

Return of Organization Exempt From Income Tax

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2007 calendar year, or tax year beginning 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: DEKALB COUNTY POLICE ALLIANCE, INC. D Employer identification number: 20-3209728. E Telephone number: (404) 892-7274. F Accounting method: Cash [X] Accrual [] Other (specify) []

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes [] No [X]

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

H(c) Are all affiliates included? Yes [] No [] (If "No," attach a list. See instructions.)

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

I Group Exemption Number

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

G Website: N/A

J Organization type (check only one) [X] 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 238,066.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with columns for line number, description, and amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 238,066 and total expenses is 206,623.

SCANNED APR 2 2008

RECEIVED OGDEN, UT MAR 18 2008

9-17 1 4

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 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 |
|--|-----------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 23 Specific assistance to individuals (attach schedule) | | | | |
| 24 Benefits paid to or for members (attach schedule) | | | | |
| 25a Compensation of current officers, directors, key employees, etc listed in Part V-A | NONE | | | |
| 25b Compensation of former officers, directors, key employees, etc listed in Part V-B | | | | |
| 25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | | | | |
| 27 Pension plan contributions not included on lines 25a, b, and c | | | | |
| 28 Employee benefits not included on lines 25a - 27 | | | | |
| 29 Payroll taxes | | | | |
| 30 Professional fundraising fees | 547. | | | 547. |
| 31 Accounting fees | | | | |
| 32 Legal fees | | | | |
| 33 Supplies | 985. | | | 985. |
| 34 Telephone | 100. | | | 100. |
| 35 Postage and shipping | 1,073. | | | 1,073. |
| 36 Occupancy | | | | |
| 37 Equipment rental and maintenance | | | | |
| 38 Printing and publications | 5,225. | | | 5,225. |
| 39 Travel | | | | |
| 40 Conferences, conventions, and meetings | 39,584. | | | 39,584. |
| 41 Interest | | | | |
| 42 Depreciation, depletion, etc (attach schedule) | | | | |
| 43 Other expenses not covered above (itemize) | | | | |
| a <u>INSURANCE-DIRECTORS & OFF</u> | 900. | | 900. | |
| b <u>INSURANCE-MOTORCYCLE</u> | 364. | | | 364. |
| c <u>INSURANCE-POLICE OFFICERS</u> | 122,875. | 122,875. | | |
| d <u>CONSULTANTS</u> | 34,450. | | | 34,450. |
| e <u>BANK CHARGES</u> | 490. | | | 490. |
| f <u>PERMITS</u> | 30. | | | 30. |
| g _____ | | | | |
| 44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15). | 206,623. | 122,875. | 900. | 82,848. |

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 \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions)

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.

| <p>What is the organization's primary exempt purpose? SEE STATEMENT 1</p> <p>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.)</p> | <p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</p> |
|--|--|
| <p>a</p> <p>----- ----- ----- ----- ----- -----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p> | <p>122,875.</p> |
| <p>b</p> <p>----- ----- ----- ----- ----- -----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p> | |
| <p>c</p> <p>----- ----- ----- ----- ----- -----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p> | |
| <p>d</p> <p>----- ----- ----- ----- ----- -----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p> | |
| <p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p> | |
| <p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p> | <p>122,875.</p> |

Part IV Balance Sheets (See the instructions)

| | | (A) Beginning of year | | (B) End of year | |
|--|--|--|--|--------------------|---------|
| Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only | | | | | |
| Assets | 45 | Cash - non-interest-bearing | 21,666. | 45 | 53,591. |
| | 46 | Savings and temporary cash investments | | 46 | |
| | 47a | Accounts receivable | | 47a | |
| | b | Less allowance for doubtful accounts | | 47b | 47c |
| | 48a | Pledges receivable | | 48a | |
| | b | Less allowance for doubtful accounts | | 48b | 48c |
| | 49 | Grants receivable | | 49 | |
| | 50a | Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | 50a | |
| | b | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50b | |
| | 51a | Other notes and loans receivable (attach schedule) | | 51a | |
| | b | Less allowance for doubtful accounts | | 51b | 51c |
| | 52 | Inventories for sale or use | | 52 | |
| | 53 | Prepaid expenses and deferred charges | | 53 | |
| | 54a | Investments - publicly-traded securities | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54a | |
| | b | Investments - other securities (attach schedule) | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54b | |
| | 55a | Investments - land, buildings, and equipment basis | 55a | | |
| | b | Less accumulated depreciation (attach schedule) | 55b | | 55c |
| | 56 | Investments - other (attach schedule) | | 56 | |
| | 57a | Land, buildings, and equipment basis | 57a | | |
| b | Less accumulated depreciation (attach schedule) | 57b | | 57c | |
| 58 | Other assets, including program-related investments (describe ► _____) | | 58 | | |
| 59 | Total assets (must equal line 74) Add lines 45 through 58 | 21,666. | 59 | 53,591. | |
| Liabilities | 60 | Accounts payable and accrued expenses | | 60 | 482. |
| | 61 | Grants payable | | 61 | |
| | 62 | Deferred revenue | | 62 | |
| | 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 ► _____) | | 65 | |
| 66 | Total liabilities. Add lines 60 through 65 | | 66 | 482. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | | |
| | 67 | Unrestricted | | 67 | |
| | 68 | Temporarily restricted | | 68 | |
| | 69 | Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input checked="" 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 | 21,666. | 72 | 53,109. |
| 73 | Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) | 21,666. | 73 | 53,109. | |
| 74 | Total liabilities and net assets/fund balances. Add lines 66 and 73 | 21,666. | 74 | 53,591. | |

