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### DLN: 93493069005377

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Return of Organization Exempt From Income Tax** 

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Open to Public Inspection

Website: ► WWW MPPOAINFO COM	A For the 201	L5 calendar year, or tax year beginning 05-01-2015 , and ending 04-30-201	6			
Date   Court   Date   Court   Date   Court   Date   Date		MADISON PROFESSIONAL POLICE OFFICERS		D Employ	yer iden	itification number
Dots   Heart   Tele   Number and attention   Tele   Number and a				39-13	50653	3
Variety and predict   Variety and predict   Variety and   Variety and   Variety   V	<u> </u>	Doing business as				
Amended etc.m  Application periode  City in team, sold in province, country, and ZIP or foreign postal code  Modificially, 8th 3.0011188  F Name and address of principal officer BART 0/SHEA DO ROX 1188  Tax-estempts state: Sol((4.3) ▼ 501((4.5) ▼ (reset no.)			te	E Telepho	ne numb	ber
MoDEON, W. 537011188   Games recents 3392,238	<u>-</u>	m		(608)	850-5	448
Subbrighters   Subbr	Application per			<b>G</b> Gross re	eceıpts \$	5 282,238
PO DOX 188   MADISON, WI 337011188   Taxeesempt status   Solicio, William   Solicio, Solici		F Name and address of principal officer	<b>H(a)</b> Is th	■ Is a group	return	for
Tak-exempt datast   Solicids				rdinates?		┌ Yes 🗸
		•		all subordı	nates	□Yes □ No
Weblate   P. WWW MPP CATIFOR COM	I lax-exempt si	tatus 501(c)(3)			a list i	
Part I   Summary	J Website: ▶	WWW MPPOAINFO COM				
Section   Sect	<b>K</b> Form of organiz	ation	L Year of fo	ormation 19:	33 <b>M</b>	State of legal domicile WI
Section   Sect	Part I	Summary				
3 Number of voting members of the governing body (Part VI, line 1a) 3   4 Number of individuals employed in calendar year 2015 (Part V, line 1b) 4   4   5   5   5   5   5   5   5   5	THE I WHO	MADISON PROFESSIONAL POLICE OFFICERS ASSOCIATION REPRESE SERVE THE CITY OF MADISON, WISCONSIN, AS EITHER POLICE OFFI				
3 Number of voting members of the governing body (Part VI, line 1a) 3   4 Number of individuals employed in calendar year 2015 (Part V, line 1b) 4   4   5   5   5   5   5   5   5   5	2 Che	ck this box ▶ ┌─ if the organization discontinued its operations or disposed o	of more than :	25% of its	net as	sets
8   10tal number of volunteers (estimate in necessary)   7a   7a   7b   7a   7b   7b   7b   7b		wher of voting members of the governing hady (Part VI, June 15)		ı	ا د	10
8   10tal number of volunteers (estimate in necessary)   7a   7a   7b   7a   7b   7b   7b   7b	4 Num			ŀ		6
8   10tal number of volunteers (estimate in necessary)   7a   7a   7b   7a   7b   7b   7b   7b	5 Tota			ŀ	5	12
B Net unrelated business taxable income from Form 990-T, line 34	6 Tota	Il number of volunteers (estimate if necessary)		[	6	100
8 Contributions and grants (Part VIII, line 1h) 2,700 9 Program service revenue (Part VIII, line 2g) 271,461 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,461 11 Other revenue (Part VIII, column (A), lines 5,6d, 8c, 9c, 10c, and 11e) 11,410 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 290,032 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 36,903 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 17 Other expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), line 11e) 0 18 Total expenses (Part IX, column (A), line 11d, 11f-24e) 256,547 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 323,058 19 Revenue less expenses Subtract line 18 from line 12 33,058 19 Revenue less expenses Subtract line 18 from line 12 53,069 20 Total assets (Part X, line 16) 212,936 21 Total liabilities (Part X, line 26) 5,969 21 Total liabilities (Part X, line 26) 5,969 22 Total Signature Block 21 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to tomy knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of preparer has any knowledge  Part II Signature Block Part Type or print name and tile Prims name ▶ WEGNER CPAS LLP Firm's name ▶ WEGNER CPAS LLP Firm's name ▶ WEGNER CPAS LLP Firm's address ▶ 2110 LIJANN LN Phone no (608) 274-4020					7a	0
8 Contributions and grants (Part VIII, line 1h)	<b>b</b> Net u	nrelated business taxable income from Form 990-T, line 34		•	7b	0
9 Program service revenue (Part VIII, line 2g) 271,461 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,461 11 Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 11,410 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 290,032 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 36,903 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 29,608 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 29,608 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 17 Other expenses (Part IX, column (A), line 11e) 0 18 Total fundraising expenses (Part IX, column (A), line 12e) 256,547 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 323,058 19 Revenue less expenses Subtract line 18 from line 12 256,547 19 Revenue less expenses Subtract line 18 from line 12 256,547 20 Total assets (Part X, line 16) 212,936 21 Total liabilities (Part X, line 26) 5,969 22 Net assets or fund balances Subtract line 21 from line 20 206,967  Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the proper has any knowledge  Signature of officer  Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the proper has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of preparer has any knowledge and belief, it is true, orrect, and complete Declaration of preparer (other than officer) is based on all information of preparer has any knowledge Properer's signature Clenk Miller CPA  Signature of	8 (	ontributions and grants (Part VIII line 1h)	Pric		700	Current Year
