Form **990**

Internal Revenue Service

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)

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

OMB No. 1545-0047
2007

Open to Public Inspection

Second color Sec	A F	or the	200 <u>7 calendar year, or tax year beginning</u> , 2007, and en	ding		
Teach Company	B ch		Please C Name of organization DEKALB COUNTY POLICE ALLIANCE	, INC.	D Er	mployer identification number
Treatments of the control of the con			0 /0 N D N O T D 0 T D T T T T D N A D N		20	-3209728
Total Repeate Contributions girts, grains, and similar amounts received a Contribution girts, grains, and similar amounts received a Contribution girts, grains, and similar amounts received a Contributions girts, grains, and similar amounts received a Contribution girts, grains,	<u> </u>	Name ch	"% T. I NUMBE AND SITE OF P.O. DOX IT MAILIS NOT DELIVERED TO SITE ADORESS)	Room/suite	E Te	elephone number
City or forw, state or country, and 2/P + 4 City or form \$0 can Account Accou		Initial ret	m See 1075 ZONOLITE ROAD		(4	04)892-7274
Section 501(cl) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 900 or 900-EZ). G Website: ▶ N/A J Organization type (neto kny eng.) ▼ (x) ₹ (x)		Terminati			F Ac	counteng Cash X Accrual
Website: ► N/A High is this a group return of efficients? Ves.	<u> </u>		tions. ATLANTA. GA 30306			Other (specify)
Weebster: N/A Organization type (chack only one) X Sot(s) (1 3)			• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charmable	H and I are not app	olicable	e to section 527 organizations
Check horn			trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a grou	p retur	n for affiliates? Yes X No
Check here	G V	Vebsite:	▶ N/A	H(b) If "Yes," ente	r numb	er of affiliates
The comparison of the complete return The organization is not a 300(a)(s) supporting organization chooses to file a return, be sure to file a complete return	<u>J</u>	Organiza	tion type (check only one) ▶ X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
recepts 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 certurn, be sure to file a certurn be sure to file or f	K	Check he	re I if the organization is not a 509(a)(3) supporting organization and its gross			
Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 238, 066, No. otation S of B (Form 990, 990-EZ, or 990-PF)	r	eceipts a	are normally not more than \$25,000 A return is not required, but if the organization chooses			' 1 1 1 1 1 1 1 1 1 1
Contributions, grifts, parameters, and Changes in Net Assets or Fund Balances (See the instructions)	t	o file a re	etum, be sure to file a complete retum	I Group Exemp	tion N	umber ▶
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions) Contributions, girls, grants, and smillar amounts received a Contributions to donor advised funds				M Check	ıı	f the organization is not required
1 Contributions, gifts, grants, and similar amounts received a Contributions to donor advised funds b Direct public support (not included on line 1a), 1b 237, 693, c indirect public support (not included on line 1a), 1c d Government contributions (grants) (not included on line 1a), 1d d Government contributions (grants) (not included on line 1a), 1d d c fotal idade lines 1a mbrough 1b) (cash s 237, 693, noncesh \$) 2 Program service revenue including government fees and contracts (from Part VII, line 93), 2 a Membership dues and assessments					B (Fo	m 990, 990-EZ, or 990-PF)
a Contributions to donor advised funds b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) e Total lead lims to include 1a) 277, 693. Program service revenue including government less and contracts (from Part VII, line 93) 2 Program service revenue including government less and contracts (from Part VII, line 93) 2 Program service revenue including government less and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 Interest on saurage-end temporary cash investments 4 373. Dipport self-weight from decurities 5 3 Construction of Close the Contract of Construction of Constructio	Pai	ELL F	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the ins	structions)		
b Direct public support (not included on line 1a). 1b 237,693. c Indirect public support (not included on line 1a) 1c d Government contributions (grants) (not included on line 1a) 1d d 1d		1	Contributions, gifts, grants, and similar amounts received			
C Indirect public support (not included on line 1a) 1c d Government contributions (grants) (not included on line 1a) 1d d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1		a	Contributions to donor advised funds		」 Ⅰ	
d Government contributions (grants) (not included on line 1a) 1e 237, 693. 1e 237, 693. 1e 237, 693. 237, 693. 2 2 237, 693. 2 2 237, 693. 2 2 2 237, 693. 2 2 2 2 2 2 2 2 2		b	Direct public support (not included on line 1a)	237,693.	」 ∣	
e Total (and lines ta inrough 1d) (cash \$ 237,693, noncash \$) 2 Program service revenue including government fees and contracts (from Part VII, line 93). 3 Membership dues and assessments 4 Interest on savinge-end-temporary cash investments 5 Interest on savinge-end-temporary cash investments 6 a Chass-tenies 7 Very temporary temporary cash investments 6 a Chass-tenies 8 a Chass-tenies 9 Very temporary temporary cash investments 7 Very temporary temporary cash investments 6 a Chass-tenies 9 Very temporary temporary cash investments 6 a Chass-tenies 9 Very temporary temporary cash investments 10 Very temporary temporary cash investments 10 Very temporary temporary temporary cash investments 11 Very temporary temporary temporary cash investments 12 Very temporary temporary temporary cash investments 13 Total expenses of the from the 6a Chass-tenies 14 Very temporary temporar		С	Indirect public support (not included on line 1a)		J	
