

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



Form **990**

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 2012

Department of the Treasufy Internal Revenue Service

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

Open to Public Inspection

\overline{A}	For t	he 2012 calen	dar year, or tax year beginning , 2012, and ending	-			
В		if applicable	C	D Employe	er Identification Number		
_		ddress change	SANTA ANA POLICE OFFICERS ASSOCIATION	95-2	2748200		
	\vdash	_	1607 NORTH SYCAMORE	E Telephoi			
	-	ame change	SANTA ANA, CA 92701	l '			
	\vdash	nitial return		/14-	-836-1211		
	닏™	erminated			•		
	^	mended return		G Gross re			
	A	pplication pending	OOM TIMING	Is this a group return	H		
			SAME AS C ABOVE	Are all affiliates included in the last of	uded? Yes No (see instructions)		
<u></u>	Tax	-exempt status	501(c)(3) X 501(c) (5) (insert no) 4947(a)(1) or 527				
J	We	bsite: 🟲 WW	W.SANTAANAPOA.COM H(c)	Group exemption nu	mber		
K	Forr	n of organization	Corporation Trust X Association Other ► L Year of Formation	1974 Ms	tate of legal domicile CA		
Pa	art I	Summar	y				
	1		be the organization's mission or most significant activities THE SANTA A	ANA POLICE	OFFICERS		
a)		ASSOCIAT	ION IS A NONPROFIT ORGANIZATION WHICH WAS INCORPORT				
Activities & Governance		IN THE S	TATE OF CALIFORNIA, ORGANIZED FOR THE PURPOSE OF	AIDING, A	SSISTING AND		
Ē			G THE GENERAL WELFARE OF ITS MEMBERS AND THEIR FA	AMILIES			
Ş	2	Check this bo		han 25% of its i			
Ğ	3		sting members of the governing body (Part VI, line 1a)	_	3 15		
95	4		dependent voting members of the governing body (Part VI, line 1b)		4 15		
ij≘	5		of individuals employed in calendar year 2012 (Part V, line 2a)	ļ	5 4		
흦	6		of volunteers (estimate if necessary)		6 0		
Ă			ed business revenue from Part VIII, column (C), line 12		7a 15,280. 7b 12.852		
	מ	inet unrelated	I business taxable income from Form 990-T, line 34	Dia Ver	10,0001		
	٦	04	and grants (Dark VIIII, tipe 1b)	Prior Year	Current Year		
Θ	8		and grants (Part VIII, line 1h) rice revenue (Part VIII, line 2g)	32,0			
Revenue	9	_		567,2			
ě	10		e (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,4			
_	11 12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,4 616,1			
	13		imilar amounts paid (Part IX, column (A), lines 1-3)	27,9			
4	1		to or for members (Part IX, column (A), line 4)				
	14			24,6			
~ g	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	185,418.			
Š	16a		fundraising fees (Part IX, column (A), line 11e)				
×	b	Total fundrais	sing expenses (Part IX, column (D), line 25) ▶				
JAM Expenses	17	Other expens	es (Part IX, column (A)) lines 1 2 1 1d, 11f-24e)	366,9	97. 409,164.		
₹ 7	18	Total expens	es Add lines 13-17 (must equal Rart IX, column (A), line 25)	605,0	44. 697,639.		
•	19	Revenue less	expenses-Subtract line 18 from line 12	11,1			
8			OGUEN, OT BO	eginning of Curren			
	20	Total assets	(ParLX,-line 16)	1,892,7			
. \$ B	21		s (Part X, line 26)	-6,8			
Net Assets	22	Net assets or	fund balances Subtract line 21 from line 20	1,899,5	81. 1,811,445.		
	A			1/033/3	1,011,110.		
			eclare that I have examined this return, including accompanying schedules and statements, and to the be	est of my knowledge	and helief it is true correct and		
com	plete D	Declaration of preparation	rier (other than officer) is based on all information of which preparer has any knowledge	est of my knowledge	and benef, it is tibe, correct, and		
_		1 9	and	11-	13-13		
Sid	nn	Seguali	re of officer	Date			
Sig He	re	нот.	n FRANKS () (\ P	RESIDENT			
			print name and title	TECTOBINI			
		Print/Type p	preparer's name Preham's signature Date	Check	If PTIN		
Pa	id	PAUL A		3 self-employe	[→]		
	iia epar		i. Helikhi, eth jihol ii. Helikhi, eth	John-employe	1100204000		
	epar e Or	-l l		Firm's EIN ► 33-0686301			
J 3		Firm's addre					
140	y tha	IDS discourse th	IRVINE, CA 92606 us return with the preparer shown above? (see instructions)	Phone no	(714) 978-1300 X Yes No		
ivid	y ս և	ii vo uiscuss li	no return with the preparer shown above" (See Histractions)		[V] 1.62 MO		

Form 990 (2012)

Forn	1990 (2012) SANTA ANA POLICE OF	FICERS ASSOCIATION	95	-2748200	Page 2
Pai	t III Statement of Program Service	Accomplishments			
	Check if Schedule O contains a respoi	nse to any question in this Part III			X
1	Briefly describe the organization's mission				
	SEE SCHEDULE O				
					
