

**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)

**2004**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2004 calendar year, or tax year beginning** 7/01/04, **and ending** 6/30/05

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> American Federation of Police and Concerned Citizens, Inc.		<b>D Employer identification no.</b> 52-1127259
		Number and street (or P O box if mail is not delivered to street address) Room/suite 6350 Horizon Drive		<b>E Telephone number</b> 321-264-0911
		City or town, state or country, and ZIP + 4 Titusville FL 32780		<b>F Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Accrual

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Website:** ▶ www.aphf.org

**J Organization type** (check only one) ▶  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instr.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

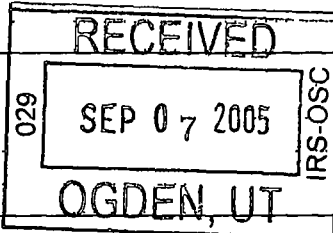
**I Group Exemption Number** ▶

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

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 4,089,092

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	3,230,900		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ <u>3,230,900</u> noncash \$ _____)	<b>1d</b>		3,230,900	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
<b>3</b>	Membership dues and assessments	<b>3</b>		101,005	
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>			
<b>5</b>	Dividends and interest from securities	<b>5</b>		23,397	
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe ▶ See Statement 1 )	<b>7</b>		3,797	
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	612,720	<b>8a</b>	
		(B) Other		<b>8b</b>	
<b>b</b>	Less cost or other basis and sales expenses		629,654	<b>8b</b>	
<b>c</b>	Gain or (loss) (attach schedule)		-16,934	<b>8c</b>	
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B)) See Stmt 2	<b>8d</b>		-16,934	
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 7 a)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	47,028		
<b>b</b>	Less cost of goods sold	<b>10b</b>	7,923		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) Stmt 3	<b>10c</b>		39,105	
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		70,245	
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		3,451,515	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		2,139,717	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		256,860	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		1,216,208	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		3,612,785	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-161,270	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		734,940	
<b>20</b>	Other changes in net assets or fund balances (attach explanation) See Statement 4	<b>20</b>		17,940	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		591,610	



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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____ )	<b>22</b>			
<b>23</b> Specific assistance to individuals Stmt 5	<b>23</b> 521,803	521,803		
<b>24</b> Benefits paid to or for members	<b>24</b>			
<b>25</b> Compensation of officers, directors, etc	<b>25</b>			
<b>26</b> Other salaries and wages	<b>26</b>			
<b>27</b> Pension plan contributions	<b>27</b>			
<b>28</b> Other employee benefits	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b>			
<b>30</b> Professional fundraising fees	<b>30</b> 450,637	200,398	7,605	242,634
<b>31</b> Accounting fees	<b>31</b> 12,500		12,500	
<b>32</b> Legal fees	<b>32</b> 16,381		16,381	
<b>33</b> Supplies	<b>33</b>			
<b>34</b> Telephone	<b>34</b> 8,258	3,274	2,492	2,492
<b>35</b> Postage and shipping	<b>35</b> 757,522	384,000	24,568	348,954
<b>36</b> Occupancy	<b>36</b>			
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b> 700,690	361,480	30,819	308,391
<b>39</b> Travel	<b>39</b>			
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 6,239	6,239		
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b> 14,222	5,689	5,689	2,844
<b>43</b> Other expenses not covered above (itemize) a	<b>43a</b>			
<b>b</b> See Statement 6	<b>43b</b> 1,124,533	656,834	156,806	310,893
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>44</b> Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	<b>44</b> 3,612,785	2,139,717	256,860	1,216,208

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 1,984,572 (ii) the amount allocated to Program services \$ 956,349 (iii) the amount allocated to Management and general \$ 40,766 and (iv) the amount allocated to Fundraising \$ 987,457

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶ See Statement 7 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)
a See Statement 8          (Grants and allocations \$ _____ )	1,608,414
b See Statement 9          (Grants and allocations \$ _____ )	525,487
c See Statement 10          (Grants and allocations \$ _____ )	5,816
d          (Grants and allocations \$ _____ )	
e Other program services (attach schedule)          (Grants and allocations \$ _____ )	
<b>f Total of Program Service Expenses:</b> (should equal line 44, column (B), Program services)	2,139,717