Program service revenue including government fees and contracts (from Parl VII, line 93) . 2 3 Membership dues and assessments . 3 4 Interest on sawage and termforary cash investments . 4 . 373, 5 Dispute Miles of the program of th		d	Government contributions (grants) (not included on line 1a)		╛╽	
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		е	Total (add lines 1a through 1d) (cash \$ noncash \$)	1e	237,693.
Interest on saugge-end retriprorary cash investments 4 373		2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
Description of the part of the		3			3	
b Less cost or other basis and sales expenses. c Gain or (loss) (attach schedule)	en.	4_			4	373.
b Less cost or other basis and sales expenses. c Gain or (loss) (attach schedule)	S	5	Dipotents Entry erest from securities		5	
b Less cost or other basis and sales expenses. c Gain or (loss) (attach schedule)	Š]	
b Less cost or other basis and sales expenses. c Gain or (loss) (attach schedule)	3	b	Less rental expenses 0. O		4	
b Less cost or other basis and sales expenses. c Gain or (loss) (attach schedule)	m	19	NeWextral income or (los 100 bubtract line 6b from line 6a		6c	
b Less cost or other basis and sales expenses. c Gain or (loss) (attach schedule)	Ę	110	Other investment income (escribe		7	
b Less cost or other basis and sales expenses. c Gain or (loss) (attach schedule)	≥ઢ	8 a	Gross error Kom sales of assets other (A) Secunties (B)	Other	4 [
c Gain or (loss) (attach schedule)	\sim		than inventory		4	
d Net gain or (loss) Combine line 8c, coliumns (A) and (B)	=	b	•		4	
9 Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$	•	1 .			- I	
a Gross revenue (not including \$	3			· · · · <u>· · ·</u> · · ·	8d	
contributions reported on line 1b)	2	1		e ▶	1	
b Less direct expenses other than fundraising expenses . 9b c Net income or (loss) from special events Subtract line 9b from line 9a		a				
C Net income or (loss) from special events Subtract line 9b from line 9a					-	
10 a Gross sales of inventory, less returns and allowances 10 a 10 b				·		
b Less cost of goods sold					90	
C Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a 11 Other revenue (from Part VII, line 103) 11 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 238, 066. 13 Program services (from line 44, column (B)) 13 122,875. 14 Management and general (from line 44, column (C)) 14 900. 15 Fundraising (from line 44, column (D)) 15 82,848. 16 Payments to affiliates (attach schedule) 16 17 17 Total expenses Add lines 16 and 44, column (A) 17 206,623. 18 Excess or (deficit) for the year Subtract line 17 from line 12 18 31,443. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 21,666. 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 53,109.					-	
11 Other revenue (from Part VII, line 103) 11 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 238, 066. 13 Program services (from line 44, column (B)) 13 122,875. 14 Management and general (from line 44, column (C)) 14 900. 15 Fundraising (from line 44, column (D)) 15 82,848. 16 Payments to affiliates (attach schedule) 16 17 Total expenses Add lines 16 and 44, column (A) 17 206,623. 18 Excess or (deficit) for the year Subtract line 17 from line 12 18 31,443. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 21,666. 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 53,109.				10:	┨ ┃	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 238, 066. 13 Program services (from line 44, column (B)) 13 122, 875. 14 Management and general (from line 44, column (C)) 14 900. 15 Fundraising (from line 44, column (D)) 15 82,848. 16 Payments to affiliates (attach schedule) 16 17 Total expenses Add lines 16 and 44, column (A) 17 206,623. 18 Excess or (deficit) for the year Subtract line 17 from line 12 18 31,443. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 21,666. 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 53,109.		1				
13 Program services (from line 44, column (B)) 13 122,875. 14 Management and general (from line 44, column (C)) 14 900. 15 Fundraising (from line 44, column (D)) 15 82,848. 16 Payments to affiliates (attach schedule) 16 17 Total expenses Add lines 16 and 44, column (A) 17 206,623. 18 Excess or (deficit) for the year Subtract line 17 from line 12 18 31,443. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 21,666. 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 53,109.						020.055
14 Management and general (from line 44, column (C)) 15 82,848 15 Fundraising (from line 44, column (D)) 15 82,848 16 Payments to affiliates (attach schedule) 16 17 Total expenses Add lines 16 and 44, column (A) 17 206,623 18 Excess or (deficit) for the year Subtract line 17 from line 12 18 31,443 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 21,666 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 53,109						
17 Total expenses Add lines 16 and 44, column (A)	ø				-	
Total expenses Add lines 16 and 44, column (A)	JSE.					
Total expenses Add lines 16 and 44, column (A)	×pe					82,848.
18 Excess or (deficit) for the year Subtract line 17 from line 12	ш	1				206 602
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20						
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	set				, ,	
Z 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	As					
121 Net assets of fullid balances at end of year Combine lines 16, 19, and 20	Net				1 1	F3 100
				· · · · · · · · · · · · · · · · · · ·	1= 11	Form 990 (2007)