	Did the organization undertake any significant pr	ogram services during the year which were no	at listed on the prior		
_	Form 990 or 990-EZ?	ogram services during the year which were no	of fished of the prior	Yes	X No
	If 'Yes,' describe these new services on Sche	dula O		☐ 163	A NO
2				,	₩.
3	Did the organization cease conducting, or ma	-	any program services	Yes Yes	X No
	If 'Yes,' describe these changes on Schedule				
4	Describe the organization's program service a Section 501(c)(3) and 501(c)(4) organizations and	accomplishments for each of its three large disection 4947(a)(1) trusts are required to ref	est program services, a port the amount of grants	as measured by	expenses to
	others, the total expenses, and revenue, if ar	y, for each program service reported	sort the amount of grants	and unocations	
42	(Code) (Expenses \$ 52	5,081. including grants of \$	19 614) (Revenu	ie \$ 61	13,423.)
	TO REPRESENT LAW ENFORCEMENT				
	ANA.	TINDIVIDORES IN THEIR EMIT	OTWENT MITH TH	<u> </u>	DUNITY
	ANA.		- 		
					
				- 	
					
					
		<u> </u>			
41	(Code) (Expenses \$	including grants of \$) (Revenu	ıe \$)
				•	
				- 	-
					
40	(Code) (Expenses \$	including grants of \$) (Revenu	ie \$	_
	·				
					
					.
		_			
					·
40	Other program services (Describe in Schedul	e O)			
		iding grants of \$) (Revenue \$)
4 e	Total program service expenses ►	525,081.			
	p g	<u> </u>			

Pai	rt IV Checklist of Required Schedules			
			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		X
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, VII, VIII, IX, or X as applicable	<u></u>		L
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
1	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
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	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
1	b 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	1	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	Х
	b 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	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	X
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 t	<u> </u>	

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes' complete Schedule I. Parts I and III	22	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 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
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
	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)			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
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 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	b 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 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Forn	n 990	(2012)

BAA

	Check if Schedule O contains a response to any question in this Part V							
_	, 1			Yes	No			
1 2	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 9						
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b 0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming						
	(gambling) winnings to prize winners?		1 c	Х				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	20						
	ments, filed for the calendar year ending with or within the year covered by this return of If at least one is reported on line 2a, did the organization file all required federal employmen	2a 4	2 b	-x				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see in		7 7 7 7	***				
٠.	a Did the organization have unrelated business gross income of \$1,000 or more during the year		3 a	χ̈́				
	${f p}$ If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule ${\cal O}$	'	3 b	X				
	a At any time during the calendar year, did the organization have an interest in, or a signature or other	r authority over la						
financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
ŧ	b If 'Yes,' enter the name of the foreign country ▶		9					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and F	inancial Accounts	1	* *,				
	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta		5 a		X			
	$oldsymbol{ iny D}$ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		Х			
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c					
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х			
t	o If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ons or gifts were	6 b					
7	Organizations that may receive deductible contributions under section 170(c).							
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
ı	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas required to file	-					
	Form 8282?	اد –	7 c		5,765°F			
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	7 e	Ch Oz	A 350			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 f	-	ļ			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	g If the organization received a contribution of qualified intellectual property, did the organization file I as required?		7 <u>g</u>					
I	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		·			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	8					
	Sponsoring organizations maintaining donor advised funds.		**					
	a Did the organization make any taxable distributions under section 4966?		9 a					
1	b Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		- second			
	Section 501(c)(7) organizations. Enter	1	17.1					
	a Initiation fees and capital contributions included on Part VIII, line 12	10a						
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			, 1885.			
	Section 501(c)(12) organizations. Enter	aa . l						
	a Gross income from members or shareholders	11 a	(4). (************************************					
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 ь		19.5				
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu		12 a		20.5			
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b						
	Section 501(c)(29) qualified nonprofit health insurance issuers.		12					
•	a Is the organization licensed to issue qualified health plans in more than one state?	In O	13 a	1.00	i Lange			
	Note. See the instructions for additional information the organization must report on Schedu		1	***				
	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	136						
	c Enter the amount of reserves on hand	13 c	4	1.46				
	a Did the organization receive any payments for indoor tanning services during the tax year?	····	14 a		X			
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14 t					
BAA			Forr	n 990	(2012)			

