

2011 TAX RETURN

CLIENT COPY

Client: CALPAL

Prepared for: CALIFORNIA POLICE ACTIVITIES LEAGUE
2000 EAST 14TH STREET
SAN LEANDRO, CA 94577
510-544-4300

Prepared by: DAVID LEMBERGER, CPA
DAVID LEMBERGER, CPA
3388 PIEDMONT AVENUE
OAKLAND, CA 94611
(510) 504-3171

Date: JANUARY 22, 2014

Comments:

Route to: _____

2011 Exempt Org. Return
prepared for:

CALIFORNIA POLICE ACTIVITIES LEAGUE
2000 EAST 14TH STREET
SAN LEANDRO, CA 94577

David Lemberger, CPA
3388 PIEDMONT AVENUE
Oakland, CA 94611

DAVID LEMBERGER, CPA
3388 PIEDMONT AVENUE
OAKLAND, CA 94611
(510) 504-3171

Client CALPAL
January 22, 2014

CALIFORNIA POLICE ACTIVITIES LEAGUE
2000 EAST 14TH STREET
SAN LEANDRO, CA 94577
510-544-4300

FEDERAL FORMS

Form 990	2011 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule D	Schedule D
Schedule G	Fundraising or Gaming Activities
Schedule O	Supplemental Information
Form 8868	Application for Extension
	Depreciation Schedules
Form 8879-EO	IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee

CALIFORNIA POLICE ACTIVITIES LEAGUE

94-1752116

	2011	2010	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	1,199,061	1,205,824	-6,763
PROGRAM SERVICE REVENUE.....	208,804	171,286	37,518
INVESTMENT INCOME.....	-31,542	7,785	-39,327
TOTAL REVENUE.....	1,376,323	1,384,895	-8,572
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS...	508,037	507,268	769
PROFESSIONAL FUNDRAISING EXPENSES.....	605,011	568,590	36,421
OTHER EXPENSES.....	431,729	406,842	24,887
TOTAL EXPENSES.....	1,544,777	1,482,700	62,077
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	-168,454	-97,805	-70,649
TOTAL ASSETS AT END OF YEAR.....	823,063	965,504	-142,441
TOTAL LIABILITIES AT END OF YEAR.....	152,995	156,938	-3,943
NET ASSETS/FUND BALANCES AT END OF YEAR.	670,068	808,566	-138,498

2011

GENERAL INFORMATION

PAGE 1

CALIFORNIA POLICE ACTIVITIES LEAGUE

94-1752116

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH D, SCH G, SCH O, 8868

CARRYOVERS TO 2012

NONE

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 8868

NO SIGNATURE IS REQUIRED WHEN FILING FORM 8868 ELECTRONICALLY.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

THE ORGANIZATION'S AMENDED FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990

THE ORGANIZATION SHOULD REVIEW THEIR AMENDED FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR AMENDED FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
AUTO	8,229.	2,847.	5,183.	199.
BANK	9,138.	1,969.	3,512.	3,657.
DUES AND MEMBERSHIP	5,960.	2,384.	948.	2,628.
EVENT FEES	9,375.	8,550.	765.	60.
INSURANCE	12,314.	2,880.	6,387.	3,047.
OUTSIDE SERVICES	214.		214.	
REPAIRS	2,670.	1,079.	1,591.	
SECURITY	582.		582.	
TAX AND LICENSE	437.		437.	
TELEPHONE	8,052.	4,009.	598.	3,445.
UTILITIES	14,915.	9,113.	5,802.	
TOTAL	<u>\$ 71,886.</u>	<u>\$ 32,831.</u>	<u>\$ 26,019.</u>	<u>\$ 13,036.</u>