JSA 7E1010 1 000

9-17

Pa	Statement of Functional Expens		is must complete column and section 4947(a)(1) no			
	Do not include amounts report 6b, 8b, 9b, 10b, or 16 of l	ted on line	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (a			50111655		
	(cash \$ noncash \$					
	If this amount includes foreign grancheck here	nts, 22a				
22b	Other grants and allocations (attac	ch schedule)				
	(cash \$ noncash \$	s .)				
	If this amount includes foreign grain check here	nts I laari				
23						
	(attach schedule)	23				
24	Benefits paid to or for	l f				
	(attach schedule)	24				
25a	Compensation of curren					
	directors, key employees, e	etc listed in				
	Part V-A	25a	NONE			
b	Compensation of forme					
	directors, key employees, e	etc listed in				
	Part V-B	25b				
C	Compensation and other distribution					
	ed above, to disqualified person under section 4958(f)(1)) and person	`				
	in section 4958(c)(3)(B)					
26	Salaries and wages of emp					
	included on lines 25a, b, ar	nd c 26				
27	Pension plan contribu					
	included on lines 25a, b, ar					
	Employee benefits not in					
	lines 25a - 27					
29	Payroll taxes	29				
30	Professional fundraising fee	es 30	547.			547
	Accounting fees					
	Legal fees					
	Supplies		985.			985
	Telephone		100.			100
	Postage and shipping		1,073.			1,073
	Occupancy					
	Equipment rental and mair					
	Printing and publications .		5,225.			5,225
	Travel					
	Conferences, conventions, and	· · ·	39,584.			39,584
	Interest					
	Depreciation, depletion, etc (a					<u> </u>
	Other expenses not covered al	` ' .				
	INSURANCE-DIRECTOR		900.		900.	
	INSURANCE-MOTORCYC		364.			364
	INSURANCE-POLICE C		122,875.	122,875.		<u> </u>
	CONSULTANTS		34,450.			34,450
_	BANK_CHARGES		490.			490
	PERMITS		30.			30
g 44	Total functional expenses. A	dd lines 22a	-			
	through 43g (Organizations	completing				
	columns (B)-(D), carry these to		206 622	100 075		00 0:0
Join	13-15)		206,623.	122,875.	900.	82,848
	any joint costs from a combine	•		ation reported in (B) Dec	rom consoco	► □ v _e . □ · ·
	es," enter (i) the aggregate amo		_		gram services?	Yes X No
	the amount allocated to Manag	•			ocated to Fundraising \$	*
(,	J J.	James de de la de		and the tribuilt all	coated to i dilulaising a	Form 990 (2007)

Page 3

P	art III Statement of Program Service Accomplishments (S	See the instructions)	
Fo pai on	rm 990 is available for public inspection and, for some pricular organization. How the public perceives an organization the return is comparamed accomplishments.	people, serves as the primary or sole source ation in such cases may be determined by the	information presented
Wł	hat is the organization's primary exempt purpose? ▶SEE ST.	ATEMENT 1	Program Service Expenses
ΑII	organizations must describe their exempt purpose achievements	in a clear and concise manner. State the number	(Required for 501(c)(3) and
	clients served, publications issued, etc. Discuss achievements the anizations and 4947(a)(1) nonexempt charitable trusts must also expenses the control of t		(4) orgs , and 4947(a)(1) trusts, but optional for others)
а			
	(Grants and allocations \$) If t	this amount includes foreign grants, check here	122,875.
b			122,013.
	(Grants and allocations \$) if t	this amount includes foreign grants, check here	
С			
d	(Grants and allocations \$) If t	this amount includes foreign grants, check here	
	· · · · · · · · · · · · · · · · · · ·	this amount includes foreign grants, check here	ļ
е	Other program services (attach schedule) (Grants and allocations \$) If t	this amount includes foreign grants, check here ▶	

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

122,875. Form **990** (2007)

