Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

Open to Public

Inspection

A F	or the 2	008 calendar year, or tax year beginning , 2008	3, and ending		
B c	neck if applic	cable: Please C Name of organization		DE	mployer identification number
	Address change	USE IRS DEKALE COUNTY POLICE ALLIANCE INC			
	Name cha	[rabet or]		20	0-3209728
	Initial retu	Number and street (or E.C. how if mail is not delivered to street address)	Room/suite	ΕT	elephone number
	Terminati	on See 1075 ZONOLITE ROAD		(404)892-7274
	Amended return	Specific City or town, state or country, and ZIP + 4		F	Broup Exemption
	Application pending				lumber • • • •
	Sect	ion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounti	ng me	ethod: Cash X Accrual
		a completed Schedule A (Form 990 or 990-EZ).	Other (sp	ecify)	•
			H Check ▶	·	if the organization is not
I V	Vebsite	: ► HTTP://WWW.DEKALB-POLICE.ORG/	required	to att	ach Schedule B (Form 990,
JC	rganiza	tion type (check only one) - X 501(c) (3) ◀ (insert no.) 4947(a)(1) or	527 990-EZ, d	or 990	-PF).
K	heck >	if the organization is not a section 509(a)(3) supporting organization and its gross	receipts are norma	ally no	t more than \$25,000. A return
		uired, but if the organization chooses to file a return, be sure to file a complete return.			
LA	dd lines !	5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead o	f Form 990-EZ 🔒	> \$	114,819.
Pa	rti F	Revenue, Expenses, and Changes in Net Assets or Fund Balan	ices (See the i	ո <mark>str</mark> u	ctions for Part I.)
	1	Contributions, gifts, grants, and similar amounts received		1	<u> </u>
	2	Program service revenue including government fees and contracts		2	18,000.
	3	Membership dues and assessments		3	6,175.
	4	Investment income		4	294.
		Gross amount from sale of assets other than inventory 5a 5a			
	b	Less: cost or other basis and sales expenses			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (at	tach sched <u>ule)</u> .	5c	
Revenue	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	▶ 🗀 ∫		
ě	а	Gross revenue (not including \$ of contributions		- 1	
Re		reported on line 1) 6a	90,350.		
	b	Less: direct expenses other than fundraising expenses	1,500.		
	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			
		Less: cost of goods sold			
	С	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.	
	10	Grants and similar amounts paid (attach schedule)	- 1	10	
	11	Benefits paid to or for members		11	
Ses	12	Salaries, other compensation, and employee benefits		12	44,333.
e	13	Professional fees and other payments to independent contractors , , , ,		13	4,363.
Expens	14	Occupancy, rent, utilities, and maintenance		14	
	1.0	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 18	84,635.
Ų.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		10	28,684.
Not Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree		4.0	50 100
4	[]	end-of-year figure reported on prior year's return)			53,109.
Ž	20	Other changes in net assets or fund balances (attach explanation)			01 702
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	81,793.
Li	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more,		<u> </u>	
_		,	Beginning of year	<u></u>	(B) End of year
23		n, savings, and investments STMT 4	53,591	\neg	
2:		d and buildings		23	
2		er assets (describe)	E 2 E 0 1		
2	o lota	al assets	53,591		
2		al liabilities (describe STMT 5)		. 26	
2	/ Net	assets or fund balances (line 27 of column (B) must agree with line 21)	53,109	. 141	81,793.

