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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# Short Form
# Return of Organization Exempt From Income Tax

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-1150

**2016**

**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
ASSOC OF PROF POLICE OFFICERS

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1200 E INDIAN TRAIL

City or town, state or province, country, and ZIP or foreign postal code
AURORA, IL 60505

**D Employer identification number**
26-3243385

**E** Telephone number
(630) 548-9600

**F** Group Exemption Number ▶

**G** Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

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

**I Website:** ▶N/A

**J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)( 4) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 112,729

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

| | | | |
|---|---|---|---|
| 1 | Contributions, gifts, grants, and similar amounts received . . . . . | 1 | |
| 2 | Program service revenue including government fees and contracts . . . . . | 2 | 89,790 |
| 3 | Membership dues and assessments . . . . . | 3 | |

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 47 | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . | 47 | | |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . | 48 | | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? . . . . . | 49a | | |
| b | If "Yes," was the related organization a section 527 organization? . . . . . | 49b | | |

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

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
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| | | | | |
| | | | | |

**Part II** **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

| | (A) Beginning of year | | (B) End of year |
|---|---|---|---|
| 22 Cash, savings, and investments . . . . . | 296,618 | 22 | 321,704 |
| 23 Land and buildings . . . . . | | 23 | |
| 24 Other assets (describe in Schedule O) . . . . . | | 24 | |
| [redacted] | [redacted] | [redacted] | [redacted] |

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

| **Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.** | **Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)** | |
|---|---|---|
| **28** PROMOTE UNITY AND PUBLIC AWARENESS OF PULIC POLIC OFFICER DUTIES AND OCCUPATION<br>(Grants $ 64,638) If this amount includes foreign grants, check here . . . ▶ ☐ | **28a** | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . . | 33 | | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy | | | |

[redacted]

| | | Yes | No | | | |
|---|---|---|---|---|---|---|
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| **Total** | | | ▶ | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

**Part VI** **Section 501(c)(3) organizations only**

## Additional Data

**Software ID:** 16000303
**Software Version:** 2016v3.0
**EIN:** 26-3243385
**Name:** ASSOC OF PROF POLICE OFFICERS

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

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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" on 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization
ASSOC OF PROF POLICE OFFICERS

**Employer identification number**
26-3243385

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

[redacted]

| Return Reference | Explanation |
|---|---|
| Other Expenses 1 | BOARD STIPEND $28606 |

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| Other Expenses 2 | GIFTS & MEMORIALS $13448 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| Other Expenses 3 | MEALS FOR MEETINGS/ETC $9336 |

## 990 Schedule O, Supplemental Information

Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| Other Expenses 5 | DONATIONS $1400 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| Other Expenses 6 | OFFICE EXPENSES $83 |