F	artiv	Balance Sneets (See the Instructions)			
,	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	21,666.	45	53,591
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable			
		Less allowance for doubtful accounts 47b		47c	
	-				
	482	Pledges receivable			
		Less allowance for doubtful accounts		48c	
				49	
		Receivables from current and former officers, directors, trustees, and			
	304	key employees (attach schedule)		50a	
	h	Receivables from other disqualified persons (as defined under section		30a	
	"	4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	512	Other notes and loans receivable (attach		300	
ţ	J 1 a	schedule)			
Assets	h	Less allowance for doubtful accounts		51c	
ä		Inventories for sale or use		52	
		Prepaid expenses and deferred charges		53	
		Investments - publicly-traded securities ▶ Cost FMV		54a	
		Investments - other securities (attach schedule) Cost FMV		54b	
	1	Investments - land, buildings, and		340	
	""	equipment basis			
	h	Less accumulated depreciation (attach			
	_	schedule)		55c	
	56	Investments - other (attach schedule)		56	
		Land, buildings, and equipment basis			
	1	Less accumulated depreciation (attach			
		schedule)		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
	60	Accounts payable and accrued expenses		60	482
	61	Grants payable		61	
	62	Deferred revenue		62	
S	63	Loans from officers, directors, trustees, and key employees (attach			
≝		schedule)		63	
Liabiliti		Tax-exempt bond liabilities (attach schedule)		64a	
J	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►)		65	
_	66	Total liabilities. Add lines 60 through 65	 	66	482
	Orga	unizations that follow SFAS 117, check here ▶ and complete lines			
co.		67 through 69 and lines 73 and 74			
ë	67	Unrestricted		67	
<u>la</u>	68	Temporarily restricted	<u> </u>	68	
ĕ	69	Permanently restricted		69	·
or Fund Balances	Orga	inizations that do not follow SFAS 117, check here ► X and complete lines 70 through 74			
9	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Net Assets	72	Retained earnings, endowment, accumulated income, or other funds	21,666.		53,109
Ä	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Nei		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.		53,591

P	art IV-A	Reconciliation of Revenue per Audited Finstructions)	nancial Statemer	nts With I	Revenu	e per Retur	n (Se	e the
a	Total rev	venue, gains, and other support per audited financi	al statements				a	
b	Amount	s included on line a but not on Part I, line 12						
1		alized gains on investments					1	
2	Donated	services and use of facilities		<u>b2</u>			↓	
3	Recover	es of prior year grants		<u>b3</u>			1	
4	Other (s	pecify)						
	Add line	s b1 through b4					Т ь	
С		line b from line a						
d		s included on Part I, line 12, but not on line a:						
1	Investme	ent expenses not included on Part I, line 6b		d1			1	
2	Other (s	pecify)						
					L		-	
	Add line	s d1 and d2	• • • • • • • • • •				d	
e •2	art IV-B	venue (Part I, line 12) Add lines c and d Reconciliation of Expenses per Audited Fi	inancial Stateme	nts With	Fynens	es ner Reti	le	
							7 - 7	
a		penses and losses per audited financial statements					a	
b		s included on line a but not on Part I, line 17		b1				
1 2	Donated Prior ve	services and use of facilities					1	
3	Losses	reported on Part I, line 20		b3]	
4	Other (s	pecify)						
]	
	Add line	s b1 through b4					b	
C	Subtract	line b from line a					С	
d	Amounts	s included on Part I, line 17, but not on line a:		مدا				
1	Investme	ent expenses not included on Part I, line 6b	• • • • • • • • • •	<u>a 1</u>			1	
2	Other (s	pecify)		d2				
	Add line	s d1 and d2					d	· · · · · · · · · · · · · · · · · · ·
e •	art V_A	Current Officers, Directors, Trustees, and I	Key Employees /	List oach	· · · ·	who was an	e	r director tructoo
	art V-A	or key employee at any time during the year even						i, director, trustee,
	-		(B)	(C) Comp	ensation	(D) Contributions to		
		(A) Name and address	Title and average hours per week devoted to position			benefit plans & c compensation		and other allowances
SE	E ATTAC	CHED_LISTING	4					:
					NONE		NONI	NONE
			-]		
			1					
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b Did the organization file Form 1120-POL for this year?