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)						274,353
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5 <b>10</b> Ir	- · · · · · · · · · · · · · · · · · · ·		•		3,601
12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>11</b> 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,4	110	3,946
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		- · · · · · · · · · · · · · · · · · · ·	:	290,0	32	281,900
14 Benefits paid to or for members (Part IX, column (A), line 4)				36,9	903	14,382
16a Professional fundraising fees (Part IX, column (A), line 11e)						0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>15</b> S			29,6	508	23,315
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8 5 5 5 5	•		·		. 0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	©   10a   1		·		$\dashv$	
Total assets (Part X, line 16)				256,5	547	259,220
Beginning of Current Year   End of	<b>18</b> T	otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		323,0	58	296,917
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the model of preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of preparer has any knowledge  Sign  Here  BART O'SHEA TREASURER Type or print name and title  Paid  Preparer's signature GLENN MILLER CPA  Preparer's signature GLENN MILLER CPA  Firm's name  WEGNER CPAS LLP  Firm's address ▶ 2110 LUANN LN  Phone no (608) 274-4020		evenue less expenses Subtract line 18 from line 12		-33,0	026	-15,017
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the model of preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of preparer has any knowledge  Sign  Here  BART O'SHEA TREASURER Type or print name and title  Paid  Preparer's signature GLENN MILLER CPA  Preparer's signature GLENN MILLER CPA  Firm's name  WEGNER CPAS LLP  Firm's address ▶ 2110 LUANN LN  Phone no (608) 274-4020	S Q Q		Beginning (	of Current \	Year	End of Year
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the model of preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of preparer has any knowledge  Sign  Here  BART O'SHEA TREASURER Type or print name and title  Paid  Preparer's signature GLENN MILLER CPA  Preparer's signature GLENN MILLER CPA  Firm's name  WEGNER CPAS LLP  Firm's address ▶ 2110 LUANN LN  Phone no (608) 274-4020	9 E 20 T	otal assets (Part X, line 16)		212,9	936	185,784
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the model of preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of preparer has any knowledge  Sign  Here  BART O'SHEA TREASURER Type or print name and title  Paid  Preparer's signature GLENN MILLER CPA  Preparer's signature GLENN MILLER CPA  Firm's name  WEGNER CPAS LLP  Firm's address ▶ 2110 LUANN LN  Phone no (608) 274-4020	₹ 21 T	otal liabilities (Part X, line 26)		5,9	969	7,325
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to tomy knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of preparer has any knowledge  Sign Here    Signature of officer				206,9	967	178,459
my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of preparer has any knowledge  Sign Here  BART O'SHEA TREASURER Type or print name and title  Paid Preparer  Print/Type preparer's name GLENN MILLER CPA  Preparer's signature GLENN MILLER CPA  Prim's name  WEGNER CPAS LLP  Firm's elin ▶ 39-0974031  Phone no (608) 274-4020			/ına schedul	es and sta	tement	s, and to the best of
Sign Here  BART O'SHEA TREASURER Type or print name and title  Paid Preparer  Preparer's signature GLENN MILLER CPA  Preparer's signature GLENN MILLER CPA  Prim's name ▶ WEGNER CPAS LLP Firm's address ▶ 2110 LUANN LN  Phone no (608) 274-4020	my knowledge	and belief, it is true, correct, and complete Declaration of preparer (other th				
Here  BART O'SHEA TREASURER Type or print name and title  Print/Type preparer's name GLENN MILLER CPA  Preparer's signature GLENN MILLER CPA  Preparer's signature GLENN MILLER CPA  Date  Check		****** Capabus of officer				
Preparer Use Only  Proper or print name and title  Propert's signature GLENN MILLER CPA  Preparer's signature GLENN MILLER CPA  Preparer's signature GLENN MILLER CPA  Preparer's signature GLENN MILLER CPA  Prim's signature GLENN MILLER CPA  Firm's name ▶ WEGNER CPAS LLP  Firm's address ▶ 2110 LUANN LN  Phone no (608) 274-4020	-		D	ate		
Paid  Preparer Use Only  GLENN MILLER CPA  Firm's name ▶ WEGNER CPAS LLP  Firm's address ▶ 2110 LUANN LN  Phone no (608) 274-4020	liele					
Preparer Use Only  Self-employed  Firm's name ► WEGNER CPAS LLP  Firm's address ► 2110 LUANN LN  Self-employed  Firm's EIN ► 39-0974031  Phone no (608) 274-4020			ate Cha	eck I if		726
Use Only  Firm's address ▶ 2110 LUANN LN  Phone no (608) 274-4020	Paid		self	-employed		
Use Only	-					
	Use Only			110 (000)	, _, -, -, -, 0	
May the IRS discuss this return with the preparer shown above? (see instructions)	May the IRS dr				[	— ✓Yes No