TEEA0105L 08/08/12

Par		Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for	or				
		a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes the circumstances.	ges ii	7			
		Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI			X		
Sec		. Governing Body and Management					
-		a deverting Body and management		Yes	No		
1 a	Enter t	the number of voting members of the governing body at the end of the tax year 1a 15					
	If there	e are material differences in voting rights among members governing body, or if the governing body delegated broad					
	author	ity to an executive committee or similar committee, explain in Schedule O					
b	Enter t	the number of voting members included in line 1a, above, who are independent 1b 15	1				
2	Did any officer,	officer, director, trustee, or key employee have a family relationship or a business relationship with any other director, trustee or key employee?	2		X		
3	Did the	organization delegate control over management duties customarily performed by or under the direct supervision sers, directors or trustees, or key employees to a management company or other person?	3		Х		
4		e organization make any significant changes to its governing documents					
		he prior Form 990 was filed?	4		X		
_							
6		e organization have members or stockholders?	6		Х		
7 a	Did the membe	organization have members, stockholders, or other persons who had the power to elect or appoint one or more ers of the governing body?	7 a		х		
b	Are an stockh	y governance decisions of the organization reserved to (or subject to approval by) members, olders, or other persons other than the governing body?	7 b		х		
8	Did the the fol	organization contemporaneously document the meetings held or written actions undertaken during the year by lowing					
а	The go	overning body?	8 a	X			
þ	Each o	committee with authority to act on behalf of the governing body?	8 b	Х			
9	ls there	e any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the zation's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х		
Sect	tion B.	Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.				
				Yes	No		
		e organization have local chapters, branches, or affiliates?	10 a		X		
b	If 'Yes,'	did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their ns are consistent with the organization's exempt purposes?	10 b				
		organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х			
		be in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			<u> </u>		
		e organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X			
		fficers, directors or trustees, and key employees required to disclose annually interests that could give rise	12 b		Х		
С	Did the Sched	organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in ule O how this is done</i>	12 c		Х		
13	Did the	e organization have a written whistleblower policy?	13	Х			
14	Did the	e organization have a written document retention and destruction policy?	14	Х			
15	Did the person	process for determining compensation of the following persons include a review and approval by independent is, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The or	ganization's CEO, Executive Director, or top management official	15 a		Х		
þ	Other	officers of key employees of the organization	15 b		Х		
	If 'Yes	to line 15a or 15b, describe the process in Schedule O (See instructions.)					
16 a	Did the	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a e entity during the year?	16 a		Х		
b	If 'Yes,	did the organization follow a written policy or procedure requiring the organization to evaluate its					
	organi	pation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the zation's exempt status with respect to such arrangements?	16 b				
		. Disclosure					
		states with which a copy of this Form 990 is required to be filed CA					
18	inspec	n 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) at tion. Indicate how you make these available. Check all that apply	/ailab	e for	public		
	ш	vn website					
	the publi	In Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available during the tax year SEE SCHEDULE O	able to				
		ne name, physical address, and telephone number of the person who possesses the books and records of the organization					
	ROSI	E REED 1607 N. SYCAMORE SANTA ANA CA 92701 714-836-1211	 -	900	 (2012)		
BAA		TEEA0106L 08/08/12	LOUL	JJU ((2012)		

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							(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	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)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JIM ARMSTRONG	4									_
DIRECTOR	0	X						0.	0.	0.
(2) MICHAEL GONZALEZ VICE PRESIDENT	<u>5</u>	x		х				0.	0.	0.
(3) JOHN FRANKS	3									
PRESIDENT	0	Х		Х				0.	0.	0.
(4) BO HERTER	3									
TREASURER	0	X		X				0.	0.	0.
(5) JOHNNY QUIJAS	44									
DIRECTOR	0	Х						0.	0.	0.
(6) ROSA PONCE DE LEON	3									
SGT. AT ARMS	0	Х		Χ	_			0.	0.	0.
	5									
SGT. AT ARMS	0	Х					Ш	0.	0.	0.
_(8)_DAVE_ANGEL	5							_	_	_
DIRECTOR	0	Х		_	_			0.	0.	0.
_(9) GALEN DIAZ	5	1								
DIRECTOR	0	X						0.	0.	0.
(10) WESTON HADLEY DIRECTOR	- 4 - ·	X						0.	0.	0.
(11) FRANK FAJARDO	5					_				
SECRETARY	0	x						0.	0.	0.
(12) LAURA CANALES	5									
DIRECTOR	0	Х						0.	0.	0.
(13) RUDY REYNOSO	4									
DIRECTOR	0	Х		[0.	0.	0.
(14) TINA HORNER	4									
DIRECTOR	0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, l	Key	Em	1plo	oye	es,	an <u>c</u>	d Highest Com	pensated Emp	oyees	(cor	1t)
	(B)			((C)							
• (A) Name and title	Average hours per week	box	, unle	check ess pe	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from	Reportable compensation from	Es amou	(F) timated nt of oth	ner
•	(list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	fri orga and	pensation the inization the inization inization	n 1
(15) LEONARD CORREA	5_				_							
DIRECTOR (16) MAGDALENO RODRIGUEZ	0 - 5 0	X						0.	0.			0.
DIRECTOR (17)		X						0.	0.			<u> </u>
(18)		 										
(19)												<u> </u>
(20)		-										
(21)		_										
(22)												
(23)												
(24)	<u> </u>				<u> </u>							
(25)	 	<u> </u>										
1 b Sub-total							-	0.	0.	 		0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)			-1	>	de e		>	0. 0.	0. 0.			0.
2 Total number of individuals (including but not limited to from the organization ► 0	o those i	ıstea	аро	ve)	wno	recei	ivea	more than \$100,00		pensation		No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such	or or tru:	stee,	key	em	ploy	ee, d	or h	iighest compensat	ed employee	3	Yes	No X
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater	eportab	le co	mpe	ensa If "	atıor Yes'	and com	l oth	ner compensation te Schedule J for	from			
such individualDid any person listed on line 1a receive or accrue	comper	nsatio	oņ fr	om	aņy	unre	eļate	ed organization or	ındıvıdual	4		X
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	comple	ete S	cnec	aule	Jto	or suc	cn p	person	· <u> </u>	5		X
Complete this table for your five highest compensation from the organization Report compensation.	ated ind	epen the c	iden aler	it co	ntra yea	ctors	tha	at received more to with or within the or	han \$100,000 of ganization's tax yea	r		
(A) (B)									C) nsatio	on		
2 Total number of independent contractors (including bu		ited t	o the	ose	liste	d abo	ve)	who received more	e than			
\$100,000 in compensation from the organization	0											