CALIFORNIA POLICE ACTIVITIES LEAGUE

94-1752116

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AMORTIZATION																
38	BACK OFFICE SMALL SERVER	6/12/98		2,588							2,588	2,588	S/L	3		0
52	WIN NT SERVER	2/09/99		743							743	743	S/L	5		0
53	EXCHANGE SERVER	7/10/98		1,148							1,148	1,148	S/L	3		0
58	ADOBE SOFTWARE DONATED	11/04/98		2,285							2,285	2,285	S/L	3		0
83	SOFTWARE LICENSE	6/12/02		552							552	552	S/L	3		0
84	FLIEMAKER PRO 5.5	2/12/02		553							553	553	S/L	3		0
100	SOFTWARE	8/27/02		618							618	618	S/L	3		0
101	SOFTWARE	10/30/02		934							934	934	S/L	3		0
102	SOFTWARE	11/22/02		688							688	688	S/L	3		0
103	KIDS TRACK	12/06/02		90,000							90,000	90,000	S/L	3		0
104	SOFTWARE	5/27/03		514							514	514	S/L	3		0
114	SOFTWARE	7/28/03		2,204							2,204	2,204	S/L	3		0
115	SOFTWARE	8/25/03		557							557	557	S/L	3		0
116	SOFTWARE	8/25/03		449							449	449	S/L	3		0
117	SOFTWARE	9/25/03		994							994	994	S/L	3		0
118	SOFTWARE	12/29/03		557							557	557	S/L	3		0
119	SOFTWARE	12/29/03		908							908	908	S/L	3		0
120	SOFTWARE	1/26/04		1,111							1,111	1,111	S/L	3		0
121	SOFTWARE	2/26/04		647							647	647	S/L	3		0
122	SOFTWARE	4/23/04		814							814	814	S/L	3		0
123	SOFTWARE	5/25/04		558							558	558	S/L	3		0
124	SOFTWARE	6/23/04		1,075							1,075	1,075	S/L	3		0
127	SOFTWARE	7/29/04		291							291	291	S/L	3		0

CALIFORNIA POLICE ACTIVITIES LEAGUE

94-1752116

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
128	SOFTWARE	8/26/04		321							321	321	S/L	3		0
129	SOFTWARE	9/24/04		917							917	917	S/L	3		0
130	SOFTWARE	10/25/04		774							774	774	S/L	3		0
131	SOFTWARE	11/29/04		2,005							2,005	2,005	S/L	3		0
132	SOFTWARE	12/22/04		864							864	864	S/L	3		0
133	SOFTWARE	1/27/05		427							427	427	S/L	3		0
134	SOFTWARE	2/25/05		1,725							1,725	1,725	S/L	3		0
135	SOFTWARE	4/25/05		782							782	782	S/L	3		0
136	SOFTWARE	5/24/05		402							402	402	S/L	3		0
137	SOFTWARE	6/23/05		667							667	667	S/L	3		0
138	SOFTWARE	6/30/05		820							820	820	S/L	3		0
139	SOFTWARE	6/30/04		1,349							1,349	1,349	S/L	3		0
145	SOFTWARE	7/26/05		3,181							3,181	3,181	S/L	3		0
146	SOFTWARE	9/27/05		387							387	387	S/L	3		0
147	SOFTWARE	11/23/05		926							926	926	S/L	3		0
148	SOFTWARE	1/24/06		1,170							1,170	1,170	S/L	3		0
149	SOFTWARE	3/27/06		832							832	832	S/L	3		0
150	SOFTWARE	5/25/06		513							513	513	S/L	3		0
158	SOFTWARE VARIOUS	12/31/06		5,232							5,232	5,232	S/L	3		0
159	SOFTWARE VARIOUS	12/31/07		3,511							3,511	3,511	S/L	3		0
TOTAL AMORTIZATION				137,593		0	0	0	0	0	137,593	137,593				0
AUTO / TRANSPORT EQUIPMENT																
67	99 HONDA TRX300LX	7/15/99		4,300							4,300	4,300	S/L	3		0
68	KAYAK TRAILER	8/07/00		3,553							3,553	3,553	S/L	5		0
106	2003 CHEVY SUBURBAN	10/23/02		36,255							36,255	36,255	200DB HY	5		0
TOTAL AUTO / TRANSPORT EQUIP				44,108		0	0	0	0	0	44,108	44,108				0