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	VI Other Information (continued)			No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
c	or at substantially less than fair rental value?	82a		х
	f "Yes," you may indicate the value of these items here. Do not include this amount			
a	is revenue in Part I or as an expense in Part II (See instructions in Part III)			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	N/	A
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/	A
84a [Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
	f "Yes," did the organization include with every solicitation an express statement that such contributions or			
g	gifts were not tax deductible?	84b	N/	A
85a 5	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	N/	
b [Old the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	
	f "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	eceived a waiver for proxy tax owed for the prior year			
	Dues, assessments, and similar amounts from members 85c N/A			
	Section 162(e) lobbying and political expenditures	1		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	1		
	Faxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	1		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	<u></u>
	f section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	308	1.17	
	o its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	L
	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a N/A	00	1.17	
	Gross receipts, included on line 12, for public use of club facilities 86b N/A	1		
	501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A	1		
	Gross income from other sources (Do not net amounts due or paid to other	1		
	sources against amounts due or received from them)			
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	1		}
	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	88a	!	J.
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	004	 	X
	neaning of section 512(b)(13)? If "Yes," complete Part XI	006		
	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	88b		X
				İ
	section 4911 \blacktriangleright N/A , section 4912 \blacktriangleright N/A , section 4955 \blacktriangleright N/A 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			
	• ,	006		
- C	statement explaining each transaction Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	89b		X
4 5	ections 4912, 4955, and 4958 Enter Amount of tax on line 89c, above, reimbursed by the organization N/A N/A			
0.0	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
		89e		
	ransaction?	89f		X
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	031		_
_	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
	· · · · · · · · · · · · · · · · · · ·	00-		
0001	at any time during the year?	89g		X
	List the states with which a copy of this return is filled <u>GA</u> ,	1001		
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	_	_	
	The books are in care of ARNOLD SILVERMAN Telephone no			
L	ocated at ► 1075 ZONOLITE ROAD, SUITE 5 ATLANTA, GA ZIP+4 ► 30306			
L /	At any time during the colondar year, did the experience have an interest in an experience at the extra continue of the experience of the		Yes	No
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	<u> </u>	1 68	1 -
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	\vdash	Х
١	f "Yes," enter the name of the foreign country			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

orm 990 (2					20-	3209728		Page
Part VI	Other Information (continu	ed)						Yes No
c At ar	ny time during the calendar year,	did the orga	anization main	tain an offic	e outside c	of the United States?	91c	x
	es," enter the name of the foreign					•		
	tion 4947(a)(1) nonexempt charit			ın lıeu of Fo	rm 1041 -	Check here		
and	enter the amount of tax-exempt in	nterest rece	eived or accrue	d during the	e tax vear	► 92		N/A
Part VII						· · · · · • · · · · · · · · · · · · · ·		<u> </u>
	gross amounts unless otherwise		lated business in			section 512, 513, or 514	(E)	
ndicated	gross amounts unless otherwise			-			Related of	
02 Progr	rom condes rovonus	(A) Business code	(B) Amoun	it E	(C) xclusion code	(D) Amount	exempt fund	
a Progr	ram service revenue						mome	
۵		<u> </u>					 	
		ļ						
								
		<u> </u>					 	
e								
	care/Medicaid payments							
	and contracts from government agencies .	_					-	
94 Mem	bership dues and assessments						-	
	st on savings and temporary cash investments •							
96 Divid	ends and interest from securities						<u> </u>	
97 Net r	ental income or (loss) from real estate						,	
a debt-	financed property					·		
b not d	ebt-financed property						ļ. <u> </u>	
98 Net rer	ntal income or (loss) from personal property							
99 Other	r investment income		<u> </u>					
00 Gain o	r (loss) from sales of assets other than inventory							
01 Net ii	ncome or (loss) from special events .		, ,_,		_			
02 Gross	profit or (loss) from sales of inventory							
03 Other	r revenue a		-					
b								
c								
							<u> </u>	
e								
04 Subto	otal (add columns (B), (D), and (E))					373.		
05 Total	(add line 104, columns (B), (D), and (i	Ξ))						373
ote: Line	105 plus line 1e, Part I, should equal t	he amount on	line 12, Part I					_
Part VIII	Relationship of Activities	to the Acc	omplishment	of Exemp	t Purpose	s (See the instructi	ons.)	
Line No. ▼	Explain how each activity for whorganization's exempt purposes (or	ich income i ther than by p	s reported in co providing funds f	olumn (E) of or such purp	Part VII co	ntributed importantly to	the accomplishm	ent of th
	REVENUES USED TO IMP	ROVE OPE	RATIONAL I	EFFECTIV	ÆNESS.			
2	PERSONNEL DEVELOPMEN					GAGMENT.		
		· •						
				•				
art IX	Information Regarding Tax	able Subsi	idiaries and [Disregarde	ed Entities	(See the instruction	ns.)	
_	(A)		(B)	(C)	(D)	(E) End-of-ye	
	Name, address, and EIN of corporation,		Percentage of ownership interest	Nature o	of activities	Total income	End-of-ye assets	ar
	partnership, or disregarded entity							
	partnership, or disregarded entity		%					
	partnership, or disregarded entity							
	partnership, or disregarded entity		% %					
	partnership, or disregarded entity		%					
	partnership, or disregarded entity	nsfers Ass	% % %	Personal	Benefit C	ontracts (See the in	structions)	
Part X	Information Regarding Tra		% % ociated with					x No
Part X		e any funds,	% % ociated with directly or indire	ctly, to pay p	remiums on	a personal benefit contra	act? Yes	X No