orn	990-EZ (2008)					20-	320972	8	Page 2
Рa	rt III Statement of Program Service Accomplisi	hme	nts (See the instructi	ons for Part III.)				enses	
۷ha	it is the organization's primary exempt purpose? STMT 6							for 501(c)(
Des	cribe what was achieved in carrying out the organization's						and (4) and 4947 optional fe	organization (a)(1) trust or others.)	ns ts;
28	PROVIDED REWARDS FOR TIPS LEADING TO	тнь	ARRESTS AND CO	MVICITON OF				-	
	SUSPECTS INVOLVED IN THE SHOOTING OF				_				
	OFFICERS.	ВЦ	mamb coonti toi	HICE					
	· · · · · · · · · · · · · · · · · · ·	cludo	s foreign grants, check her		\neg l	28a		21	
	SEE STATEMENT 7	ciuus.	s toleigh grants, check her	<u>c </u>		20a			0,000
23	SEE STATEMENT /			 .					
						ļ			
	10 1 - 0 1	_1, , _1 _	- f		1				
		ciude	s foreign grants, check her	e	_4	29a			2,000
30	SEE STATEMENT 7				—				
					,				
	(Grants \$) If this amount in	clude	s foreign grants, check her	e >	_Ц	30a			
31	Other program services (attach schedule)				<u> </u>				
			s foreign grants, check her			31a			
32	Total program service expenses (add lines 28a through 3	31a)	 	<u> </u>	▶	32		2	2,000
Ρâ	rt IV List of Officers, Directors, Trustees, and Key E	mplo		if not compensated.	(See	the in	structions f	or Part IV.)	
	(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid,			ibutions to enefit plans &	(e) Exp accoun	ense t and
	tay realite and address		devoted to position	enter -0)			mpensation	other allo	wances
SE	E ATTACHED LISTING								
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	990-EZ (2008) 20-320972	8	F	age 3
Par	t 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	33		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	34		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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, report-			
	ing, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			ĺ
	complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			ĺ
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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?	38a		Χ.,
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			.
a	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b	}		,
40 a	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			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transac-			
	tion during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete	40b		
	Schedule L, Part I	400		Х
C	Enter amount of tax imposed on organization managers or disqualified persons during			1
اد	the year under sections 4912, 4955, and 4958 NONE NONE			
	Enter amount of tax on line 40c reimbursed by the organization NONE			
е	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	40e		7.7
4.4	transaction? If "Yes," complete Form 8886-1 List the states with which a copy of this return is filed. ▶ GA,	700	<u> </u>	X
41), 20,	7.4	
746	The books are in care of ► ARNOLD SILVERMAN Located at ► 1075 ZONOLITE ROAD, SUITE 5 ATLANTA, GA ZIP + 4 ► 30306	47.14.	!.4	• • • • • • • • • • • • • • • • • • • •
,	o At any time during the calendar year, did the organization have an interest in or a signature or other authority		•••••	••
ı	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
		42b	1.00	X
	account)'? 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 Foreing Bank			
	and Financial Accounts.			
(At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	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)	•
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44.	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
		44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		1	
	"Yes," Form 990 must be completed instead of Form 990-EZ	•		X
	F	orm 99	0-EZ	(2008

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. 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 Did the organization make any transfers to an exempt non-charitable related organization? 49a Did the organization of the individual organization of the individual organization? 49a Did the organization organization organization organization?	Form 990-EZ (2			.=	20-320972			Page 4
candidates for public office? If "Yes," complete Schedule C, Part I. 46 2 47 1 48 Is the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 2 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization. If there is none, enter the organization of the organization and the non-charitable related organization and the non-charitable 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."	Part Vi	Section 501(c)(3) organizations only. and complete the tables for lines 50 and	All section 501(c)(3) o	rganizations mus	st answer question	ons 4	6-49	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 47) 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48) 49 a Did the organization make any transfers to an exempt non-charitable related organization?. 49 a Did the organization make any transfers to an exempt non-charitable related organization?. 49 a Did the organization make any transfers to an exempt non-charitable related organization?. 49 a Did the organization from the organization? 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) we 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 amployee benefit plans at deferred compensation (e) Expense account and other allowance NONE NONE NONE Total number of other employees paid over \$100,000 ▶ NONE Total number of other employees paid over \$100,000 ▶ NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation							Yes	No
18 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	candid	ates for public office? If "Yes," complete Sche	dule C, Part I					X
49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 b Did The service of the contractors who each received more than \$100,000 organization. If there is none, enter "None." 49 b Did The service of the related organization of the relation								X
b If "Yes," was the related organization(s) a section 527 organization? Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) we 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 a differed compensation other allowance (e) Expense account and other allowance NONE Total number of other employees paid over \$100,000 ▶ NONE Total number of other the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."						1		X
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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	(a)		hours per week	(c) Compensation	employee benefit plans &	àcc	count a	nd
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			_			İ		
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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			-			<u> </u>	-	
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				rs who each receiv	ed more than \$10	0,000	of	
		(a) Name and address of each independent contractor pa	uid more than \$100,000	(b) Type	of service	(c) Car	npensa	tion
		·						
Total number of other independent contractors receiving over \$100,000 ▶ NONE	Total numb	,						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled								
Sign								
Here Signature of officer Date	Here	✓ Signature of officer		Di	ate			
Type or print name and title.		Tupe or wrist name and title						
Date Check if Drengrer's Identifying Number (See instauci			l Date	Check if	Preparer's Identifying	Number /	See inch	
Paid Preparers Self- PO043CE00	Paid		' .	self-			066 H190	ucuons
Preparer's Firm's name (or yours > CDTZ MUM TTC	•		C(11 17/20/					
Use Only if self-employed), address, and ZIP +4 3625 CUMBERLAND BLVD SE SUITE 800 ATLANTA, Phone no. ▶770-858-4500	Use Only	if self-employed).	BI.VD SE SUTE 200	i				
	May the IR	•		A THUMIN' L		$\overline{}$		No
Form 990-EZ (2			stor and addonor					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