CALIFORNIA POLICE ACTIVITIES LEAGUE

94-1752116

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
BUILDINGS																
69	BUILDINGS	4/27/01		642,638							642,638	326,675	S/L	20		32,132
85	BUILDING ROOF REPAIR	8/07/01		11,547							11,547	5,722	S/L	20		577
105	SIGNS	3/31/03		4,455							4,455	1,840	S/L	20		223
125	SIGNS	2/13/04		4,749							4,749	1,758	S/L	20		237
151	SERVER ROOM UPGRADE	11/18/05		4,000							4,000	1,117	S/L	20		200
152	PARKING LOT UPGRADE	12/08/05		22,745							22,745	6,348	S/L	20		1,137
	TOTAL BUILDINGS			690,134		0	0	0	0	0	690,134	343,460				34,506
FURNITURE AND FIXTURES																
1	COMPUTER TABLE	9/22/90		54							54	54	S/L	7		0
2	COMPUTER TABLE	9/22/90		106							106	106	S/L	7		0
3	TABLE	10/22/90		139							139	139	S/L	7		0
4	COMPUTER TABLE	9/22/90		87							87	87	S/L	7		0
5	TV/VCR	2/19/91		460							460	460	S/L	5		0
6	CHAIRS	1/07/91		96							96	96	S/L	7		0
7	STORAGE CABINET	12/23/91		173							173	173	S/L	7		0
8	VERTICAL LETTER	12/23/91		109							109	109	S/L	7		0
9	COMPUTER TABLE	12/23/91		119							119	119	S/L	7		0
10	COMPUTER TABLE	12/23/91		87							87	87	S/L	7		0
11	BOOKSHELF	1/23/92		50							50	50	S/L	7		0
12	COMPUTER 80 MG	2/13/92		1,851							1,851	1,851	S/L	5		0
13	DESK CHAIR SETUP	5/05/92		952							952	952	S/L	7		0
14	VIDEORECORDER	7/15/92		1,026							1,026	1,026	S/L	5		0
15	VHS CAMCORDER	7/28/92		1,858							1,858	1,858	S/L	5		0

6/30/12

2011 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 4

CALIFORNIA POLICE ACTIVITIES LEAGUE

94-1752116

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
16	VGA MONITOR	7/28/92		550							550	550	S/L	5		0
17	SHARP FD-6100 FAX	9/16/92		2,923							2,923	2,923	S/L	5		0
18	DESK SETUP	1/12/93		301							301	301	S/L	7		0
19	VODAVI 616 TEL SYS	2/16/93		2,000							2,000	2,000	S/L	5		0
20	CELLULAR WAREHOUSE	3/17/93		399							399	399	S/L	5		0
21	CID FURNITURE	6/30/93		4,350							4,350	4,350	S/L	7		0
22	486 DESK TOP COMPUTER	5/13/94		5,340							5,340	5,340	S/L	5		0
23	PRINTER	5/20/94		350							350	350	S/L	5		0
24	PRINTER & KEYBOARD	6/24/94		500							500	500	S/L	5		0
25	CABINETS AND CHAIRS	6/28/94		1,649							1,649	1,649	S/L	5		0
26	COMPUTER HARDWARE	1/31/95		5,460							5,460	5,460	S/L	5		0
27	OFFICE FURNITURE	1/18/95		5,542							5,542	5,542	S/L	7		0
28	LASERJET 4 PLUS	4/10/95		1,482							1,482	1,482	S/L	5		0
29	OFFICE FURNITURE	4/08/96		281							281	281	S/L	10		0
30	LAPTOP COMPUTER	10/20/95		1,406							1,406	1,406	S/L	5		0
31	TELEPHONE SYS- LA	5/06/96		948							948	869	S/L	6		0
32	COMPUTER EQ - LA	5/04/96		3,073							3,073	3,073	S/L	5		0
33	OFFICE EQUIP - LA	8/01/96		238							238	238	S/L	5		0
34	COMP USA MODEM	8/22/96		331							331	325	S/L	5		0
35	PS COMPUTERS	7/17/96		2,376							2,376	2,376	S/L	5		0
36	QIC COMPUTERS	1/25/97		5,456							5,456	5,456	S/L	5		0
37	QIC COMPUTERS	5/06/97		1,299							1,299	1,299	S/L	5		0
39	COMPUTER EQ ACCORC SYS	8/11/97		353							353	353	S/L	5		0
40	PENTIUM	12/17/97		4,420							4,420	4,420	S/L	5		0
41	PRINTER CDW	2/11/98		1,588							1,588	1,588	S/L	5		0
42	COMP EQ CSC	2/18/98		2,307							2,307	2,307	S/L	5		0
43	COMP EQ ADVANCED SYS	4/03/98		2,594							2,594	2,594	S/L	5		0