Par	t VI	II Statement of Rev		-				<u> </u>	
		Check if Schedule O	contains	a resp	onse to any ques	· .			
1		•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
N S S	1 a	Federated campaigns		1 a					
GRA	b	Membership dues		1 b]		1	
TS, RAN		: Fundraising events	[1 c	31,000				
<u>8</u>		Related organizations		1 d		_			
SIS	е	Government grants (contributi	ons)	1 e		4			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, g similar amounts not included	grants, and above	1f	_1,000				
N S	_	Noncash contributions include	ed in Ins 1a-1	If \$_					
<u>_</u>	h	Total. Add lines 1a-1f				32,000.			
PROGRAM SERVICE REVENUE	2 -	MEMBERGHER BURG 6	3 C C V M C	-	Business Code		245 004		
2	∠ a h	MEMBERSHIP_DUES_& TRUST_ADMIN_FEE_IN			900099 900099	345,804. 198,937.	345,804. 198,937.		
NC.	c			- <i>-</i> -	541800	15,280.	190,937.	15,280.	
SER	d		. <u></u>		311000	10,200.		10,200.	
RAM	е								
200	f	All other program servi	ce revenu	e					
	g	Total. Add lines 2a-2f				560,021.			
	3	Investment income (incother similar amounts)	luding div	idends	s, interest and	15 000			15 000
	4	Income from investmen	nt of tax-e	xemnt	bond proceeds	15,082.			15,082.
	5	Royalties	it or tax c	, compt	bona proceeds	•			
	•		(ı) Re	eal	(II) Personal				
	6 a	Gross rents	2,	400]			
		Less rental expenses]			
		: Rental income or (loss)		400	.	<u>_</u>	<u> </u>		ļ
	d	Net rental income or (lo		1	1 (2) (4)	2,400.			2,400.
	7 a	Gross amount from sales of assets other than inventory	(ı) Secu	rities	(II) Other	-			
	ь	Less cost or other basis							
		and sales expenses				_			
		Gain or (loss)			İ	<u></u>	 		
		Net gain or (loss)	_		<u> </u>	1			
뿔	8 a	Gross income from fund (not including \$	draising e [.] 31,0						ļ
Ź		of contributions reporte	d on line	1c)					
OTHER REVENUE		See Part IV, line 18		i	a				
뿔		Less direct expenses		ı	•]		·	
٥	C	Net income or (loss) from	om fundra	ising e	events	<u> </u>			
	9 a	Gross income from gan See Part IV, line 19	nıng actıvı	ties	a				
	b	Less direct expenses		ı	D	1			
	C	Net income or (loss) from	om gamını	g activ	ities	•			
	10 a	Gross sales of inventory and allowances	y, less ret	urns	,				
		Less cost of goods sole		•	<u></u>	-			
		: Net income or (loss) fro		r of inve	ntory (ļ
		Miscellaneous Reven		Ī	Business Code		 		
	11 a								
	b	·		[
	C	; ;							
	-	All other revenue		L					
		Total. Add lines 11a-11				600 500	FAA 7A1	15 202	17.400
	14	Total revenue. See inst	ructions			609,503.	544,741.	15,280.	17,482.

Part IX | Statement of Functional Expenses

Seci	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re			mpiete column (A)	X
	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	(D) Fundraising expenses
	Grants and other assistance to governments		ехрепаса	general expenses	Сиропосс
	and organizations in the United States See Part IV, line 21	8,672.	8,672.		
2	Grants and other assistance to individuals in				
•	the United States See Part IV, line 22	11,442.	11,442.		
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	23,929.	23,929.		
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	182,560.	136,921.	45,639.	
8	Pension plan accruals and contributions				
-	(include section 401(k) and section 403(b) employer contributions)	13,881.	13,881.		
9	Other employee benefits	32,954.	21,245.	11,709.	
10	Payroll taxes	15,037.	11,278.	3,759.	
11	Fees for services (non-employees)				
а	Management				
	Legal	99,913.	99,913.		
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
g	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Advertising and promotion				
	Office expenses	16,978.		16,978.	
14	Information technology	126.	94.	32.	
15	Royalties		, , , ,		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,911.	16,911.		
20	Interest			-	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,355.	31,016.	10,339.	
	Insurance	16,769.	4,327.	12,442.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	GENERAL DONATIONS	39,208.	39,208.		
	PROFESSIONAL SERVICES	32,632.	24,474.	8,158.	
	TELEPHONE AND UTILITIES	30,404.	22,804.	7,600.	
	GENERAL AWARDS	29,479.	29,479.		
	All other expenses SEE SCH. O	85,389.	46,592.	38,797.	
25	Total functional expenses. Add lines 1 through 24e	697,639.	542,186.	155,453.	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				
	SOP 98-2 (ASC 958-720)				Form 990 (2012)

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 62,815 1 3,830. Cash - non-interest-bearing 2 562,821 603,960 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 6 361 7 361 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 554,690 10b 326,067. 10 c 1,228,623 **b** Less accumulated depreciation 1,225,574 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 19,217 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,892,710 ,814,852 16 Accounts payable and accrued expenses -6,871 17 407 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees. 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 26 3,407. Total liabilities. Add lines 17 through 25 -6,871. 26 Organizations that follow SFAS 117 (ASC 958), check here > and complete lines 27 through 29, and lines 33 and 34. 27 ASSETS Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets R Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. FUZD DZD Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 BALANCES 32 Retained earnings, endowment, accumulated income, or other funds 1,811,445. 32 1,899,581 1,811,445. 33 33 Total net assets or fund balances 1,899,581 Total liabilities and net assets/fund balances 34 34 1,892,710 1,814,852 Form 990 (2012) BAA