	controlling organization	as defined in Section 517	2(0)(13)		Yes	No
106	Did the reporting organization the Code? If "Yes," complete t	•	ontrolled entity as defined in secti controlled entity	on 512(b)(13) of	163	X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of trai	nsfer 	
a						
b		 				
c						
	Totals					
107		•	a controlled entity as defined in se	ction	Yes	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of trai	nsfer	<u> X</u>
a						
b _						
c						
	Totals					
108	Did the organization have a b	=	ect on August 17, 2006, covering t	he interest,	Yes	No X
Pleas Sign Here	Under penalties of perjury, I de and belief, it is tode, correct, a	clare that I have examined this retuind complete Declaration of prepare	m, including accompanying schedules and ser (other than officer) is based on all inform Date			owledge
——Paid	Type or print name and titll Preparer's	OL CPA	Date Check if self-employed	Preparer's SSN or PTIN (SI	ee Gen	Inst X
Prepa			OV SERVICES, LLC EIN		358	
Use O		625 CUMBERLAND BLVI	ר פוד פוד מחח Pho	ne no ► 770-858	_1500	١

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

Supplementary Information - (See separate instructions.)

Must be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization DEKALB COUNTY POLICE ALLIANCE, INC.

Employer identification number

C/O ARNOLD SILVERMAN	N		20-3	3209728
Part I Compensation of the Five Highes (See page 1 of the instructions List e	st Paid Employees C ach one If there are no	Other Than Officine, enter "Non-	ficers, Directors, a e.")	ind Trustees
(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 Highes (See page 2 of the instructions List 6	st Paid Independent			
(a) Name and address of each independent contractor paid		(b) Type of se		c) Compensation
NONE				
NONE		·		
			-	
Total number of others receiving over \$50,000 for professional services	NONE		•	
Part II-B Compensation of the Five Highe (List each contractor who performed firms. If there are none, enter "None"	st Paid Independent	ofessional servi		
(a) Name and address of each independent contractor paid in	more than \$50,000	(b) Type of se	rvice (e	c) Compensation
NONE				
Total number of other contractors receiving over				

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

Schedule A (Form 990 or 990-EZ) 2007

Pa	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	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)		_x_
	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		
2	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)		
а	Sale, exchange, or leasing of property?		x
b	Lending of money or other extension of credit?		x
С	Furnishing of goods, services, or facilities?		<u>x</u>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		<u>x</u>
e	Transfer of any part of its income or assets?		<u>x</u>
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		_ <u>x_</u>
b	Did the organization have a section 403(b) annuity plan for its employees?		х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		<u>x</u>
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<u>x</u>
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		<u> </u>
С	Did the organization make a distribution to a donor, donor advisor, or related person?		x
d	Enter the total number or donor advised funds owned at the end of the tax year		<u>NONE</u>
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		<u>NONE</u>
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts		<u>non</u> e
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		<u>NONE</u>

Schedule A (Form 990 or 990-EZ) 2007

Part IV	Reason for Non-Private Fo	undation Statu	s (See pages 4 thr	ough 8 of the	e instructions)	
certify tha	it the organization is not a private foundati	ion because it is (Ple	ase check only ONE appl	licable box)			
5	A church, convention of churches, or ass	ociation of churches	Section 170(b)(1)(A)(i)				
6 .	A school Section 170(b)(1)(A)(ii) (Also co	omplete Part V)					
7 .	A hospital or a cooperative hospital service	ce organization Secti	on 170(b)(1)(A)(III)				
8	A federal, state, or local government or g	overnmental unit Sec	ction 170(b)(1)(A)(v)				
	A medical research organization opera	Ť	with a hospital Section	on 170(b)(1)(A)(III) Enter the	hospital's name, city,	
	An organization operated for the benefit (Also complete the Support Schedule in F	-	niversity owned or oper	rated by a gov	rernmental unit	Section 170(b)(1)(A)(iv	
	An organization that normally receives 170(b)(1)(A)(vi) (Also complete the Supp	·	• • • • • • • • • • • • • • • • • • • •	overnmental ui	nit or from the	general public Section	
11b	A community trust Section 170(b)(1)(A)((vi) (Also complete the	e Support Schedule in F	Part IV-A)			
	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)						
	An organization that is not controlled requirements of section 509(a)(3) Check to	•			managers) and	I otherwise meets the	
[Type I Type II	Type III - Fur	nctionally Integrated	Type III -	Other		
	Provide the following information	about the supported	organizations. (See pag	ge 8 of the instri	uctions)		
Nan	(a) ne(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the s organizat the su organi	d) upported ion listed in pporting zation's documents?	(e) Amount of support	
				Yes	No		
							
