

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning , 2008, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization DEKALB COUNTY POLICE ALLIANCE, INC.		D Employer identification number 20-3209728
		C/O ARNOLD SILVERMAN		E Telephone number (404) 892-7274
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1075 ZONOLITE ROAD		F Group Exemption Number . . . ▶
		City or town, state or country, and ZIP + 4 ATLANTA, GA 30306		

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

G Accounting method: Cash Accrual
Other (specify) ▶

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

I Website: ▶ [HTTP://WWW.DEKALB-POLICE.ORG/](http://www.dekalb-police.org/)

J Organization type (check only one) - 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 114,819.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	18,000.
	3	Membership dues and assessments	3	6,175.
	4	Investment income STMT 1	4	294.
	5 a	Gross amount from sale of assets other than inventory 5a		
	5 b	Less: cost or other basis and sales expenses 5b		
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6 a	Gross revenue (not including \$ _____ of contributions reported on line 1) 6a	90,350.	
6 b	Less: direct expenses other than fundraising expenses 6b	1,500.		
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . STMT 2 6c	88,850.		
7 a	Gross sales of inventory, less returns and allowances 7a			
7 b	Less: cost of goods sold 7b			
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c			
8	Other revenue (describe ▶ _____) 8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 9	113,319.		
Expenses	10	Grants and similar amounts paid (attach schedule) 10		
	11	Benefits paid to or for members 11		
	12	Salaries, other compensation, and employee benefits 12	44,333.	
	13	Professional fees and other payments to independent contractors 13	4,363.	
	14	Occupancy, rent, utilities, and maintenance 14		
	15	Printing, publications, postage, and shipping 15	1,000.	
	16	Other expenses (describe ▶ _____ STMT 3) 16	34,939.	
17	Total expenses. Add lines 10 through 16 ▶ 17	84,635.		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18	28,684.	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19	53,109.	
	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 through 20 ▶ 21	81,793.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . STMT 4	53,591.	81,843.
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	Total assets	53,591.	81,843.
26	Total liabilities (describe ▶ STMT 5)	482.	50.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	53,109.	81,793.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ NONE; section 4912 ▶ NONE; section 4955 ▶ NONE		
40b	b Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
40d	d Enter amount of tax on line 40c reimbursed by the organization		NONE
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ GA,		
42a	The books are in care of ▶ ARNOLD SILVERMAN Telephone no. ▶ 404-892-7274 Located at ▶ 1075 ZONOLITE ROAD, SUITE 5 ATLANTA, GA ZIP + 4 ▶ 30306		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign county: ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

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

46		X
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- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. Yes No

47		X
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- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Yes No

48		X
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- 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

49a		X
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- b If "Yes," was the related organization(s) a section 527 organization? Yes No

49b		X
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- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000 ▶		NONE		

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ▶		NONE

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.

Sign Here

▶ Signature of officer _____ Date _____

▶ Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature ▶ *E. J. Ph CPA* Date *4/20/09* Check if self-employed Preparer's Identifying Number (See instructions) **P00136590**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **CBIZ MHM, LLC** EIN ▶ **34-1851358**

▶ **3625 CUMBERLAND BLVD SE SUITE 800 ATLANTA, GA** Phone no. ▶ **770-858-4500**

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008; 15 Public support percentage from 2007 Schedule A; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule of Contributors

2008

▶ Attach to Form 990, 990-EZ, and 990-PF.

Name of the organization DEKALB COUNTY POLICE ALLIANCE, INC. C/O ARNOLD SILVERMAN	Employer identification number 20-3209728
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Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization DEKALB COUNTY POLICE ALLIANCE, INC. C/O ARNOLD SILVERMAN	Employer identification number 20-3209728
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	COX ENTERPRISES ATLANTA, GA	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	GEORGIA POWER ATLANTA, GA	\$ 15,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	GREATER HORIZONS ATLANTA, GA	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	HENDON NORTH DEKALB, LLC ATLANTA, GA	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MONICA KAUFMAN PEARSON ATLANTA, GA	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MELANIE KNIGHT ATLANTA, GA	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **DEKALB COUNTY POLICE ALLIANCE, INC.** Employer identification number
C/O ARNOLD SILVERMAN 20-3209728

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	NEW BIRTH MISSIONARY BAPTIST CHURCH ATLANTA, GA	\$ 20,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	STRATEGIC TELECOM SOLUTIONS ATLANTA, GA	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	TARGET ATLANTA, GA	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		POLICE BALL (event type)	RAFFLE (event type)	1 (total number)		
Revenue	1	Gross receipts	73,950.	15,300.	1,100.	90,350.
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	73,950.	15,300.	1,100.	90,350.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	1,500.			1,500.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(1,500.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				88,850.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue			NONE	
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()	
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			NONE	

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	X
b If "No," Explain: N/A _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: _____	10a	X
11 Does the organization operate gaming activities with nonmembers?	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	X

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special event books and records:			
Name ▶ _____			
Address ▶ _____			
15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address:			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		X
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

FORM 990EZ, PART I - INVESTMENT INCOME
=====

DESCRIPTION

AMOUNT

INTEREST INCOME

294.