**Part IV Balance Sheets** (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	45	Cash-non-interest-bearing	270,255	45	221,290
	46	Savings and temporary cash investments		46	502,414
	47a	Accounts receivable			
	b	Less allowance for doubtful accounts		47c	
	48a	Pledges receivable			
	b	Less allowance for doubtful accounts	45,000	48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	55,972	53	58,171
	54	Investments-securities See Statement 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	585,158	54	
	55a	Investments-land, buildings, and equipment basis			
	b	Less accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule) See Stmt 12	72,889	56	51,857	
57a	Land, buildings, and equipment basis	278,179			
b	Less accumulated depreciation (attach schedule)	246,869	57c	31,310	
58	Other assets (describe <input type="checkbox"/> See Statement 13 )		58	6,969	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,064,853	59	872,011	
L i a b i l i t i e s	60	Accounts payable and accrued expenses	288,038	60	238,010
	61	Grants payable		61	
	62	Deferred revenue	41,875	62	42,391
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe <input type="checkbox"/> )		65	
66	<b>Total liabilities</b> (add lines 60 through 65)	329,913	66	280,401	
N F e u n d A s s e t s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	734,940	67	591,610
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72		
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	734,940	73	591,610	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,064,853	74	872,011	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	3,477,378
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ 17,940		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) See Stmt 14 \$ 7,923		
	Add amounts on lines (1) through (4)	<b>b</b>	25,863
<b>c</b>	Line a minus line b	<b>c</b>	3,451,515
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	3,451,515

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	3,620,708
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) See Stmt 15 \$ 7,923		
	Add amounts on lines (1) through (4)	<b>b</b>	7,923
<b>c</b>	Line a minus line b	<b>c</b>	3,612,785
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	3,612,785

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Donna M. Shepherd Titusville FL 32780	Exec. Dir. 25	0	0	0
Debra K. Chitwood Titusville FL 32780	Exec. Secty. 25	0	0	0

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule-see page 28 of the instructions

**Part VI Other Information** (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization <b>See Statement 16</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions		
b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <b>See Note #1-List of States Where File</b>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)		0
91	The books are in care of <b>American Fed. of Police</b> Telephone no <b>321-264-0911</b> Located at <b>6350 Horizon Drive, Titusville, FL</b> ZIP + 4 <b>32780</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated					
<b>93</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					101,005
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities			14	23,397	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					3,797
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	-16,934	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					39,105
<b>103</b> Other revenue <b>a</b> _____					
<b>b</b> Other _____					19,926
<b>c</b> Proceeds From Life Insurance _____			18	50,319	
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		56,782	163,833
<b>105</b> Total (add line 104, columns (B), (D), and (E))					220,615

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	See Statement 17

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Delna K. Chitwood Date: 8-31-05  
 \_\_\_\_\_, Treasurer

Please Sign Here

Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr W)
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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**

OMB No 1545-0047

**2004**

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

Name of the organization

American Federation of Police and  
Concerned Citizens, Inc.

Employer identification number

52-1127259

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
**(See page 1 of the instructions. List each one. If there are none, enter "None.")**

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl ben plans & deferred comp	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
**(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")**

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Stephen Winchell & Assoc. Arlington VA. 22201 Arlington VA 22201	Education/Fund.	351,022
Target Mail, Inc. Dania, Florida	Printing	80,848
Countyco San Diego, CA	Education/Fund.	70,394
Total number of others receiving over \$50,000 for professional services	0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
See Statement 18		
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ►**
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,283,025	2,745,377	4,890,816	4,659,489	15,578,707
<b>16</b> Membership fees received	97,233	112,837	126,615	127,068	463,753
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	41,475	30,801	85,635	90,598	248,509
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,896	400,466	24,885	316,593	746,840
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
<b>23</b> Total of lines 15 through 22	3,426,629	3,289,481	5,127,951	5,193,748	17,037,809
<b>24</b> Line 23 minus line 17	3,385,154	3,258,680	5,042,316	5,103,150	16,789,300
<b>25</b> Enter 1% of line 23	34,266	32,895	51,280	51,937	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	0
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts		<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)		<b>26c</b>	
<b>d</b> Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		<b>26d</b>	
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	%

<b>27 Organizations described on line 12:</b>	<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year	(2003)	(2002)	(2001)	(2000)
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2003)	(2002)	(2001)	(2000)	
<b>c</b> Add: Amounts from column (e) for lines 15 <u>15,578,707</u> 16 <u>463,753</u> 17 <u>248,509</u> 20 _____ 21 _____				<b>27c</b> 16,290,969	
<b>d</b> Add: Line 27a total _____ and line 27b total _____				<b>27d</b> _____	
<b>e</b> Public support (line 27c total minus line 27d total)				<b>27e</b> 16,290,969	
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)				<b>27f</b> 17,037,809	
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))				<b>27g</b> 95.6166%	
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				<b>27h</b> 4.3834%	

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
<b>32</b>	Does the organization maintain the following			
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	<b>32d</b>		
<b>33</b>	Does the organization discriminate by race in any way with respect to			
<b>a</b>	Students' rights or privileges?	<b>33a</b>		
<b>b</b>	Admissions policies?	<b>33b</b>		
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>		
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>		
<b>e</b>	Educational policies?	<b>33e</b>		
<b>f</b>	Use of facilities?	<b>33f</b>		
<b>g</b>	Athletic programs?	<b>33g</b>		
<b>h</b>	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	<b>33h</b>		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**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 instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence 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 **c** through **h**.)
- 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 other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with checked box)