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

Table with 5 main rows (a-e) and sub-rows (1-4) for adjustments. Columns include descriptions and a right-hand column for totals. Includes sub-columns b1, b2, b3, b4 and d1, d2.

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

Table with 5 main rows (a-e) and sub-rows (1-4) for adjustments. Columns include descriptions and a right-hand column for totals. Includes sub-columns b1, b2, b3, b4 and d1, d2.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'SEE ATTACHED LISTING' and 'NONE'.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 16

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". 75c X
If "Yes," attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. The first row shows -0- in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 X
If "Yes," attach a conformed copy of the changes

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X

b If "Yes," has it filed a tax return on Form 990-T for this year? 78b N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 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? 80a X

b If "Yes," enter the name of the organization and check whether it is [] exempt or [] nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions). 81a NONE

b Did the organization file Form 1120-POL for this year? 81b X

Part VI Other Information (continued)

Form with multiple rows and columns for questions 82a through 91b, including 'Yes' and 'No' columns. Questions cover topics like donated services, public inspection requirements, lobbying expenditures, and tax shelter transactions.

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
 If "Yes," enter the name of the foreign country

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 92 | N/A

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

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|--------------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | | 373. | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 373. | |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 373. |

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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) |
|----------|--|
| 1 | REVENUES USED TO IMPROVE OPERATIONAL EFFECTIVENESS, |
| 2 | PERSONNEL DEVELOPMENT AND SUPPORT, AND COMMUNITY ENGAGEMENT. |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 |
|---|--|-----------------------------|---------------------|------------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

| | |
|-----|----|
| Yes | No |
| | X |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- | | | |
| b | ----- | | | |
| c | ----- | | | |
| Totals | | | | |

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

| | |
|-----|----|
| Yes | No |
| | X |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- | | | |
| b | ----- | | | |
| c | ----- | | | |
| Totals | | | | |

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

| | |
|-----|----|
| Yes | No |
| | X |

Please Sign Here

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: *Arnold R. Silvermer* Date: 3/10/08

Type or print name and title: Arnold R. Silvermer

Paid Preparer's Use Only

Preparer's signature: *E-S. Pl...* Date: 3-6-08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: CBIZ ACCTG, TAX & ADV SERVICES, LLC Preparer's SSN or PTIN (See Gen Inst X): P00136590

3625 CUMBERLAND BLVD SE SUITE 800 EIN: 34-1851358

ATLANTA, GA 30339 Phone no: 770-858-4500

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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **DEKALB COUNTY POLICE ALLIANCE, INC.**
C/O ARNOLD SILVERMAN

Employer identification number
20-3209728

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 employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000 . . . ▶ **NONE**

Part II-A 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 |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services ▶ **NONE**

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None " See page 2 of the instructions)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of other contractors receiving over \$50,000 for other services ▶ **NONE**

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

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities; 2. Acts with contributors; 2a-e. Specific acts; 3a-d. Grants and easements; 4a-c. Donor advised funds; d-g. Fund values.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 - Type I
 - Type II
 - Type III - Functionally Integrated
 - Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

Part V Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | Yes | No |
|------|---|-----|----|
| 29 | 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? | | |
| 30 | 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? | | |
| 31 | 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) | | |
| 32 | Does the organization maintain the following | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| d | 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) | | |
| 33 | Does the organization discriminate by race in any way with respect to | | |
| a | Students' rights or privileges? | | |
| b | Admissions policies? | | |
| c | Employment of faculty or administrative staff? | | |
| d | Scholarships or other financial assistance? | | |
| e | Educational policies? | | |
| f | Use of facilities? | | |
| g | Athletic programs? | | |
| h | Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| 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 | | |
| 35 | 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 | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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 |
|--|-----------------------------------|---|
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . | 36 | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . . | 37 | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 Other exempt purpose expenditures | 39 | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - | | |
| Not over \$500,000 20% of the amount on line 40 | | |
| 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 | 41 | |
| 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 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | 43 | |
| 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 44 | |

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 13 of the instructions)

| Calendar year (or fiscal year beginning in) ► | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots nontaxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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 | Yes | No | Amount |
|--|-----|----|--------|
| 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) | | | |

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 14 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?