CALIFORNIA POLICE ACTIVITIES LEAGUE

94-1752116

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
44	COMP EQ ADVANCED SYS	3/23/98		2,219							2,219	2,219	S/L	5		0
45	COMP EQ GREYBAR	4/24/98		1,228							1,228	1,228	S/L	5		0
46	COMP EQ COMP GUYS	5/06/98		355							355	355	S/L	5		0
47	OFFICE EQ KANTORS	6/11/98		3,751							3,751	3,751	S/L	5		0
48	COMP EQ COMP USA	5/22/98		1,081							1,081	1,081	S/L	5		0
49	FILE CABINET	5/25/99		575							575	575	S/L	5		0
50	FURNITURE EARTHLY BASICS	7/12/98		1,158							1,158	1,158	S/L	7		0
51	LAPTOP-GREGG	11/06/98		1,570							1,570	1,570	S/L	5		0
54	9 COMPUTERS	12/17/98		11,857							11,857	11,857	S/L	5		0
55	DATA PROJECTOR	3/30/99		6,318							6,318	6,318	S/L	5		0
56	DESK	10/15/98		4,105							4,105	4,105	S/L	7		0
57	2 COMPUTERS	8/25/98		2,132							2,132	2,132	S/L	5		0
59	PENTIUM II	7/19/99		2,217							2,217	2,217	S/L	5		0
60	FILE CABINET	8/05/99		1,331							1,331	1,331	S/L	7		0
61	FILE CABINET	10/15/99		683							683	683	S/L	7		0
62	ENTERPRISE SERVER	10/27/99		2,172							2,172	2,172	S/L	5		0
63	PENTIUM III	10/28/99		6,008							6,008	6,008	S/L	5		0
64	PORTABLE PHONES	4/28/00		2,099							2,099	2,099	S/L	5		0
65	DELL COMPUTER	5/25/00		2,643							2,643	2,643	S/L	5		0
66	DELL COMPUTER	5/25/00		2,602							2,602	2,602	S/L	5		0
71	FURNITURE	8/08/01		2,703							2,703	2,703	S/L	7		0
72	FURNITURE	7/27/01		764							764	764	S/L	7		0
73	FURNITURE	9/04/01		1,058							1,058	1,058	S/L	7		0
126	A/C SYSTEM	7/29/04		2,545							2,545	2,545	S/L	5		0
153	FUNDRAISING EQUIPMENT	10/31/06		20,000							20,000	13,333	S/L	7		2,857
163	OFFICE EQUIPMENT DONATED	10/15/07		3,000							3,000	2,250	S/L	5		600
164	OFFICE EQUIPMENT DONATED	10/15/07		4,687							4,687	3,514	S/L	5		937
TOTAL FURNITURE AND FIXTURE				155,544		0	0	0	0	0	155,544	146,869				4,394