Form	990 (2015)			Page <b>3</b>
Par	t 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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 $I \supseteq \dots \dots \dots \dots \dots \dots \dots$ .	3		No
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	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
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	11b		No
С	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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11</b> c		No
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	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Nο

Νo

Nο

Nο

Νo

Νo

Νo

Nο

	•	•					
: <b>IV</b>	CI	hecklist	of Rec	uired	Schedules	(continued)	)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	rt IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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? Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . .

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part 22

23

24a

24h

24c

24d

25a

25b

26

27

28a

28b

**28**c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Form 990 (2015)

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		effect if seffective of contains a response of flote to any line in this	- arc	<b>v</b>	<u> </u>	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	0			
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		L ne organization comply with backup withholding rules for reportable payments to	o venc	fors and reportable			
٠		ig (gambling) winnings to prize winners?		· · · · · ·	1c		
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	30	12			
<b>L</b>	,	s return	2a		2b	Yes	
D		east one is reported on line 2a, did the organization lile all required lederal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			-20	103	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	g the y	year?	3a		No
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count,	or other financial	4a		
	accou	int)?			70		No
Ь		s," enter the name of the foreign country					
	(FBAF	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	k and	rinanciai Accounts			
5a	•	' he organization a party to a prohibited tax shelter transaction at any time durin	na the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t		ŀ	5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			<b>5</b> 0		
٠	11 16	s, to fine 3a of 3b, and the organization mer of microsoft			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
_	_	ization solicit any contributions that were not tax deductible as charitable cont		ŀ			
D		s," did the organization include with every solicitation an express statement th not tax deductible?	nat su	cn contributions or giπs	<b>6</b> b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contributi		d partly for goods and	7a		
		es provided to the payor?			71.		
		s," did the organization notify the donor of the value of the goods or services pi ie organization sell, exchange, or otherwise dispose of tangible personal proper			7b		
·		orm 8282?		· · · · ·	<b>7</b> c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\dots$	7d				
e	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?			
		,,,,,,			7e		
		ne organization, during the year, pay premiums, directly or indirectly, on a perso		ŀ	7f		
g	If the requir	organization received a contribution of qualified intellectual property, did the ored?	rganız	ation file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	 s, did 1	the organization file a	- 3		
		1098-C?	•		7h		
8	•	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus	cinaco	s holdings at any time			
		g the year?		· · · · ·	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966	?		9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10		on <b>501(c)(7) organizations.</b> Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıt				, I		
		on 501(c)(12) organizations. Enter	اید				
		ncome from members or shareholders  ncome from other sources (Do not net amounts due or paid to other sources)	11a				
U		st amounts due or received from them )	11b				
12a	Section	- on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	 n lie	u of Form 1041?	12a		
		s," enter the amount of tax-exempt interest received or accrued during the					
-	year		12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? <b>N</b>	lote. S	ee the instructions for			
		onal information the organization must report on Schedule O			13a		
b		the amount of reserves the organization is required to maintain by the states	13b				
c		ch the organization is licensed to issue qualified health plans	13c				
		le organization receive any payments for indoor tanning services during the tax		7	14a		l No
		s," has it filed a Form 720 to report these payments? If "No," provide an explana	•	•	14b		
		,, p, p, p		-	-		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 10 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 Enter the number of voting members included in line 1a, above, who are ındependent 1b 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? . . . . 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? . . . . . . . . Yes **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . Νo Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the a organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.