Γotal · · ·					.		
14 MA	An organization organized and operated to	test for public safet	v Section 509(a)(4) (See	e page 8 of the i	nstructions)		

	te: You may use the worksheet in the instruction				cash method of acc	counting.
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
_	Gifts, grants, and contributions received (Do	<u></u>	(/	107 = 00	1	(-) , 0,0
	not include unusual grants See line 28)	31,244.	6,540.			37,784
16	Membership fees received	51,244.	0,340.			51,104
	Gross receipts from admissions, merchandise					
••	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
40	organization's charitable, etc , purpose		· · · · · · · · · · · · · · · · · · ·			
18	Gross income from interest, dividends, amounts received from payments on securities				1	
	loans (section 512(a)(5)), rents, royalties, income					
	from similar sources, and unrelated business					
	taxable income (less section 511 taxes) from				•	
	businesses acquired by the organization after					
	June 30, 1975	_			<u> </u>	·
19	Net income from unrelated business activities					
	not included in line 18					
20	Tax revenues levied for the organization's benefit					
	and either paid to it or expended on its					
	behalf					_
21	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					
22	Other income Attach a schedule Do not					
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	31,244.	6,540.			37,784
	Line 23 minus line 17,					37,784
	Enter 1% of line 23		65.			37,704
	Organizations described on lines 10 or 11: a			<u>. </u>	26a	756
	Prepare a list for your records to show the r					. 750
	governmental unit or publicly supported organi				1 1	
	amount shown in line 26a Do not file this li	•	_	•	1 1	
,	Total support for section 509(a)(1) test. Enter line 24					27 701
,	Add Amounts from column (e) for lines 18	19			200	37,784
•	·				\ ac.4	
					▶ 26d	27 704
	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) d					
27	Organizations described on line 12: a For	amounts included	in lines 15 1	6 and 17 that	were received from	<u> 100.0000 %</u> m a "disqualified
	person," prepare a list for your records to she Do not file this list with your return. Enter the sum	ow the name of, a	and total amounts	received in each	year from, each "di	squalified person
	NOT APPLICABLE					
	(2006) (2005)					
b	For any amount included in line 17 that was re-					
	show the name of, and amount received for each (Include in the list organizations described in line					
	the difference between the amount received an	d the larger amou	nt described in (1)	or (2), enter the	sum of these differ	ences (the excess
	amounts) for each year	_				•
	(2006) (2005)		(2004)		(2003)	
C	Add Amounts from column (e) for lines 15	16	S			
	Add Amounts from column (e) for lines 15 20	2.	1		▶ 27c	
d	Add Line 27a total	and line 27b total .			▶ 27d	
e	Public support (line 27c total minus line 27d total).			<u> </u>	> 27e	
f	Total support for section 509(a)(2) test Enter amount	nt from line 23. colum	n (e)	▶ 27f		
	Public support percentage (line 27e (numerator) d	livided by line 27f (de	nominator))		270	%
	Investment income percentage (line 18, column (
28	Unusual Grants: For an organization describe	d in line 10, 11,	or 12 that rece	eived any unusual	grants during 200	3 through 2006.
	prepare a list for your records to show, for description of the nature of the grant Do not file this	each year, the na	me of the contrib	utor, the date an	d amount of the g	rant, and a brief

Pai	Private School Questionnaire (See page 9 of the instructions.) NOT APPLIC (To be completed ONLY by schools that checked the box on line 6 in Part IV)	ABLE	<u> </u>	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other government and a second than of the government had to	29		
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?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		
31				
	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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		1		
32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
_	hann ^o	32b		
~	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	***		
·		32c		
	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
u	Copies of all material used by the organization of on its behalf to solicit contributions?	320		
	If a common of the late of the above of the control			
	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			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33 <u>f</u>		
g	Athletic programs?	33g		
Ū				
h	Other extracurricular activities?	33h		
		00		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
	The year and the any of the above, please explain (if you need more space, attach a separate statement)			
34 -	Does the organization receive any financial aid or assistance from a governmental agency?	ا ـ ۾ و ا		
J4 8	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u> </u>
	Hoo the assessment only right to such aid over been revelled as assessed 40			
b	Has the organization's right to such aid ever been revoked or suspended?	34b		-
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
2.5	Describes a second of the transfer of the tran			
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	1 35 1		Ī