CALIFORNIA POLICE ACTIVITIES LEAGUE

94-1752116

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
LAND																
70	LAND	4/27/01		160,660							160,660					0
TOTAL LAND				160,660		0	0	0	0	0	160,660	0				0
MACHINERY AND EQUIPMENT																
74	DELL DIMENSION 8200	9/28/01		1,423							1,423	1,423	S/L	5		0
75	DELL POWEREDGE 2500	11/20/01		6,563							6,563	6,563	S/L	5		0
76	DELL POWEREDGE 1400	12/16/01		3,020							3,020	3,020	S/L	5		0
77	DELL OPTIPLEX GX240	1/09/02		5,425							5,425	5,425	S/L	5		0
78	DELL INSPIRON 8100	1/30/02		2,991							2,991	2,991	S/L	5		0
79	DELL DIMEN. 8200/SCROLLER	1/31/02		2,403							2,403	2,403	S/L	5		0
80	MONARCH COMPUTER EQUIP.	2/11/02		2,242							2,242	2,242	S/L	5		0
81	COMPAQ IPAQ	2/07/02		698							698	698	S/L	5		0
82	PIX 501-50 DES BUNDLE	4/19/02		1,043							1,043	1,043	S/L	5		0
86	COMPUTER EQUIPMENT	8/27/02		862							862	862	S/L	5		0
87	COMPUTER EQUIPMENT	8/28/02		3,096							3,096	3,096	S/L	5		0
88	COMPUTER EQUIPMENT	9/24/02		1,183							1,183	1,183	S/L	5		0
89	COMPUTER EQUIPMENT	10/23/02		1,279							1,279	1,279	S/L	5		0
90	COMPUTER EQUIPMENT	11/22/02		786							786	786	S/L	5		0
91	COMPUTER EQUIPMENT	12/23/02		2,983							2,983	2,983	S/L	5		0
92	COMPUTER EQUIPMENT	12/24/02		2,722							2,722	2,722	S/L	5		0
93	TELEPHONE SYSTEM	2/11/03		9,168							9,168	9,168	S/L	5		0
94	COPIER	2/14/03		12,537							12,537	12,537	S/L	5		0
95	COMPUTER EQUIPMENT	4/23/03		597							597	597	S/L	5		0
96	COMPUTER EQUIPMENT	5/15/03		2,165							2,165	2,165	S/L	5		0

CALIFORNIA POLICE ACTIVITIES LEAGUE

94-1752116

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
97	COMPUTER EQUIPMENT	5/27/03		2,352							2,352	2,352	S/L	5		0
98	COMPUTER EQUIPMENT	5/27/03		4,012							4,012	4,012	S/L	5		0
99	PALM SCANNERS	12/06/02		56,250							56,250	56,250	S/L	5		0
107	COMPUTER EQUIP	10/23/03		596							596	596	S/L	5		0
108	COMPUTER EQUIP	10/23/03		8,657							8,657	8,657	S/L	5		0
109	COMPUTER EQUIP	2/26/04		1,194							1,194	1,194	S/L	5		0
110	SCANNER	4/20/04		7,618							7,618	7,618	S/L	5		0
111	DEVELOPMENT EQUIPMENT	5/25/04		8,825							8,825	8,825	S/L	5		0
112	COMPUTER EQUIP	5/25/04		1,043							1,043	1,043	S/L	5		0
113	COMPUTER EQUIP	6/23/04		683							683	683	S/L	5		0
140	COMPUTER EQUIPMENT	6/30/04		2,270							2,270	2,270	S/L	3		0
141	COMPUTER EQUIPMENT	6/30/04		995							995	995	S/L	3		0
142	COMPUTER EQUIPMENT	6/30/05		822							822	822	S/L	5		0
143	DELL FILE SERVER	3/27/06		3,804							3,804	3,804	S/L	5		0
144	NOTEBOOK COMPUTER CHARLIE	5/25/06		3,099							3,099	3,099	S/L	5		0
154	COALITION EQUIPMENT	10/27/06		4,716							4,716	4,401	S/L	5		315
155	COMPUTER EQUIPMENT	1/25/07		2,567							2,567	2,266	S/L	5		301
156	COMPUTER EQUIPMENT	3/28/07		1,182							1,182	1,003	S/L	5		179
157	COMPUTER EQUIPMENT	3/28/07		2,187							2,187	1,857	S/L	5		330
160	COMPUTER EQUIPMENT	7/23/07		243							243	192	S/L	5		49
161	COMPUTER EQUIPMENT	11/26/07		2,785							2,785	1,996	S/L	5		557
162	COMPUTER EQUIPMENT	12/01/07		2,940							2,940	2,107	S/L	5		588
TOTAL MACHINERY AND EQUIPME				182,026		0	0	0	0	0	182,026	179,228				2,319
TOTAL DEPRECIATION				<u>1,232,472</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,232,472</u>	<u>713,665</u>				<u>41,219</u>