10a **10a** Did the organization have local chapters, branches, or affiliates? . . Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Nο **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . 12a Νo **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c 13 Nο Did the organization have a written document retention and destruction policy? . . . 14 Νo 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?

# Section C. Disclosure 7 List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

a The organization's CEO, Executive Director, or top management official . . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

►BART O'SHEA 660 JOHN NOLEN DR STE 300 MADISON, WI 537131469 (608) 850-5448

15a

15b

**16**a

16b

Nο

Nο

Νo

Part VII

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

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

1a 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, or 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

Check this box if neither the organization no	r any related or	ganıza	tion	com	pen	sated	any	current officer, c	irector, or truste	e
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	note bo: h ai or/ti	chec x, unle n offic rustee	ess er	( <b>D)</b> Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) DANIEL FREI PRESIDENT	2 00	×		х				6,000	0	(
(2) DAVID MCCLURG VICE PRESIDENT	2 00	×		х				2,000	0	(
(3) BART O'SHEA TREASURER	2 00	×		х				2,500	0	(
(4) BRIAN AUSTIN SECRETARY	2 00	x		х				2,000	0	
(5) JOE ENGLER DIRECTOR	1 00	×						2,000	0	
(6) KEVIN LINSMEIRER DIRECTOR	1 00	x						2,000	0	
(7) EMILY SAMSON DIRECTOR	1 00	x						2,250	0	. 1
(8) TIM HARDER DIRECTOR	1 00	x						750	0	
(9) ANGELA KAMOSKE DIRECTOR	1 00	x						750	0	
(10) DAVE GOURAN DIRECTOR	1 00	х						1,000	0	1

art VII	Section A. Officers,	Directors,	Trustees, Ke	y Employees,	and Highest	Compensated Employees	(continued)

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more t	han on is	one l both	oox, an d	officer		<b>(D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b	Sub-Total		·	٠.			<b>•</b>				
c	Total from continuation sheet						. ▶[				
d	Total (add lines 1b and 1c) .	<u> </u>	<u> </u>				<b>&gt;</b>		21,250	0	0
2	Total number of individuals (ir \$100,000 of reportable comp						d abov	e) wl	no received more th	an	

- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
  - on line 1a? If "Yes," complete Schedule J for such individual .
  - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
- ındıvıdual . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- services rendered to the organization? If "Yes," complete Schedule J for such person . . .