Pa	irt VI-A		xpenditures by Elec pleted ONLY by an o							T.E
Che	eck ▶a		zation belongs to an affili				"a" and	"lımıte		trol" provisions apply
			imits on Lobbying	•	ırred)		Affiliate	a) ed grou tals	p	(b) To be completed for all electing organizations
36	Total lob					36				
37		tal lobbying expenditures to influence public opinion (grassroots lobbying) tal lobbying expenditures to influence a legislative body (direct lobbying) 36 37								
38	Total lob	lobbying expenditures (add lines 36 and 37).								
39						39				
40	Total exempt purpose expenditures (add lines 38 and 39) 40									
41										
		ount on line		bbying nontaxable ar	•				-	
	Not over \$500,000									
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000								İ	
			er \$1,500,000 \$175,00			41				
			er \$17,000,000 _ \$225,00							
	Over \$17,0	00,000	\$1,000,	000						
42	Grassroo	ots nontaxable	e amount (enter 25% o	f line 41)		42				
43			ine 36 Enter -0- if line			43				
44					44					
	Caution:	If there is an	amount on either line			<u> </u>				
	(0			Averaging Period		•	•			
	(50	me organizati	ons that made a secti						umns t	pelow
			See the instruction	ons for lines 45 throug Lobbying Expendi					iod	
				Lobbying Expendi	Tares During 4	- i cai /			100	
		year (or fiscal	(a)	(b)	(c)			(d)		(e)
		nning in)	2007	2006	2005		2(004		Total
		nontaxable								
<u>45</u>		<u> </u>							-+	
40		ceiling amount								
46	(150% 01)	ine 45(e))						_		
<u>47</u>	Total lobby	ng expenditures								
	Grassroot	s nontaxable								
<u>48</u>	amount .									·
		ceiling amount								
<u>49</u>		ne 48(e))								
	Grassroot	, ,								
_	rt VI-B	l obbying A	ctivity by Nonelecti	na Rublic Charities	<u> </u>					
ΕĞ	II VI-D		ing only by organiza			A) (Se	NOT e page 1			
Dur	ing the year		ization attempt to influen				o pago .		1	, , , , , , , , , , , , , , , , , , ,
		-	nion on a legislative mat		•	ing any		Yes	No	Amount
			*	-						
ь	Paid staff or management (Include compensation in expenses reported on lines c through h)									
c										
d										
е	Publication	ons, or publish	ned or broadcast stater	ments					1	
f	Grants to	other organiz	zations for lobbying pui	rposes						
g			islators, their staffs, go		r a legislative bod	y				
h	Rallies, d	lemonstration	s, seminars, convention	ons, speeches, lectures	s, or any other me	eans				
i	Total lobi	bying expendi	tures (Add lines c thro	ugh h)						
	If "Yes" to	o any of the a	bove, also attach a st	atement giving a deta	uled description of	of the lo	bbying ac	tivities		

Pa	irt VII		i Transfers To and Transactions an (See page 14 of the instructions)	d Relationships With Noncharitable				
- 51		eporting organization direc	tly or indirectly engage in any of the follo	owing with any other organization described	in section			
	501(c) of	f the Code (other than sect	ion 501(c)(3) organizations) or in sectio	n 527, relating to political organizations?				
а	Transfer	s from the reporting organiz	zation to a noncharitable exempt organiz	zation of	Yes No			
	(i) Cas	sh)x			
					x			
b	Other tra							
	(i) Sal	es or exchanges of assets	with a noncharitable exempt organization	h b(i)	X			
	(ii) Pur	chases of assets from a no	oncharitable exempt organization	b(ii)	X			
	(iii) Rei	ntal of facilities, equipment	or other assets	b(iii)	X_			
	(iv) Ro	mbureement arrangements	0. 0	b(iv)	X_			
	(iv) Reimbursement arrangements							
	(vi) Dor	formance of convices or me	embership or fundraising solicitations	b(v)	X			
_	Choring	of facilities accument ma	ding lists, other assets, or poid employee		X			
			ling lists, other assets, or paid employee		<u> </u>			
a				Column (b) should always show the fair market organization received less than fair market or				
			en by the reporting organization if the vin column (d) the value of the goods, other		value in any			
	-	· · · · · · · · · · · · · · · · · · ·	T					
	(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing an	rangements			
	N/A							
_								
_					· · · · · ·			
		<u> </u>						
_								
	describe	ed in section 501(c) of the complete the following sch		n section 527? Ye	s X No			
(a) Name of organization			(b) Type of organization	(c) Description of relationship				
	_			<u> </u>				
	N/A	<u> </u>						
	<u> </u>							
			 					
	_		+					
_								
	-		<u> </u>					

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.

21



2006-2007

BOARD OF DIRECTORS

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