| | | Yes | No |
|----------|--|---------------|----|
| a | Transfers from the reporting organization to a noncharitable exempt organization of: | | |
| (i) | Cash | 51a(i) | X |
| (ii) | Other assets | a(ii) | X |
| b | Other transactions: | | |
| (i) | Sales or exchanges of assets with a noncharitable exempt organization | b(i) | X |
| (ii) | Purchases of assets from a noncharitable exempt organization | b(ii) | X |
| (iii) | Rental of facilities, equipment, or other assets | b(iii) | X |
| (iv) | Reimbursement arrangements | b(iv) | X |
| (v) | Loans or loan guarantees | b(v) | X |
| (vi) | Performance of services or membership or fundraising solicitations | b(vi) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | c | X |

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:

| (a) Line no | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|----------------|------------------------|--|---|
| 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

b If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|-----------------------------|-----------------------------|------------------------------------|
| N/A | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

PROVIDE SUPPORT AND ASSISTANCE TO THE MAYOR, THE CHIEF OF POLICE, AND THE DEKALB COUNTY POLICE DEPARTMENT IN THEIR SHARED COMMITMENT TO MAKE DEKALB COUNTY THE SAFEST AND MOST INVITING COUNTY FOR ALL OF ITS CITIZENS, WORKERS, AND VISITORS.

DEKALB COUNTY POLICE ALLIANCE, INC.

2006-2007

BOARD OF DIRECTORS

ALLISON, DAVID*

Business Chronicle
2688 Goodfellows Road
Tucker (30084)
W: 404.249.1039
H: 770.270.0281
W: dallison@bizjournals.com
H: davidatlanta@comcast.net

ANDERSON, MICHAEL*

GA Power
241 Ralph McGill Blvd.
Atlanta (30308)
W: 404.506.7619
H: 770.436.5081
C: 404.323.3061
mkanders@southernco.com

BLACKSHEAR, NICOLE***

(Rep. for DeKalb Co. CEO)
DeKalb County Government
1300 Commerce Drive
Sixth Floor
Decatur (30030)
W: 404.371.2438
C: 404.597.2132
nablackshear@co.dekalb.ga.us

BURTON, ERIK***

(Rep. for Bishop Eddie Long)
New Birth Missionary Baptist Church
6400 Woodrow Road
Lithonia (30038)
W: 678.824.1025
C: 770.294.8475
eburton@newbirth.org

FUSTER, ANGELO***

(Rep. for Mr. Fuqua)
Attaché Public Affairs
1379 The By Way
Atlanta (30306)
W: 404.681.9409 x22
H: 404.687.8755
C: 404.408.8841
afuster@attachepa.com

GARNER, JOEL A.

Sprint Nextel
6575 The Corners Pkwy
Norcross (30092)
W: 678.405.8275
C: 770.616.4375
joseph.garner@nextel.com

FUQUA, JEFFREY S.*

(Joan O'Sullivan, asst)
Sembler Co.
1450 S. Johnson Ferry Road
Suite 100
Atlanta (30319)
W: 404.847.1800 x220
jeff.fuqua@sembler.com
josullivan@sembler.com

LEVETAN, LIANE**

2250 Chrysler Terrace NE
Atlanta (30345)
W/C: 404.558.0744
H: 404.636.3704
llevetan@comcast.net

LONG, BISHOP EDDIE**

New Birth Missionary Baptist Church
1267 Greenridge Avenue
Lithonia (30058)
W: 770.696.9669
H: 770.413.6840
C: 678.410.6410
amclaughlin@newbirth.org

LUCIA, BRUCE*

(Margaret Boyton, asst.)
The Kroger Company
2175 Parklake Drive
Atlanta (30345)
W: 770.496.7421
bruce.lucia@kroger.com

MARINELLI, CHIEF N.T.*

(Diedre Scandrett, Asst.)
DeKalb County Police Department
22107 Harvest Ridge Lane
Alpharetta (30022)
C: 404.808.8213
W: 404.294.2458
nmarinel@att.net
dbscandr@co.dekalb.ga.us

MORGAN, DONNA ADAMS***

(Rep. for Ms. Williams)
Community Improvement Assoc.
#1 Ravinia Bldg.
Suite 1125
Atlanta (30303)
W: 770.390.1780
C: 404.630.7586
dmorgan@perimetercid.org

SILVERMAN, ARNIE*

Silverman Construction Program Management
1075 Zonolite Road
Suite 5
Atlanta (30306)
W: 404.969.4302
H: 404.377.8085
C: 404.444.5795
asilverman@silvermancpm.com

THOMPSON, RUFUS***

The Kroger Company
2175 Parklake Drive
Atlanta (30345)
W: 770.496.7495
H: 770.304.8170
C: 770.313.8078
rufus.thompson@kroger.com

WILLIAMS, YVONNE*

Community Improvement Assoc.
#1 Ravinia Bldg.
Suite 1125
Atlanta (30303)
W: 770.390.1780
H: 770.316.2228
ywilliams@perimetercid.org

Legal Advisor to DCPA

WHITE, BENJAMIN

Alston & Bird LLP

1201 W. Peachtree Street

Atlanta (30309-3424)

W: 404.881.7488

H: 404.261.1080

F: 404.253.8688

ben.white@alston.com

* **Founding Member**
** **Co-Chair**
*** **Representative**