## 4 Νo 5 Νo

Yes

3

No

Νo

## **Section B. Independent Contractors**

3

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 99		15)						Page <b>9</b>
Part V	1111	Statement o						
		Check If Schedu	ıle O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
v 8	<b>1</b> a	Federated camp	paigns 1a					
Grants smounts	ь	Membership du	es <b>1b</b>					
ج آ	С	Fundraising eve	ents <b>1</b> c					
ifts  ar /	d	Related organiz	ations <b>1d</b>					
s, G iii.ii	e	Government grants	s (contributions) <b>1e</b>					
tion r S	f	All other contribution	ons, gifts, grants, and <b>1f</b>					
Contributions, Giffs, Grants and Other Similar Amounts	q		ons included in lines					
ontr nd (	, ,	1a-1f \$ <b>Total.</b> Add lines	12 1f					
<u>ة ت</u>	h	Total. Add lines	, 14-11	<b>&gt;</b>				
풀	2a	MEMBERSHIP DUES	5	Business Code 813930	269,243	269,243		
Program Service Revenue	ь	COPPERBALL EVEN		900099	5,110	5,110		
	c				,	,		
ž.	d							
S E	e							
ogra	f	All other progra	im service revenue					
<u>&amp;</u>	g	Total. Add lines	s 2a-2f		274,353			
	3		ome (including dividen ar amounts)		3,601			3,601
	4		tment of tax-exempt bond	F				
	5	Royalties						
	6a	Gross rents	(ı) Real	(II) Personal				
		Less rental						
	Ь	expenses						
	С	Rental income or (loss)	(1)					
	d	Net rental incor	(i) Securities	▶ (II) O ther				
	7a	Gross amount from sales of assets other than inventory	(i) securities	(ii) o circi				
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (los	s)					
Other Revenue	8a	Gross income fi events (not incl \$ of contributions See Part IV, lin	luding reported on line 1c)					
er F		200 i aici V , iiii	a a					
o t			penses <b>b</b>					
	9a	·		events ▶				
	ь	Less direct evi	a penses b					
			loss) from gaming acti	vities				
	10a	Gross sales of i	inventory, less	<u> </u>				
		returns and allo	wances .	4,274				
	ь	Less cost of go	a boods sold b	338				
			loss) from sales of inve		3,936			3,936
		Miscellaneous	s Revenue	Business Code				
	11a	MISCELLANEC	OUS REVENUE	900099	10			10
	Ь							
	c d	All other reven						
	e		s 11a-11d	•	, -			
	12	Total revenue.	See Instructions .		10			
					281,900	274,353	0	7,547

	990 (2015)				Page <b>10</b>
	Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must complete all columns			•	
	Check if Schedule O contains a response or note to any line in t	this Part IX			
	t include amounts reported on lines 6b, , 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 domestic organizations and domestic governments See Part IV, line 21	14,382			
2	Grants and other assistance to domestic individuals See Part IV, line 22	,			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	21,500			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,815			
11	Fees for services (non-employees)				
а	Management				
b	Legal	431			
c	Accounting	3,000			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	7,063			
14	Information technology	489			
15	Royalties				
16	Occupancy	885			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,226			
20	Interest				
21	Payments to affiliates	207,377			
22	Depreciation, depletion, and amortization				
23	Insurance	1,549			
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					
b					
c					
d					
e	All other expenses	200			
25	Total functional expenses. Add lines 1 through 24e	296,917			
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)	250,517			

Par	t X	Balance Sheet					<del>-</del>
		Check if Schedule O contains a response or note to any line in th	ıs Par	t X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			7,386	1	5,099
	2	Savings and temporary cash investments				2	
Assets	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					
	6	section $4958(f)(1)$ ), persons described in section $4958(c)(3)(6)$	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			5	
ΑS	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			5,075	8	4,737
					815	9	1,462
	9	Prepaid expenses and deferred charges			013	9	1,402
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	ь	Less accumulated depreciation	10b			<b>10</b> c	
	11	Investments—publicly traded securities			199,660	11	174,486
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			212,936	16	185,784
	17	Accounts payable and accrued expenses			5,969	17	7,325
	18	Grants payable	•	• •	0,000	18	.,920
	19	Deferred revenue	•			19	
	20					20	
	21	Tax-exempt bond liabilities				21	
ilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, tr			21	
Ξ		persons Complete Part II of Schedule L				22	
Liab	23	Secured mortgages and notes payable to unrelated third partie				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Part X of Schedule D					
						25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			5,969	26	7,325
seo		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.	<b>√</b> an	d complete			
<u>lar</u>	27	Unrestricted net assets			206,967	27	178,459
<u>~</u>	28	Temporarily restricted net assets				28	
п	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ere 🟲	and			
ets	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
۲	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Š	33	Total net assets or fund balances	•		206,967	33	178,459
	34	Total liabilities and net assets/fund balances			212,936	34	185,784

8	Prior period adjustments	8			-7,880
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		1	.78,459
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. [
				Yes	No
1	Accounting method used to prepare the Form 990	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O

Single Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in

3b Form 990 (2015)

Νo

Νo

2c

3a

#### DLN: 93493069005377

Employer identification number

20 1250652

## SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

ASSOCIATION INC

MADISON PROFESSIONAL POLICE OFFICERS

Service

## **Political Campaign and Lobbying Activities**

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

If the organization answered "Yes" on 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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