vame o	r the organization	DEKALB COU	UNTY POLICE ALL	IANCE,	INC.		İ	Embiose	identificat	ion unubet
C/O A	ARNOLD SILV	ER MA N							20-320	9728_
Part i			y Status (All organiz	zations m	ust comple	ete this p	art.) (se	e instruc		
		t a private found	ation because it is: (Ple	ease check	only one or	ganizatio	n.)			
1	A church, co	nvention of chur	ches, or association o	f churches	described i	in section	170(b)(1	1)(A)(i).		
2	_		n 170(b)(1)(A)(ii). (Atta							
3	_		ospital service organiz			tion 1706	b)(1)(A)(iii). (Attac	ch Schedu	de H.)
4		•	ation operated in cor							
- ـــــ		me, city, and sta	•	,						,,,,,,,
5			r the benefit of a colle	ege or uni	versity own	ned or op	erated b	y a gove	rnmental	unit described in
_	_	(b)(1)(A)(iv) . (Co	•							
6	⊣		ernment or governme							
7			ly receives a substant		its support	from a g	overnme	ntal unit	or from th	ne general public
			1)(A)(vi). (Complete Pa	•	malata Dant	. 11. 3				
9		•	l in section 170(b)(1)(ly receives: (1) more t			-	a aantrib	utione m	omborchi	n food and arose
9			ted to its exempt fund		•	-				-
	•		nent income and unr		•		-			
	• •	_	after June 30, 1975.				•		OTT (ax)	HOIR DUSINGSSGS
10 🗆	_ ' '	•	nd operated exclusivel					•	lsee instri	ictions)
11	- -	=	and operated exclusive	•	*	-			-	•
г		_	blicly supported organ	-						•
	•	-	at describes the type of							
	a Typ	-	Type II c		e III - Func		•			pe III - Other
е		_	rtify that the organiz			-	_	irectly by	one or	more disqualified
		_	on managers and other				-			·
	•	section 590(a)(=					•		
f			l a written determina	tion from 1	the IRS tha	atitis a	Type I,	Туре II от	r Type III	supporting
	organizatior	ı, check this box		<i>.</i>					 .	
g	Since Augu	st 17, 2006, has	the organization acce	pted any g	ift or contri	bution fro	m any of	the		
	following pe									
		•	or indirectly controls		-	ether witl	h person	is describ	ed in (ii)	Yes No
			erning body of the supp	-	anization?					11g(i) X
		•	erson described in (i) a							11g(ii) X
		•	of a person described		•					11g(iii) X
h			ation about the organi		-			1	1	
	me of supported organization	(ii) ElN	(iii) Type of organization (described on lines 1-9	(iv) Is the (organization	(v) Did y	ou notify	(vi) l organizat	s the	(vii) Amount of support
,	n gariization		above or IRC section	governing	document?	col. (i)	of your	(i) organi	zed in the	Support
			(see instructions))			supp	ort?	<u> </u>	S.?	
				Yes	No	Yes	No	Yes	No	
						<u> </u>				
_										
			!							
-										
Total								<u> </u>		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 6,540 31,244. 237,693 114,525 390,002. include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 6,540 31,244 237,693 114,525 390,002. Total, Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) STMT. 8. 132,535. Public support. Subtract line 5 from line 4. 257,467. Section B. Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) 114,525 6,540 31,244 237,693 390,002. Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 92 373 294 759. Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 390,761. 11 Total support. Add lines 7 through 10 . . 12 12 Gross receipts from related activities, etc. (See instructions.) 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) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Sect	ion A. Public Support		·				
Сa	lendar 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				<u> </u>		
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					1	
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		<u> </u>	<u> </u>		<u> </u>	
þ	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.)						
Sec	tion B. Total Support		<u> </u>		J	· · · · · · · · · · · · · · · · · · ·	
	alendar 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,						ļ
	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						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,					1	
•	and 12.)						1
14	First five years. If the Form 990 is for		on's first, second	. third, fourth a	r fifth tax vear	as a section 501	(c)(3)
• •	organization, check this box and stop here	-	· ·		-		• • • • • • • • • • • • • • • • • • • •
Sec	ction C. Computation of Public Su			- 1 1 1			
15	Public support percentage for 2008 (line 8			ımn (f))		15	%
16	Public support percentage from 2007 Sch						%
	ction D. Computation of Investme					1 1	,,,
17	Investment income percentage for 2008 (I			13. column (fl)		17	%
18	Investment income percentage from 2007						%
	33 1/3% support tests - 2008. If the or						
	17 is not more than 33 1/3 %, check this be						•
	33 1/3% support tests - 2007. If the org						∐ % and
•	line 18 is not more than 33 1/3 %, check th						
20	Private foundation If the organization did					-	⋯∵[