6/30/12

2011 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 8

CALIFORNIA POLICE ACTIVITIES LEAGUE

94-1752116

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	GRAND TOTAL AMORTIZATION			137,593		0	0	0	0	0	137,593	137,593				0
	GRAND TOTAL DEPRECIATION			<u>1,232,472</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,232,472</u>	<u>713,665</u>				<u>41,219</u>

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning 7/01, 2011, and ending 6/30, 2012.

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

2011

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

CALIFORNIA POLICE ACTIVITIES LEAGUE

94-1752116

Name and title of officer

GREGG WILSON

EXECUTIVE DIREC

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1 a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b <u>1,376,323.</u>
2 a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b _____
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DAVID LEMBERGER, CPA to enter my PIN 31261 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 94422167896
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ DAVID LEMBERGER, CPA Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 7/01, **2011, and ending** 6/30, **2012**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input checked="" type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C</p> <p>CALIFORNIA POLICE ACTIVITIES LEAGUE 2000 EAST 14TH STREET SAN LEANDRO, CA 94577</p>	<p>D Employer Identification Number 94-1752116</p>	<p>E Telephone number 510-544-4300</p>
<p>F Name and address of principal officer: SAME AS C ABOVE</p>		<p>G Gross receipts \$ 1,521,059.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)</p>	
<p>I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>H(c) Group exemption number ▶</p>	
<p>J Website: ▶ WWW.CALPAL.ORG</p>		<p>L Year of Formation: M State of legal domicile: CA</p>	
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>			

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>YOUTH ATHLETIC & RECREATIONAL EVENTS</u>		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	19
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,205,824.	1,199,061.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	171,286.	208,804.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,785.	-31,542.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,384,895.	1,376,323.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	507,268.	508,037.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	568,590.	605,011.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 809,875.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	406,842.	431,729.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,482,700.	1,544,777.
	19	Revenue less expenses. Subtract line 18 from line 12	-97,805.	-168,454.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	965,504.	823,063.
22	Net assets or fund balances. Subtract line 21 from line 20	156,938.	152,995.	
			808,566.	670,068.

Part II Signature Block

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	
	▶ GREGG WILSON Type or print name and title.	EXECUTIVE DIREC	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	DAVID LEMBERGER, CPA	DAVID LEMBERGER, CPA	
	Firm's name ▶ DAVID LEMBERGER, CPA	Firm's EIN ▶ 27-2279059	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 3388 PIEDMONT AVENUE OAKLAND, CA 94611	Phone no. (510) 504-3171	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
YOUTH ATHLETIC & RECREATIONAL EVENTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 281,927. including grants of \$) (Revenue \$)
SPONSOR ATHLETIC, RECREATIONAL AND EDUCATIONAL EVENTS FOR YOUTH. PROVIDE TRANSPORTATION, LODGING, MEALS AND EVENT FEES FOR PARTICIPATING YOUTH. APPROXIMATELY 15,000 BENEFIT.