Foir	1990 (2012) SANTA ANA POLICE OFFICERS ASSOCIATION	-2/48200		- 7	ige iz	
Pa	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	6	09,5	503.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	<u>97, 6</u>	<u> 39.</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		88, <u>1</u>	<u> 36.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,8	99,5	<u>81.</u>	
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			<u>0.</u>	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,8	11,4	145.	
Pa	t XII Financial Statements and Reporting	, ,				
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
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 revie separate basis, consolidated basis, or both	wed on a			ļ 	
	Separate basis Consolidated basis Both consolidated and separate basis					
(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 separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis	arate				
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audieview, or compilation of its financial statements and selection of an independent accountant?	dit,	2 c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
3 :	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					
١	o if 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	udıt	3 b			
BAA			Form	990	(2012)	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) or	organizations Complete Part III	.,, .,,,,,	,,,	
Nam	e of organization			Employer identifica	ition number
	NTA ANA POLICE OFFI			95-274820	
,	•	rganization is exempt under section		. 	zation.
1	Provide a description of the	organization's direct and indirect political c	ampaign activities in		•
2	•			► \$	
3					
125		rganization is exempt under section			
1	•	cise tax incurred by the organization under		► \$	
2	-	cise tax incurred by organization managers		▶\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		∐Yes ∐No
4	a Was a correction made?				Yes No
	b If 'Yes,' describe in Part IV				
PE		rganization is exempt under section			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	on activities >\$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	ızatıons for section 527	7 exempt ►\$	
3	Total exempt function expen	▶ \$			
4	Did the filing organization fil		Yes X No		
5	organization made nayments	and employer identification number (EIN) s For each organization listed, enter the ai ns received that were promptly and directly del al action committee (PAC) If additional spa	mount paid from the t	filing organization's fund	ds Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

				_
OE	-27	7 /1 O	ാറ	חו
7 1		40	/. L.	,,,

Part II-A Complete if t	the organizatio	n is exempt under sec	ction 501(c)(3) and	filed Form 5768 (el	ection under
A Check ► _ if the filing	g organization belon	gs to an affiliated group (and		ated group member's name	2,
	•	d share of excess lobbying	•		
B Check ► if the filin	ig organization che	cked box A and 'limited co	ntrol' provisions apply		
(The term		ying Expenditures ans amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ires to influence pu	ıblıc opınıon (grass roots lo	bbying)		
b Total lobbying expenditu	ires to influence a	legislative body (direct lobb	ying)		
c Total lobbying expenditu	ires (add lines 1a a	and 1b)			
d Other exempt purpose e	expenditures				
e Total exempt purpose e	xpenditures (add li	nes 1c and 1d)			
f Lobbying nontaxable am both columns	nount Enter the an	nount from the following tab	ole in		
If the amount on line 1e, colu	ımn (a) or (b) ıs	The lobbying nontaxable	amount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,	000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000	1	
Over \$17,000,000		\$1,000,000]	
g Grassroots nontaxable a	mount (enter 25%	of line 1f).			
h Subtract line 1g from lin	e 1a If zero or les	s, enter -0-			-
i Subtract line 1f from line	e 1c If zero or less	s, enter -0-			
j If there is an amount othe section 4911 tax for this		line 1h or line 1i, did the org	janization file Form 4720	reporting	Yes No
(Som		4-Year Averaging Period lat made a section 501(h) eless below. See the instruction	ection do not have to		
		ying Expenditures During			
I			Γ	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	990 or 990-EZ) 2012

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	For	n 5768		
	(a	a)		(b)_	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	A	mount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local				_	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?	-				
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?	-				
f Grants to other organizations for lobbying purposes?				_	
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total Add lines 1c through 1i					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
${f c}$ If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	ļ				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).	1(c)(5)	, or			
	-			Yes	
1 Were substantially all (90% or more) dues received nondeductible by members?			1		+
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		<u> </u>
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		X
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) answered 'Yes.'	1(c)(5) Part I	, or s II-A, I	ection ine 3, is	501(c) s)
Dues, assessments and similar amounts from members.		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year		2 b			
c Total		2 c	-		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
A 16 I I I I I I I I I I I I I I I I I I					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
expenditure next year ³		4			0.
5 Taxable amount of lobbying and political expenditures (see instructions)		5			0.
Part IV Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information	Part II-	A (affili	ated gro	up list),	
Tart II-A, line 2, and tart II-b, line 1. Also, complete this part for any additional information					

SCHEDULE D (Form 990)