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2008

lame of the organization							
DEKALB COUNTY POLIC	E ALLIANCE, INC.						
C/O ARNOLD SILVERMA	NA.	20-3209728					
Organization type (check or	e):						
ilers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private trust trust treated as a private trust trust treated as a private trust trust trust trust trust trust trust trust trust trus	vate foundation					
	501(c)(3) taxable private foundation						
	filing Form 990, 990-EZ, or 990-PF that received, during the year	r, \$5,000 or more (in money or					
	y one contributor. Complete Parts I and II.						
Special Rules							
under sections 50	(c)(3) organization filing Form 990, or Form 990-EZ, that met the 39(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, do 000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% a l and II.	during the year, a contribution of the					
during the year, a	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, ggregate contributions or bequests of more than \$1,000 for use experienced or educational purposes, or the prevention of cruelty to children or	xclusively for religious, charitable,					
during the year, so not aggregate to the year for an exapplies to this organized.	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, come contributions for use <i>exclusively</i> for religious, charitable, etc., more than \$1,000. (If this box is checked, enter here the total conclusively religious, charitable, etc., purpose. Do not complete any ganization because it received nonexclusively religious, charitable,	purposes, but these contributions did ntributions that were received during of the parts unless the General Rule , etc., contributions of \$5,000 or more					
990-EZ, or 990-PF), but the	are not covered by the General Rule and/or the Special Rules do y must answer "No" on Part IV, line 2 of their Form 990, or check of their Form 990-PF, to certify that they do not meet the filing rec	the box in the heading of their					
For Privacy Act and Paperwork F for Form 990. These instructions	eduction Act Notice, see the Instructions will be issued separately.	Schedule B (Form 990, 990-EZ, or 990-PF) (200					

'aa	•		

of Part I

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

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

a	e			

DEKALB COUNTY POLICE ALLIANCE, INC. Name of organization Employer identification number C/O ARNOLD SILVERMAN 20-3209728 Part I Contributors (see instructions) (a) (c) (d) Type of contribution Name, address, and ZIP + 4 Aggregate contributions No. 7 NEW BIRTH MISSIONARY BAPTIST CHURCH Х Person Payroll 20,250. Noncash (Complete Part II if there is ATLANTA, GA a noncash contribution.) (a) (c) (d) (b) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions Х 8 STRATEGIC TELECOM SOLUTIONS Person Payroll 5,000. Noncash (Complete Part II if there is ATLANTA, GA a noncash contribution.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 9 TARGET X Person Payroll 10,000. Noncash (Complete Part II if there is ATLANTA, GA a noncash contribution.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution Person Pavroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroli \$ Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person **Payroll**

\$

(Complete Part II if there is

Noncash

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Open To Public

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Inspection

OMB No. 1545-0047

Name of the organization DEKALB COUNT	TY POLICE ALL	IANCE,	INC.		Employer identificatio	n number
C/O ARNOLD SILVERMAN					20-320972	8
Part I Fundraising Activities. Co	mplete if the orga	anization a	nswered	"Yes" to Form 9	90, Part IV, line	17.
 Indicate whether the organization rate Mail solicitations Email solicitations Phone solicitations In-person solicitations Did the organization have a written or key employees listed in Form 99 If "Yes," list the ten highest paid income 	or oral agreement 10, Part VII) or entit dividuals or entities	Solid Solid Spectors with any industry in connectors (fundraiser	itation of i itation of goial fundra dividual (in tion with p	non-government g government grant ising events ncluding officers, c professional fundra nt to agreements	grants s directors, trustees aising activities?	
to be compensated at least \$5,000 (i) Name of individual or entity (fundraiser)	by the organizatio	(iii) Did fun custody o	O-EZ filers draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	e. (vi) Amount paid to (or retained by) organization
		Yes	No		col. (i)	
Total		•	-	cit funds or has	been notified it is	s exempt from
						
