1 e			
f Ending balance	orm 000 Ba	rt V. lino 212	,		11	Yes		No
2 a Did the organization include an amount on F b If 'Yes,' explain the arrangement in Part XIII				s haan nrovidad	in Part YIII	Lies	H	NO
bit res, explain the arrangement in rant Am	Check here	ii tile explai	MOIT Ha	s been provided	III I all All			
Part V Endowment Funds. Complete	f the organ	nization an	swere	d 'Yes' to Fo	rm 990. Part IV. lir	ne 10.		
(a) Curre		(b) Prior year		(c) Two years	(d) Three years		ır years	
1 a Beginning of year balance				<u> </u>		1		
<b>b</b> Contributions	_							
c Net investment earnings, gains, and losses				-				
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses					-			
g End of year balance								
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as								
a Board designated or quasi-endowment ▶								
<b>b</b> Permanent endowment ▶	%	_						
c Temporarily restricted endowment ►	9	5						
The percentages in lines 2a, 2b, and 2c short	uld equal 100	)%						
3 a Are there endowment funds not in the possession organization by	on of the organ	nization that a	are held	and administered	for the		res	No
(i) unrelated organizations						3a(i)		
(ii) related organizations .					•	3a(ii)		
b if 'Yes' to 3a(ii), are the related organization	s listed as re	equired on Sc	chedule	R?		3b		
4 Describe in Part XIII the intended uses of the	e organizatio	n's endowme	ent fund	ls				
Part VI Land, Buildings, and Equipment	<b>nt.</b> See Fo	rm 990, Pa	art X,	line 10.				
Description of property		r other basis stment)		Cost or other isis (other)	(c) Accumulated depreciation	( <b>d)</b> Bo	ok valu	ie
1 a Land								
<b>b</b> Buildings	ļ				<del></del>			
c Leasehold improvements								
<b>d</b> Equipment				6,974.	1,395.		5,5	<u>579.</u>
e Other	1	200 0 4 4		(D) (= 10())				
Total. Add lines 1a through 1e (Column (d) must	equal Form	990, Part X, o	coiumn	(B), IINE 1U(C) )	Scher	dule <b>D</b> (Ford		579 <u>.</u>

	D (Form 990) 2012 Public Safety C Investments — Other Securities. S			N/A	45-437	6382 Pa	ge <b>3</b>
Part VII		(b) Book value	, iirie 12.		d of valuation	Cost or	
	(a) Description of security or category (including name of security)	(b) Book value		end-o	f-year market	value	
	cial derivatives					<u>.</u>	
	ly-held equity interests .						
(3) Other							
(A)							
(B)							
(A) (B) (C) (D) (E)							
(D)							
(E)							
(F)							
(G) (H)					<del></del>		
(l)					<del></del>		
	umn (b) must equal Form 990, Part X, column (B) line 12.)						
	II Investments — Program Related. S		line 13	N/A			
Fait VII	(a) Description of investment type	(b) Book value			d of valuation	Cost or	
	(a) Description of investment type	(b) Book raids			f-year market		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)			<del></del>				
(7)			<del></del>				
(8)							
(9) (10)						· · · · · · · · · · · · · · · · · · ·	
	umn (b) must equal Form 990, Part X, column (B) line 13.)						—
Part IX		X. line 15. N/I	_! A				
1 411 171		Description	· <u>-</u>	•		(b) Book value	
(1)		•				· · · · · · · · · · · · · · · · · · ·	
(2)							
(3)							
(4)							
(5)	-						
(6)							
(7)				<u></u>	<u>.</u>		
(8)		<del></del>					
(9)							
(10)		(D) / 15)			<b>&gt;</b>		
	Column (b) must equal Form 990, Part X, colum						
Part X	<ul> <li>Other Liabilities. See Form 990, Page 1990, li></ul>	(b) Book value					
(1) Fed	deral income taxes	(b) Book Value					
	yroll Liabilities	<del></del>	70.		Ţ,		
(3)	yloli Biabilities		70.				
(4)	·						
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
= 1 1 10 1	umn (h) must equal Form 990 Part X column (B) line 25.)	<b>&gt;</b>	70.				