4b (Code:) (Expenses \$ 110,311. including grants of \$) (Revenue \$)
PROVIDES PUBLIC EDUCATION REGARDING FOSTERING A POSITIVE RELATIONSHIP AND BUILDING BONDS BETWEEN YOUTH AND POLICE OFFICERS THROUGH ATHLETIC AND RECREATIONAL ACTIVITIES. APPROXIMATELY 200,000 ARE REACHED.

4c (Code:) (Expenses \$ 62,281. including grants of \$) (Revenue \$)
PROVIDES DIRECT FINANCIAL ASSISTANCE TO LOCAL P.A.L.S IN ORDER TO SUPPORT ATHLETIC, RECREATIONAL AND EDUCATIONAL EVENTS IN THEIR LOCAL COMMUNITIES. APPROXIMATELY 110 P.A.L. CHAPTERS BENEFIT.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O
(Expenses \$ 58,425. including grants of \$) (Revenue \$)

4e Total program service expenses 512,944.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions)</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>		X
20 a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		X

BAA

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a	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
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13 c	Enter the amount of reserves on hand.		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1 b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.		X
b	Other officers of key employees of the organization.		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ BARBARA ROBERTSON 2000 E 14TH STREET SAN LEANDRO CA 94577 510-544-4300

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREGG WILSON EXECUTIVE DIREC	55						96,594.	0.	0.	
(2) TERRELL HARRISON PRESIDENT	4						0.	0.	0.	
(3) BARBARA BONILLA VICE PRESIDENT	4						0.	0.	0.	
(4) LORRAINE GARCIA DIRECTOR	4						0.	0.	0.	
(5) JOHN MONEY DIRECTOR	4						0.	0.	0.	
(6) JOE HOFFAR DIRECTOR	4						0.	0.	0.	
(7) MILDRED OLIVE DIRECTOR	4						0.	0.	0.	
(8) ADRIAN GUITIERREZ SECRETARY	4						0.	0.	0.	
(9) CONNIE CERVANTES BOARD MEMBER	4						0.	0.	0.	
(10) RICO RIVERA SGT-AT-ARMS	4						0.	0.	0.	
(11) BARBARA ROBERTSON FISCAL MANAGER	50					X	67,407.	0.	0.	
(12) BRYAN FERREIA DIR INFO TECH	40					X	58,806.	0.	0.	
(13) CHARLES MCNEIL DEVELOPMENT DIR	40					X	63,712.	0.	0.	
(14) _____										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										

1 b Sub-total	286,519.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	286,519.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
XENTEL INC. 312 EAST WISCONSIN AVENUE #314 MILWAUKEE, WI 53202	CONSULTING	
M. A. COMMUNICATIONS P.O. BOX 127 HAYWARD, CA 94543	PRINTING AND POSTAGE	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 1,199,061.					
	g Noncash contributions included in lns 1a-1f: \$						
h Total. Add lines 1a-1f.			1,199,061.				
PROGRAM SERVICE REVENUE	2 a MEMBER DUES AND FEES	Business Code	208,804.	208,804.			
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
	g Total. Add lines 2a-2f.			208,804.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		8,182.	8,182.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	105,012.			
		b Less: cost or other basis and sales expenses		144,736.			
		c Gain or (loss)		-39,724.			
		d Net gain or (loss)		-39,724.	-39,724.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19.	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a -----							
	b -----						
	c -----						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			1,376,323.	177,262.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX.