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

**Statement 1 - Form 990, Part I, Line 7 - Other Investment Income**

Description	Amount
Change in CSV Life Insurance	\$ 3,797
Total	\$ 3,797

## Federal Statements

### Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
Marketable Securities			Various	Various	\$ 612,720	\$ 629,654		\$ -16,934
Purchase					\$ 612,720	\$ 629,654	0	\$ -16,934
Total								

**Federal Statements****Statement 3 - Form 990, Line 10c - Sales of Inventory**

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
Merchandise Sales	\$ 47,028	\$ 7,923	\$ 39,105
Total	<u>\$ 47,028</u>	<u>\$ 7,923</u>	<u>\$ 39,105</u>

**Statement 4 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
Net Unrealized Gains on Investments	\$ 17,940
Total	<u>\$ 17,940</u>

**Statement 5 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

Description	Amount
Family Emergency Assistance- 127 Families Benefited	\$ 190,750
Police Family College Scholarships- 132 Families Benefited	198,000
Grief Counseling Grants- 127 Families Benefited	63,500
Awards & Gifts- 7,993 Families Benefited	55,694
Summer Camp Scholarship- 45 Families Benefited	9,014
Flower Fund to Department- 283 Departments Benefited	9,817
Cash vs. Accrual Adjustment	-4,972
Total	<u>\$ 521,803</u>

**Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Management Fees	600,000	306,546	111,845	181,609
Newsletter	117,586	117,586		
Mailing List Rental	235,250	115,313	4,702	115,235
Specific Assistance	75,148	75,148		
Miscellaneous	7,987	6,559	1,369	59
Office	46,807	8,264	31,671	6,872
Repairs & Maintenance	18,126	12,639	2,527	2,960
Membership Kit Supplies	7,810	5,816	78	1,916
Insurance	11,225	4,369	4,614	2,242
Periodicals	910	910		
Advertising	3,684	3,684		
Total	<u>\$ 1,124,533</u>	<u>\$ 656,834</u>	<u>\$ 156,806</u>	<u>\$ 310,893</u>



**Statement 7 - Form 990, Part III - Organization's Primary Exempt Purpose**

The primary purpose of the Organization is to assist family members and children of law enforcement officers slain in the line of duty, through programs of direct financial assistance, networking and compassion. These programs include, but are not limited to providing direct emergency financial assistance each time an officer is killed in the line of duty, grief counseling grants, educational scholarship funding, summer camp funding, as well as a holiday and birthday gift program for survivors to 17 years of age. The Organization also provides an annual memorial service and meeting of family survivors during Police Week of each year and a "Flowers of Remembrance" program, where departments who suffered a line of duty loss are sent an arrangement of flowers on the anniversary of the death of a slain officer. These program services are provided without cost to the survivors or departments who suffered a tragic loss. The organization also provides an ongoing publication to its law enforcement, family survivor and citizen members.

**Statement 8 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**

EDUCATION: Education is provided to the general public and members using a variety of resources including printed materials, public service announcements, press releases, the internet and audio visual media.

The Police Times magazine provides informative articles on law enforcement problems and solutions, public safety, awards for service and bravery to both citizens and law enforcement personnel, as well as a listing of officers killed in the line of duty.

Printed announcements have been placed in direct mail correspondence. The announcements promote safety, provide awards recognition, and request members to provide the organization database with information regarding law enforcement survivor families.

The American Police Hall of Fame Annual Report is distributed each year. The average report covers 150 to 175 officers killed in the line of duty; citing the officer's age, family, photo and the situations in which they died. In addition, the name rank and community (by state) of all officers included in the American Police Hall of Fame Memorial are published. Copies are sent, without cost, to 22,000 police chiefs, sheriffs, state, and federal police agencies and to each survivor family.

Public service announcements have been produced. They target hundreds of thousands of homes with information about personal, car, home and street safety, the annual Police Memorial Day, and additional crime prevention materials. Press releases on police issues are sent out.

A full website on the internet is also maintained that describes the organization and what program opportunities are available. The site has been updated during this fiscal year and is now interactive.

**Statement 8 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**  
**(continued)**

Printed brochures detailing the role of the organization and its services were produced for distribution to members, other organizations and the media.