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

2012

Open to Public Inspection

Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service

CZI	NTA ANA POLICE OFFICERS ASSOCI	ΔTΤΟN		95-2748200	
Dai	∂ Organizations Maintaining Dono	or Advised Funds or Othe	er Similar Fun		te if
يرير	the organization answered 'Yes'	to Form 990, Part IV, line	6.		
		(a) Donor advised for		(b) Funds and other acc	counts
1	Total number at end of year	(4, 20,101, 02,100, 0.1			
2	Aggregate contributions to (during year)				-
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
_	,				
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the a organization's exclusive legal o	assets held in dor control?	nor advised funds	No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writin of the donor or donor advisor,	g that grant funds or for any other	s can be used only purpose conferring	□No
		late if the organization or	assured 'Ves'		
	Conservation Easements. Comp			to Form 990, Fart IV, in	e /
1	_' ` ` `	· _ · _		f an historically important land	area
	Preservation of land for public use (e g , r	ecreation or education)	1		area
	Protection of natural habitat	L	Preservation of	f a certified historic structure	
_	Preservation of open space				H
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation conti	ribution in the form	of a conservation easement on	tne
	last day of the tax year			Held at the End of t	he Tax Year
	a Total number of conservation easements			2 a	
	b Total acreage restricted by conservation ease.	monts		2 b	
	Number of conservation easements on a certi		ın (a)	2 c	
			• •		
	Number of conservation easements included in structure listed in the National Register			2 d	
3	Number of conservation easements modified, tran	nsferred, released, extinguished, c	or terminated by th	e organization during the	
	tax year •				
_	Number of states where property subject to conse				
5	Does the organization have a written policy re and enforcement of the conservation easement	nts it holds?		Yes	☐ No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conserv	ation easements d	uring the year	
7		ecting, and enforcing conservation	n easements during	g the year	
	► \$				
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the rec	quirements of sec	ction 170(h)(4)(B)(i) 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 re to the organization's financial s	evenue and expens statements that de	se statement, and balance sheet, escribes the organization's acc	and counting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical 7	Treasures, or Part IV. line 8	Other Similar Assets.	
	<u>-</u>				not works of
1 6	a If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education	i, or research in fu	rtherance of public service, provi	de,
1	b If the organization elected, as permitted unde historical treasures, or other similar assets held for following amounts relating to these items	r SFAS 116 (ASC 958), to repo or public exhibition, education, or	rt in its revenue s research in furthei	statement and balance sheet varance of public service, provide t	vorks of art, he
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$	
	(ii) Assets included in Form 990, Part X	•		▶ \$	
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other simila	ar assets for finance	cial gain, provide the following	
	a Revenues included in Form 990, Part VIII, line		C ROINS	►\$	
	b Assets included in Form 990. Part X	•		►\$	

Schedule D (Form 990) 2012 SANTA ANA POL	ICE OFFICERS AS	SOCIATION	95-2748			Page 2
Part III Organizations Maintaining Colle	ctions of Art, Histo	rical Treasures, or	Other Similar Ass	ets (co	<u>ntinue</u>	<u>ea) _</u>
3 Using the organization's acquisition, accession, airtems (check all that apply)	_		e a significant use of its o	collection		
a Public exhibition	d Loan o	r exchange programs				
b Scholarly research	e Other					
c Preservation for future generations						
4 Provide a description of the organization's collecti	ions and explain how they	further the organization's	exempt purpose in			
Part XIII 5 During the year, did the organization solicit or	receive donations of art	, historical treasures, o	r other similar assets _i	-	۲-	٦.,
to be sold to raise funds rather than to be mai	intained as part of the or	ganization's collection?	·	Yes		No
Part IV Escrow and Custodial Arrangements. (reported an amount on Form 990	Complete if the organiza), Part X, line 21.	ation answered 'Yes' to	Form 990, Part IV, line	e 9, or		
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	n, or other intermediary	for contributions or oth	er assets not included	Yes	Г	No
b If 'Yes,' explain the arrangement in Part XIII a	and complete the following	ng table	'	_	<u> </u>	_
• · · · · · · · · · · · · · · · · · · ·		•		Amount		
c Beginning balance			1 c			
d Additions during the year			1 d			
e Distributions during the year			1 e			
f Ending balance			1 f	_	-	
•	rm 000 Dort V line 212			Yes	$\overline{}$	No
2a Did the organization include an amount on For		tion has been provided	in Port VIII	165	\vdash	-
b If 'Yes,' explain the arrangement in Part XIII	Check here ii the explan	tion has been provided	III Fait Aiit		L	٤
Double Englavement French Complete of	the eventuation on	awarad 'Vaa' ta Ea	m 000 Part IV Jun	0.10		
Part V Endowment Funds. Complete If (a) Curren			(d) Three years		our year	·
	t (b) Prior year	(c) (wo years	(u) fillee years	(6)	Jul year	
1 a Beginning of year balance			_	1		
b Contributions				-		
c Net investment earnings, gains, and losses						
d Grants or scholarships						
Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the curre	nt year end balance (line	e 1g, column (a)) held	as			
a Board designated or quasi-endowment ▶	8					
b Permanent endowment ▶ %						
c Temporarily restricted endowment	%					
The percentages in lines 2a, 2b, and 2c should						
3 a Are there endowment funds not in the possession organization by	of the organization that a	re held and administered	for the		Yes	No
(i) unrelated organizations				3a(i)		
(ii) related organizations				3a(ii)		<u> </u>
b If 'Yes' to 3a(II), are the related organizations				3b		
4 Describe in Part XIII the intended uses of the				·		
Part VI Land, Buildings, and Equipment	t. See Form 990, Pa	irt X, line 10.				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	
1 a Land	190,950.				190,	,950.
b Buildings	283,876.		70,969.			, 907.
c Leasehold improvements	1,025,959.		215,980.			,979.
d Equipment	24,704.	··· ··	20,990.			,714.
e Other	29,201.		18,128.			,073.