TOTAL

294.
=====

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
POLICEMAN'S BALL	73,950.	1,500.	72,450.
MOTORCYCLE RAFFLE 2008	15,300.		15,300.
BICYCLE CAMPAIGN	1,100.		1,100.
TOTALS	90,350.	1,500.	88,850.

FORM 990EZ, PART I - OTHER EXPENSES
 =====

ADVERTISING	5,000.
INSURANCE - DIRECTORS & OFFICERS	900.
INSURANCE - MOTORCYCLE	688.
DEKALB RETIREMENT & FLOWER FUND	2,000.
PAYROLL SERVICE EXPENSE	298.
REWARD FUND PAYMENTS	20,000.
TRAINING	399.
WEB DESIGN	100.
DUES	125.
ORGANIZATION EXPENSES	55.
BANK CHARGES	15.
PAYROLL TAXES	3,677.
SUPPLIES	1,682.

TOTAL	34,939.
	=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
CASH	53,591.	81,843.
TOTALS	53,591.	81,843.
	=====	=====

FORM 990EZ, PART II - TOTAL LIABILITIES

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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
ACCOUNTS PAYABLE	482.	50.
TOTALS	482.	50.
	=====	=====

FORM 990EZ, 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.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
=====

PROGRAM SERVICE ACCOMPLISHMENT 2

PROVIDED DONATION TO POLICE DEPARTMENT TO ASSIST IN SENDING FLOWERS UPON THE DEATHS OF ACTIVE PERSONNEL, THE DEATHS OF FAMILY MEMBERS OF ACTIVE PERSONNEL, OR THE HOSPITALIZATION OF PERSONNEL INJURED IN THE LINE OF DUTY AND TO ASSIST IN PURCHASING PLAQUES FOR RETIRING PERSONNEL.

PROGRAM SERVICE ACCOMPLISHMENT 3

HOSTED A LUNCHEON WITH ASIAN-AMERICAN BUSINESS AND COMMUNITY LEADERS TO PARTNER AND PROMOTE PEACE AND SAFETY IN DEKALB COUNTY BY SUPPORTING THE POLICE OFFICERS IN THEIR PLIGHT FOR PUBLIC SAFETY AND SECURITY

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS
(NOT OPEN TO PUBLIC INSPECTION)

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	LESS 2% OF LINE 11(F)	EXCESS CONTRIBUTION AMOUNT
BELL SEMBLER	15,000.	7,815.	7,185.
COX ENTERPRISES	20,000.	7,815.	12,185.
GEORGIA POWER	30,250.	7,815.	22,435.
GREATER HORIZONS	30,000.	7,815.	22,185.
KROGER	13,000.	7,815.	5,185.
NEW BIRTH MINISTRY BAPTIST CHURCH	45,250.	7,815.	37,435.
PERIMETER COMMUNITY IMPROVEMENT DISTRICT	10,000.	7,815.	2,185.
SALEM BIBLE CHURCH	10,000.	7,815.	2,185.
TARGET	10,000.	7,815.	2,185.
VOICES OF FAITH MINISTRIES	10,000.	7,815.	2,185.
WAL-MART	25,000.	7,815.	17,185.
TOTAL	218,500.		132,535.

**DeKalb County Police Alliance
2008 Board of Directors**

Name	Company	Address	City, State, Zip
David Allison	Atlanta Business Chronicle	3423 Piedmont Rd.	Atlanta, GA 30305
Michael Anderson	Georgia Power Company	241 Ralph McGill Blvd. Bin 10230	Atlanta, GA 30308
Robert Brand	Cox Enterprises	6203 Peachtree D'woody Rd, NE	Atlanta, GA 30328
Joel Cogdell	Target Corporation	100 Perimeter Center Place	Atlanta, GA 30346
Joel Garner	Strategic Telecom	3438 Bingham Road	Suwanee, GA 30024
Craig Hillyard	Crowne Plaza Atlanta Perimeter at Ravinia	4355 Ashford Dunwoody Rd	Atlanta, GA 30346-1521
Bishop Eddie Long	New Birth Missionary Baptist Church	6400 Woodrow Road	Lithonia, GA 30058
Bruce Lucia	The Kroger Company	2175 Parklake Drive	Atlanta, GA 30345
Carolyn Rehling	Sprint Nextell	6575 The Corners Parkway 5th Floor	Norcross, GA 30092
Arnie Silverman	Silverman Construction Program Management	1075 Zonolite Road Suite 5	Atlanta, GA 30306
Yvonne Williams	Perimeter Community Improvement Districts	One Ravinia Drive Building 1, Suite 1125	Atlanta, GA 30346