**Statement 9 - Form 990, Part III, Line b - Statement of Program Service Accomplishments**

POLICE FAMILY SURVIVORS FUND: The AFP & CC has a program to offer assistance to the families of law enforcement officers killed in the line of duty. A clipping service from the elected officers and news media services that sends the names of officers killed across the United States is utilized as well as information from the Department of Justice and contacts with 22,000 police chiefs and sheriff departments. Records of each officer killed, how they died, the date and location of death and the location of the family when known are kept and made available. This data is used to provide information and guidance in the prevention of unnecessary deaths. The Program continues to expand as funds become available. Services to survivors continue to expand and are also expected to increase as donations increase. They begin with a financial grant to the family of an officer killed in the line of duty (including every family of a police officer that perished as a result of the terrorist attacks on America). The amounts given are based on donations made from the direct public for support of police family survivors. Funds are also offered to the families for grief counseling and are sent in care of the police department to be used for grief counseling. A survivor coordinator is employed so that any family survivor can obtain assistance or counseling from the staff or officers of the association. An interaction session for police survivors is held during police week at no charge to survivors. All family survivors are provided with a newsletter each quarter and are invited to attend an annual memorial service and luncheon held in their honor on May 15th of each year as established by Act of Congress. They offer and continue to provide pictures of the engraved memorial and the names of officers listed, if the family requests. Every family is provided with a flag made to be flown on Memorial Day and a posthumous medal of honor with a certificate that the officer is now a member of the American Police Hall of Fame (officers injured in the line of duty may also be eligible for the awards). All the above is delivered care of the police department as soon as word about the officer's killed is known to the organization.

Recognition and a gift to the mother and father of the officer killed is also provided on Mother's Day and Father's Day. Birthday gifts and cards are provided to survivor's children under the age of 18. Over 900 children of survivors receive birthday and holiday gifts.

Another service is the scholarship program for survivor

**Statement 9 - Form 990, Part III, Line b - Statement of Program Service Accomplishments**  
**(continued)**

children. Assistance is offered to all survivor children over 17, who wish to go to college or vocational school. Financial aid is provided while they are in school for up to four years. The sum presently given is \$1,500 for each year of school or \$6,000 total for the four years.

Summer camp funding is available to send children to camp of their choice.

Over 7,800 police family survivors nationwide are informed through newsletter, surveys and other correspondence throughout the year. The family survivors program is changed from time to time based on surveys of families and their needs.

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**Statement 10 - Form 990, Part III, Line c - Statement of Program Service Accomplishments**

MEMBERSHIP KITS AND SUPPLIES: American Federation of Police and Concerned Citizens, Inc. identification shields, car emblems, apparel emblems, and other materials are distributed to help identify that they are members of or donors of the organization.

## Federal Statements

**Statement 11 - Form 990, Part IV, Line 54 - Investments in Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
Corporate Stock			
Wachovia Municipal Mutual Funds	585,158		Market
	<u>585,158</u>	<u>          </u>	

**Statement 12 - Form 990, Part IV, Line 56 - Other Investments**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
CSV Life Insurance	\$ 72,889	\$ 51,857	Market
Total	<u>\$ 72,889</u>	<u>\$ 51,857</u>	

**Statement 13 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Other Receivable	\$	\$ 6,969
Total	<u>\$ 0</u>	<u>\$ 6,969</u>

**Federal Statements****Statement 14 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

<u>Description</u>	<u>Amount</u>
Cost of Sales	\$ 7,923
Total	<u>\$ 7,923</u>

**Statement 15 - Form 990, Part IV-B - Other Expenses Included on Financial Statements**

<u>Description</u>	<u>Amount</u>
Cost of Sales	\$ 7,923
Total	<u>\$ 7,923</u>

**Statement 16 - Form 990, Part VI, Line 80b - Name of Related Organization(s)**

<u>Name of related organization(s)</u>	<u>Type</u>
American Police Academy, Inc.	Exempt
Florida Crime Prevention Commission, Inc.	
Venerable Order of Knights of Michael the Archangel, Inc.	
National Association of Chiefs of Police, Inc.	

Statement 17 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
94	Members are provided an identification card and emblem so they can assist in civil defense security situations in natural or man made disasters. They are sent regular publications to keep them updated on law enforcement news.
103b	Miscellaneous activities related to mission.
102	Gross Profit From Sales Of Inventory- The organization stocks items such as blazer emblems, flags, police medals, and other awards and prizes to encourage membership. They also publish police manuals and personal safety booklets. They sell items of historical nature from the police museum. All items are related to the organization's educational purpose.

**Statement 18 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of  
Exp**

See 990, Part V



**Form 990 - General Footnote**

Note # 1 - List of States Receiving Copy of Return  
California, Illinois, Indiana, Kansas, Michigan, Missouri, Minnesota,  
Massachusetts, Maine, New Hampshire, New Jersey, New York, North Carolina,  
North Dakota, Oregon, Pennsylvania, Rhode Island, Washington, West Virginia  
Wisconsin, Tennessee, Virginia, Florida, Arkansas, Alaska, Georgia, Nevada,  
Texas and Vermont