1,228,623. Schedule **D** (Form 990) 2012 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

BAA

Schedule D (Form 990) 2012 SANTA ANA POLICE (8200 Page 3
Part VII Investments - Other Securities. See	Form 990, Part X, Iin		
(a) Description of security or category	(b) Book value	(c) Method of valuation end-of-year market	
(including name of security) (1) Financial derivatives		end-or-year market	value
(2) Closely-held equity interests			<u> </u>
(3) Other			
			 -
(B)			
(A) (B) (C) (D) (E)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12)	L		
Part VIII Investments - Program Related. See			
(a) Description of investment type	(b) Book value	(c) Method of valuation end-of-year market	
(1)		cha di year market	value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, Part X,		···	(b) Book value
	scription		(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B), line 15)		
Part X Other Liabilities. See Form 990, Part	X, line 25.		
(a) Description of liability	(b) Book value		
(1) Federal income taxes		_	
(2)			
(3)			
(4)			
(5)		4	
(6)		4	
(7)		4	
(8)		4	
(9)		-1	
(10)		-	
(11) Total (Column (h) must aqual Form 000, Part V column (P) lina 25)	•	-	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote		tements that reports the organization's liability	for uncertain tay positions
under FIN 48 (ASC 740) Check here if the text of the footnote has been pro-	vided in Part XIII	tomente that reports the organization's nability	D D D D D D D D D D D D D D D D D D D

		_		age 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	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			
а	Net unrealized gains on investments			
b	Donated services and use of facilities 2b	1		
c	Recoveries of prior year grants	1		
d	Other (Describe in Part XIII)	1		
е	Add lines 2a through 2d	2 e		
	Subtract line 2e from line 1	3		
-	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investment expenses not included on Form 990, Part VIII, line 7b.			
_	Other (Describe in Part XIII)	1		
	Add lines 4a and 4b	 	1	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		rn N/A	
	Total expenses and losses per audited financial statements	1	111 11/11	
	Amounts included on line 1 but not on Form 990, Part IX, line 25	 		
	Donated services and use of facilities 2a			
	Prior year adjustments 2 b	┥		
	: Other losses 2c	┪		
_	Other (Describe in Part XIII)	┪		
	Add lines 2a through 2d	2 e		
_	Subtract line 2e from line 1	3		—
_	1 1	ب		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a			
	Other (Describe in Part XIII)	┪	1	
	Add lines 4a and 4b	4 c	.†	
	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5		
	t XIII Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an	/, lines	in the state of th	/,
		Schei	dule D (Form 990)	2012

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545 0047

2012

Open to Public Inspection

Name o	of the organization				· · · · · · · · · · · · · · · · · · ·		Employer identificat	tion number
SAN	TA ANA POLICE OFFICERS	S ASSOCIAT	ION				95-2748200	
Parl	TOTAL STORES	quired to comp	lete this p	art				
1	Indicate whether the organization	raised funds thi	rough any	of the foll	owing activities Check	all that	apply	
а	Mail solicitations			е	Solicitation of non-	governm	ent grants	
b	Internet and email solicitations	S		f	Solicitation of gove	rnment	grants	
С	Phone solicitations			g	X Special fundraising	events		
d	In-person solicitations			_				
2 a	Did the organization have a written of employees listed in Form 990, Pai	r oral agreement	t with any i	ndıvıdual (ı tıon with p	including officers, director rofessional fundraising	s, truste services	es or key	Yes X No
b	If 'Yes,' list the ten highest paid individencempensated at least \$5,000 by the	iduals or entities	s (fundraise	-	_			pe
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	(III) Did have custo of contr	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or r fundra	nount paid to etained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1	J&J ADVERTISING 1775 E.	BENEFIT						
•	LINCOLN ANAHEIM CA 92605	SHOW	X		161,700.		105,500.	56,200.
2						-		
3								
4								
5						-		
6							-	
7								
8						-		
9								
10								
Total			·\- ··-	•	161,700.		105,500.	56,200.
	List all states in which the organization or licensing	on is registered o	or licensed	to solicit c	ontributions or has been	notified i	t is exempt from	registration
							_ 	
•								
•								
								
								

		List events with gross receipts gre	eater than \$5,000.	s and gross income	011 1 01111 990-LZ,	illes i aliu ob.
R			(a) Event #1 BENEFIT SHOW (event type)	(b) Event #2	(c) Other events NONE (lotal number)	(d) Total events (add column (a) through column (c))
サード アードラ ボーン	1	Gross receipts	31,000.			31,000.
Ē	2	Less Charitable contributions	31,000.			31,000.
	3	Gross income (line 1 minus line 2)				
•	4	Cash prizes			<u> </u>	
	5	Noncash prizes				
D-RECT	6	Rent/facility costs				
	7	Food and beverages				
FXPF	8	Entertainment				
EXPESSES	9	Other direct expenses				
S	10	,			•	
Par	11 2 Mil	Net income summary Combine line 3, co Gaming. Complete if the organization		s' to Form 990 Par	t IV line 19 or rer	orted more than
	<u> </u>	\$15,000 on Form 990-EZ, line 6a.				
RE>EZUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E U	1	Gross revenue				
E	2	Cash prizes				
D-RECT S	3	Non-cash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7	-	
a	ls t	er the state(s) in which the organization of the organization licensed to operate gaming No,' explain		nese states?		Yes No
		re any of the organization's gaming license (es,' explain	•			Yes No