<sup>2.</sup> FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule <b>D</b> (Form 990) 2012 Public Safety Coordination Associates	45-4378382 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements Wi	th Revenue per Return N/A
1 Total revenue; gains, and other support per audited financial statements	. 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments 2a	
<b>b</b> Donated services and use of facilities 2b	
c Recoveries of prior year grants . 2c	
d Other (Describe in Part XIII )	
e Add lines 2a through 2d .	. 2 e
3 Subtract line 2e from line 1	. 3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a	
<b>b</b> Other (Describe in Part XIII ) . 4b	
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements W	ith Expenses per Return N/A
1 Total expenses and losses per audited financial statements .	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities 2 a	
<b>b</b> Prior year adjustments	
c Other losses 2c	
d Other (Describe in Part XIII )	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b.	
b Other (Describe in Part XIII )	
c Add lines 4a and 4b	· 4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part XIII   Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete t	his part to provide any additional information
	·
BAA	Schedule <b>D</b> (Form 990) 2012

# Open to Public Inspection OMB No 1545-0047 2012 X Yes Employer identification number 45-4378382 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? Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Public Safety Coordination Associates Part | General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990)

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

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

% □

(b) EIN (c) IRC section (d) An if applicable	section	( <b>d</b> ) An	(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
(1) Forestry Conserv Comm Assn	52-1354163 501 (c) (	501 (c) (3)	25,000.	.0			See Part IV
(2) Intl Assn of Fire Chiefs	13-1846552 501 (c) (	501 (c) (3)	6,750.	.0			See Part IV
(3) Intl Municipal Signal Assn 165 East Union Street Newark, NY 14513	74-6064569 501 (c) (4)	501 (c) (4)	18,750.	0			See Part IV
(4)							
<u>(5)</u>							
(9)							
(i)							
					-		
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	rganizations listed i	n the line 1 table			<b>A</b>	2
3 Enter total number of other organizations listed in the line 1 table	ins listed in the line	1 table				•	1
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructions	s for Form 990.		TEEA3901L 11/30/12	11/30/12	Schedul	Schedule I (Form 990) (2012)

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. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other 45-4378382 (e) Method of valuation (book, FMV, appraisal, other) agencies to improve staff skill levels and quality of communication systems and any Part II, Column 1h: To help provide training and assistance to public safety (d) Amount of non-cash assistance Part II, Column la: Forestry Conservation Communications Association International Municipal Signal Association other activities for which the non-profit may legally engage. International Association of Fire Chiefs Public Safety Coordination Associates (c) Amount of cash grant (b) Number of recipients Part IV - Additional Supplemental Information additional information. (a) Type of grant or assistance Schedule I (Form 990) (2012) Part IV 2 9 8 က 4

BAA

Schedule I (Form 990) (2012)

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Public Safety Coordination Associates 45-4378382
Form 990, Part III, Line 4a - Program Service Accomplishments
PSCA provides FCC-mandated frequency coordination services to the Forestry
Conservation Communications Association (501(c)(3)) and the International Municipal
Signal Association (501(c)(4)). During the 12 months between March 12, 2012, and
March 12, 2013, PSCA processed 3,261 FCC license applications to completion. These
applications were submitted to the FCC for grant of radio station licenses for public
safety applicants. An additional 387 applications remain in progress. These are
mostly recently received applications that are just beginning the coordination
process. PSCA also prepared a training session entitled Frequency Coordination 101
that will be presented at the IMSA and FCCA annual conferences. The training will be
presented to both associations at no charge. PSCA's primary mission is perform the
frequency coordination work that the FCC mandated be done by FCCA and IMSA. PSCA
performs this work on a non-profit basis. (Note: IMSA is responsible for frequency
coordination of the International Association of Fire Chiefs (501(c)(3)) through a
memorandum_of_understanding. Applications_are_actually_submitted_to_IMSA,_although
IAFC could coordinate its own applications. PSCA does not track IAFC applications
separately_from_IMSA_applications.)
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body
The Forestry Conservations Communications Association (501(c)(3)) and the
International Municipal Signal Association (501(c)(4)) each had the authority to
appoint four individuals to the PSCA Board of Directors. The PSCA Board of
Directors consists of eight members, seven of which have voting rights in any
calendar year
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders
The Forestry Conservations Communications Association (501(c)(3)) and the
International Municipal Signal Association (501(c)(4)) must approve amendments to