				·		
						·
						

Pai	rt II	Fundraising Events. Comple more than \$15,000 on Form	te if t 990-	he organization ·EZ, line 6a. Lis	ansv t eve	vered "Yes" to F nts with gross re	orm 990, Part IV, Iin eceipts greater than	e 18, o \$5,000	r repo 	rted	
0			PO <u>L</u> 1	(a) Event #1 CE BALL (event (ype)	RAF	(b) Event #2 FLE (event type)	(c) Other Events (lotal number)	(d) Total (a) th	Events	s (Add	d col.
Revenue		Gross receipts				15,300.	1,100.		9	0,3	350.
	3	Gross revenue (line 1 minus line 2)				15,300.	1,100.		9	0,3	<u>850.</u>
S	4	Cash prizes									
ense	5	Non-cash prizes						_			
Direct Expenses	6	Rent/facility costs	-		ļ						
Dire	7	Other direct expenses		1,500.						1,	<u>500.</u>
	8 Direct expense summary. Add lines 4 through 7 in column (d)										00.)
	9 Net income summary. Combine lines 3 and 8 in column (d)										<u>350.</u>
Pa	rt I	Gaming. Complete if the org than \$15,000 on Form 990-	janiza F <i>7</i> lir	ation answered " ne 6a	'Yes"	to Form 990, Pa	art IV, line 19, or rep	orted n	nore		
Revenue		•		(a) Bingo		b) Pull tabs/Instant go/progressive bingo	(c) Other gaming	(d) Tot col. (a)	al gam throug		
Rev	1	Gross revenue									NONE
Ses	2	Cash prizes			-						
Direct Expenses	3	Non-cash prizes						ļ	 		
Direct	4	Rent/facility costs			-						
	5	Other direct expenses			<u> </u>	,					
	6	Volunteer labor	X	1	% <u>×</u>	Yes% No	Yes %				
	7	Direct expense summary. Add lines 2	2 thro	ugh 5 in column (c	i)			. (·)
	8	Net gaming income summary. Comb	ine lin	es 1 and 7 in colu	ımn (d	l)	<u></u> >		1.		NONE
9	E	nter the state(s) in which the organiza	tion o _l	perates gaming a	ctivitie	s:		Γ	'	res	No
		the organization licensed to operate ("No," Explain:	gamin	g activities in each	of th	ese states?	· · · · · · · · · · · · · · ·		9a		X
		N/A									
		Vere any of the organization's gaming "Yes," Explain:	licens	es revoked, susp	ende	d or terminated du	ring the tax year?		10a		Х
11		oes the organization operate gaming	activit	ies with nonmemb	ers?,			 •••••	11		Х
12		s the organization a grantor, beneficiar ormed to administer charitable gaming							12	:	Х

Sched	ule G (Form 990 or 990-EZ) 2008 20-3209728		- 1	Page 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:	ļ		
а	The organization's facility			
b	An outside facility			
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				
	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			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а				
-	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 ▶\$			

Schedule G (Form 990 or 990-EZ) 2008

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION	AMOUNT
	·
INTEREST INCOME	294.
INTEREST INCOME	294.
TOTAL	294.

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

NET INCOME	72,450. 15,300. 1,100.	88,850.
DIRECT EXPENSES	1,500.	: 11
GROSS REVENUE	73,950.	i ii
DESCRIPTION	POLICEMAN'S BALL MOTORCYCLE RAFFLE 2008 BICYCLE CAMPAIGN	TOTALS

7

STATEMENT

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

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

FORM 990EZ, PART II - TOTAL LIABILITIES

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
BELL SEMBLER
COX ENTERPRISES
GEORGIA POWER
GREATER HORIZONS
KROGER
NEW BIRTH MINISTRY BAPTIST CHURCH
PERIMETER COMMUNITY IMPROVEMENT DISTRICT
SALEM BIBLE CHURCH
TARGET
VOICES OF FAITH MINISTRIES
WAL-MART
TOTAL

EXCESS CONTRIBUTION AMOUNT	7,185. 12,185. 22,435. 22,185. 37,435. 2,185. 2,185. 2,185. 17,185.
LESS 2% OF LINE 11(F)	7,815. 7,815. 7,815. 7,815. 7,815. 7,815. 7,815.
TOTAL CONTRIBUTION	15,000. 20,000. 30,250. 30,000. 13,000. 10,000. 10,000. 25,000.

ω

DeKalb County Police Alliance 2008 Board of Directors

Name & Salara	Company 2	Andrews -	Marry	relity.State Plot
David Allison	Atlanta Business Chronicle	3423 Piedmont Rd.		Atlanta, GA 30305
Michael Anderson	Georgia Power Company	241 Raiph McGill Blvd.	Bin 10230	Atlanta, GA 3030B
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	Stragetic Telecom	3438 Binghurst 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