					122-1220022	
Par	t I-A	Complete if the or	ganization is exempt under	section 501(c	) or is a section 527	organization.
1	Provi	de a description of the org	ganization's direct and indirect politic	al campaign activ	vities in Part IV	
2	Politi	cal expenditures			<b>&gt;</b>	\$
3	Volun	nteer hours				
D	4 T. D	Complete if the or		sastion FO1/a	\(\alpha\)	
		<u>-</u>	ganization is exempt under	<u>`</u> _	<u>)(3).</u>	
1		,	e tax incurred by the organization und		1055	\$
2		·	e tax incurred by organization manag		4955	\$
3		_	ection 4955 tax, did it file Form 472	o for this year?		Yes No
4a		a correction made?				Yes No
b		es," describe in Part IV	ganization is exempt under	costion E01/s	\ avcont caction E0	1(c)(2)
1		, ,	ended by the filing organization for se	•		\$
2		the amount of the filing o pt function activities	rganization's funds contributed to ot	ner organizations	for section 527	\$
3	Total	exempt function expendit	tures Add lines 1 and 2 Enter here a	and on Form 1120	)-POL, line 17b ►	_
4		·	orm 1120-POL for this year?		,	\$
5	organ amou	ization made payments F nt of political contribution	nd employer identification number (E: For each organization listed, enter thing is received that were promptly and dipolitical action committee (PAC) If	e amount paid from Trectly delivered t	n the filing organization's f o a separate political orga	unds Also enter the nızatıon, such as a
		(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2						
3						
4						
5						
6						
For P	aperwo	rk Reduction Act Notice, se	e the instructions for Form 990 or 990	- <b>EZ.</b> C:	at No 50084S Schedule C (	orm 990 or 990-EZ) 2015

Subtract line 1g from line 1a  $\,$  If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (	, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$ .	file	ed Form 5768	(election
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	rying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

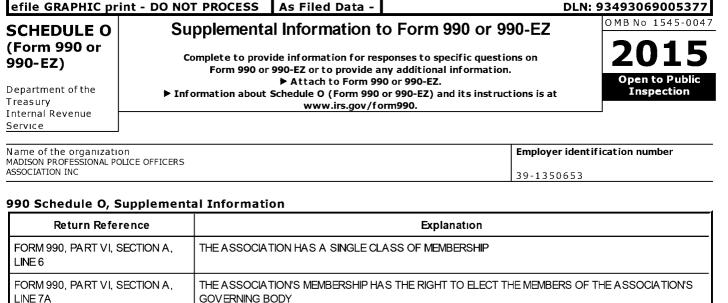
If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)						
Lobbying Expe	nditures During	4-Year Avera	ging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total	
Lobbying nontaxable amount						
Lobbying ceiling amount (150% of line 2a, column(e))						
Total lobbying expenditures						
Grassroots nontaxable amount						
Grassroots ceiling amount (150% of line 2d, column (e))						
Grassroots lobbying expenditures						
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  (a) 2012 (b) 2013 (c) 2014 (d) 2015  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))	

Return Reference

	filed Form 5768 (election under section 501(h)).		-1	/  -	
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	•	a)	(b	"
ctiv	uty	Yes	No	A mou	unt
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	103			
а	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?				
е	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				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	5 <b>01</b> (c	)(5), o	r secti	on
			_	Yes	
1	Were substantially all (90% or more) dues received nondeductible by members?		_	<b>1</b> Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a	<u> </u>		
	Carryover from last year	2b			
b	Total	2c			
b c	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
с 3			I		
	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	4			
с 3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	4 5			

Explanation



990 Schedule O, Supplemental Information

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FORM 200 PARTY A SECTION A THE ASSOCIATION POET NOT HAVE ANY COMMITTEES WITH A SECTION TO A SECTION POET NOT HAVE ANY COMMITTEES WITH A SECTION POET NOT HAVE A SECTION POET NOT HAVE ANY COMMITTEES WITH A SECTION POET NOT HAVE NOT A SECTION POET N

FORM 990, PART VI, SECTION A, LINE 8B	THE ASSOCIATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
FORM 990, PART VI, SECTION B, LINE 11	NO REVIEW WAS OR WILL BE CONDUCTED

990 Schedule O, Supplemental Information

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THE PUBLIC UPON REQUEST

THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO

FORM 990, PART VI, SECTION C.

LINE 19