Name of the organization	Employer identification number				
Public Safety Coordination Associates	45-4378382				
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders (continued)					
the PSCA Bylaws and/or the Articles of Incorporation. Those organizations do not,					
however, have direct voting rights on the PSCA Board of Directors. Only the					
appointed directors, acting as independent agents, have the right to vote on the					
PSCA Board of Directors.					
Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address					
Douglas M. Aiken, Chairman and Director, 9 Bentley Road, Moultonborough, NH 03254					
Paul M. Leary, Vice Chairman, 709 Central Street, Franklin, N	IH 03235				
John McIntosh, Secy/Treas and Director, 420 W 31st Avenue, Ke	ennewick, WA 99337				
Roy Mott, Director, 8718 Vashi Road, Thomasville, AL 36784					
Jeffrey Knight, Director, 75 Wyoming Ave, Newton, MA 02460					
Paul Szoc, Director, 7 River Street, Keene, NH 03431					
David Kumke, Director, 12185 Black Bob Road, Apt. 302, Olathe	e, KS 66062				
Lloyd M. Mitchell, Director, 113 Forestry Commission Drive, F	lorence, SC 29501				
Form 990, Part VI, Line 11b - Form 990 Review Process					
Each member of the Board of Directors is provided a copy of t	the draft 990 for				
review, questions, and comments. The Board then votes to app	prove the 990.				
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of C	onflicts				
The Conflict of Interest Policy is discussed and reviewed at	the March meetings of				
the Board of Directors and the President outlines procedures	to be followed should a				
conflict occur.					
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management					
The Board of Directors refers to the National Compensation Su	rvey prepared by the				
Bureau_of_Labor_Statistics_as_a_guideline_for_compensation_le	evels. Specifically,				
the section relating to non-profit establishments serves as t	the primary guide. The				
board also considers such factors as previous salary of an en	nployee at another job,				
unique skills of an employee, past experience, and the employ	vee's stature in the				

,	Name of the organization	Employer identification number					
	Public Safety Coordination Associates	45-4378382					
	Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management (continued)						
	public safety community e.g. nationally known and serving in ad	ditional public					
	safety capacities. Compensation levels for all employees and c	ontractors are					
	approved by a vote of the Board of Directors, all of whom are d	isinterested					
	individuals and none of whom have a conflict of interest positi	on with respect to					
	the compensation levels. Board members are not compensated for their time nor do						
	any of them have a personal relationship with any employee or contractor. In the						
	event that any Board member has a conflict with a compensation arrangement, that						
	Board member would be required to report the conflict and recus	e himself/herself					
	from the vote regarding the arrangement. Compensation decisisi	ons are recorded in					
	the minutes of the Board of Directors.						
	Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available						
	Documents are available in a public file at the primary office	in Gettysburg, PA.					
	This is available to the public during normal office hours.						
		. –					
		· <b></b>					
		·					

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

internal record					
•	re filing for an Automatic 3-Month Extension, con re filing for an Additional (Not Automatic) 3-Mont			, .	<b>►</b> X
-	plete Part II unless you have already been grante			•	
Electronic f corporation request an e Associated	filing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which milling of this form, visit www irs gov/efile and click of	If you need automatic) I or Part II w ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can ele with the exception of Form 8870, Information to the IRS in paper format (see instruct	e to file (6 months for ectronically file Forn a Return for Transfers	n 8868 to
Part I	Automatic 3-Month Extension of Time.				
	on required to file Form 990-T and requesting an a				· • □
	rporations (including 1120-C filers), partnerships,		nd trusts must use Form 7004 to request		ne to file
	Name of exempt organization or other filer, see instructions			Employer identification i	number (EIN) or
Type or					
print	Public Safety Coordination Ass		3	45-4378382	
File by the	Number, street, and room or suite number. If a P O box, see in	structions		Social security nur	nber (SSN)
due date for filing your 122 Baltimore Street  City, town or post office, state, and ZIP code For a foreign address, see instructions  City, town or post office, state, and ZIP code For a foreign address, see instructions					
Enter the R	eturn code for the return that this application is fo	or (file a sep	parate application for each return)		01
Application Is For	1	Return Code	Application Is For		Return Code
	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-B		02	Form 1041-A		08
Form 4720 (	<u></u>	03	Form 4720		09
Form 990-P		04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-1	(trust other than above)	06	Form 8870		12
Telephor  If the or  If this is check the exter  I reque	ne No \( \sum_{509-539-3787} \)  rganization does not have an office or place of bus of for a Group Return, enter the organization's four his box  \( \sum_{1000}	digit Group theck this be required to t	e United States, check this box Exemption Number (GEN) ox In and attach a list with the na		
2 If the	calendar year 20 or $X$ tax year beginning $1/19$ , 20 $12$ tax year entered in line 1 is for less than 12 month hange in accounting period			nal return	
nonre	application is for Form 990-BL, 990-PF, 990-T, 47 fundable credits. See instructions			3a\$	0.
paym	application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment al	lowed as a	credit	3 b \$	0.
EFTP	S (Electronic Federal Tax Payment System) See	instructions	3	3 c \$	0.
Caution. If y	ou are going to make an electronic fund withdrawal w	ith this Form	। ୪୪68, see Form 8453-EO and Form 8879-	EO for	