Partill Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported

Schedule G (Form 990 or 990-EZ) 2012 SANTA		95-2748200	Page 3
11 Does the organization operate gaming activiti	es with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or truste administer charitable gaming?	ee of a trust or a member of a partnership or other entity f	ormed to	No
13 Indicate the percentage of gaming activity op-	erated in		
a The organization's facility		13a	8
b An outside facility		13 b	ે
14 Enter the name and address of the person who p	repares the organization's gaming/special events books a	nd records	
Name •			- -
Address •			
15 a Does the organization have a contact with a t	hird party from whom the organization receives gamin	ng revenue? Yes	No
	received by the organization► \$	and the amount	_
of gaming revenue retained by the third party			
c If 'Yes,' enter name and address of the third	party		
Name •			-
Address ►			
16 Gaming manager information			
Name •			
Gaming manager compensation ► \$			
Description of services provided ►			-
Director/officer Employe	e Independent contractor		
17 Mandatory distributions			
	ake charitable distributions from the gaming proceeds to r	etain the	- ¬
State gaming license?	state law to be distributed to other exempt organizations of	Yes	∐No
organization's own exempt activities during the	· -	a spent in the	
Supplemental Information. Concolumns (III) and (v), and Part I	nplete this part to provide the explanations II, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, a lal information (see instructions).	required by Part I, line 2t as applicable. Also compl	b, ete
BAA	TEEA3703L 01/07/13	Schedule G (Form 990 or 990-EZ	2) 2012

SCHEDULE I

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

Employer identification number

95-2748200

Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance SANTA ANA POLICE OFFICERS ASSOCIATION

χ¥es

SEE PART IV	. Complete if the organization answered 'Yes' to	אייים הייים וישטילים ול אידעים וישטילים וישטילים וישטילים וישטילים וישטילים וישטילים וישטילים וישטילים וישטילים
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Rants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to	bahada a aasaa laadiihhe i hataaliah ad asa 11 taa GE OOO Bar taa aasaa ka taabaa isaa aasaa bahada isaa aasaa

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?

° □

(h) Purpose of grant or assistance 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 (g) Description of non cash assistance (f) Method of valuation (book, FMV appraisal other) (e) Amount of non cash assistance (d) Amount of cash grant 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable EN e 1111 111111 (a) Name and address of organization or government ١ 1 1111 i Ξ¦ ପ୍ର¦ 6 8 |ල¦ ₽¦ (2) ତ୍ର¦

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

TEEA3901L 11/30/12

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) SANTA ANA POLICE OFFICERS ASSOCIATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book FMV appraisal other)	(f) Description of non gash assistance
VARIOUS	4	4,100.			•
additional information. PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.	MONITORING USE	E OF GRANTS FUN	DS IN U.S.	E OF GRANTS FUNDS IN U.S.	
THE ORGANIZATION HAS A FORMAL APPLICATION		PROCESS WHICH MUST BE COMPLETED BEFORE A	ST BE COMPLETE	D BEFORE A	
GRANT IS GIVEN.	 	 	! ! ! ! !		
		! ! ! ! ! ! !	 		i

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number				
SANTA ANA POLICE OFFICERS ASSOCIATION	95-2748200				
PART 990, PART VI, SECTION B, LINE 15					
AN INSIDER COMPENSATION REASONABLENESS POLICY IS NOT APPLICABLE AS THERE IS NO					
COMPENSATION PAID.					
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	. 				
THE SANTA ANA POLICE OFFICERS ASSOCIATION IS A NONPROFIT ORGANIZATION WHICH WAS					
INCORPORATED ON JULY 24, 1948, IN THE STATE OF CALIFORNIA, ORGANIZED FOR THE PURPOSE					
OF AIDING, ASSISTING AND IMPROVING THE GENERAL WELFARE OF ITS MEMBERS AND THEIR					
FAMILIES.					
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS					
A COPY OF THE TAX RETURN IS PROVIDED TO EACH MEMBER OF THE GOVERNING BODY BEFORE THE					
TAX RETURN IS FILED. SAPOA'S PRESIDENT IS DELEGATED THE RESPONSIBILITY TO REVIEW THE					
FORM 990 BEFORE REVIEWING AND SIGNING THE RETURN.					
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE					
THE ORGANIZATION DISCLOSES GOVERNING DOCS, POLICIES, AND FINANCIAL STATEMENTS AS					
REQUIRED BY LAW. AVAILABLE BY REQUEST.					

2012

1 4 4 6

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

SANTA ANA POLICE OFFICERS ASSOCIATION

95-2748200

FORM 990, PART IX, LINE 24E OTHER EXPENSES

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	<u>FUNDRAISING</u>
BANK CHARGE		110.	83.	27.	
DUES & SUBSCRIPTIONS		20,255.	15,191.	5,064.	
MISCELLANEOUS		798.	400.	398.	
POSTAGE AND SHIPPING		5,706.	4,280.	1,426.	
PRINTING AND PUBLICATIONS		2,455.	1,841.	614.	
REPAIRS AND MAINTENANCE		25,265.	18,949.	6,316.	
TAXES AND LICENSES		24,952.		24,952.	
UNION MEMBERSHIP DUES		5,848.	5,848.		
	TOTAL	\$ 85,389.	46,592.	\$ 38,797.	\$ 0.