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	96,594.	55,334.	41,260.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	351,679.	201,461.	57,262.	92,956.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	19,749.	4,619.	10,244.	4,886.
10 Payroll taxes	40,015.	22,118.	10,847.	7,050.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	27,375.	29.	27,346.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	605,011.			605,011.
f Investment management fees				
g Other	2,278.		2,225.	53.
12 Advertising and promotion	400.	114.	75.	211.
13 Office expenses	4,530.		4,530.	
14 Information technology	4,559.	4,559.		
15 Royalties				
16 Occupancy				
17 Travel	102,443.	96,248.	5,828.	367.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,219.	12,916.	26,915.	1,388.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>POSTAGE AND SHIPPING</u>	116,710.	40,907.	100.	75,703.
b <u>SUPPLIES</u>	22,586.	17,939.	149.	4,498.
c <u>ADMISSION FEES</u>	21,085.	21,085.		
d <u>EQUIPMENT RENT</u>	16,658.	2,784.	9,158.	4,716.
e All other expenses	71,886.	32,831.	26,019.	13,036.
25 Total functional expenses. Add lines 1 through 24e	1,544,777.	512,944.	221,958.	809,875.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing.....	76,236.	1	22,401.
	2 Savings and temporary cash investments.....	30,796.	2	
	3 Pledges and grants receivable, net.....		3	
	4 Accounts receivable, net.....		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....		9	171.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 1,232,474.		
	b Less: accumulated depreciation.....	10b 754,826.	518,867.	10c 477,648.
	11 Investments — publicly traded securities.....	339,605.	11	321,412.
	12 Investments — other securities. See Part IV, line 11.....		12	
	13 Investments — program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....		15	1,431.
16 Total assets. Add lines 1 through 15 (must equal line 34).....		965,504.	16	823,063.
LIABILITIES	17 Accounts payable and accrued expenses.....	137,065.	17	126,717.
	18 Grants payable.....		18	
	19 Deferred revenue.....		19	
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....	19,873.	25	26,278.
	26 Total liabilities. Add lines 17 through 25.....	156,938.	26	152,995.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets.....	808,566.	27	670,068.
	28 Temporarily restricted net assets.....		28	
	29 Permanently restricted net assets.....		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
	33 Total net assets or fund balances.....	808,566.	33	670,068.
34 Total liabilities and net assets/fund balances.....	965,504.	34	823,063.	

BAA

Form 990 (2011)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,376,323.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,544,777.
3	Revenue less expenses. Subtract line 2 from line 1	3	-168,454.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	808,566.
5	Other changes in net assets or fund balances (explain in Schedule O) .SEE. SCHEDULE O	5	29,956.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	670,068.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
2d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

BAA

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization CALIFORNIA POLICE ACTIVITIES LEAGUE	Employer identification number 94-1752116
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 exempt 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).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	2,040,239.	1,965,499.	1,166,512.	1,377,110.	1,407,865.	7,957,225.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	2,040,239.	1,965,499.	1,166,512.	1,377,110.	1,407,865.	7,957,225.
5 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).						0.
6 Public support. Subtract line 5 from line 4.						7,957,225.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4.	2,040,239.	1,965,499.	1,166,512.	1,377,110.	1,407,865.	7,957,225.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	39,623.	25,419.	22,318.	7,785.	-31,542.	63,603.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.			350,000.			350,000.
11 Total support. Add lines 7 through 10.						8,370,828.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 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.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	95.06 %
15 Public support percentage from 2010 Schedule A, Part II, line 14.	15	0.00 %
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2010. 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.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2011. 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 '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 supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2010. 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 supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 lns 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 2011 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2011. 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 – 2010. 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.

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

CALIFORNIA POLICE ACTIVITIES LEAGUE

94-1752116

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		160,660.		160,660.
b Buildings		690,134.	377,966.	312,168.
c Leasehold improvements				
d Equipment		40,555.	40,555.	0.
e Other		341,125.	336,305.	4,820.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				477,648.

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) . . . ▶		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . ▶		

Part IX Other Assets. See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED EXPENSES	1,733.
(3) ACCRUED VACATIONS	24,545.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	26,278.

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		N/A
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		N/A
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		N/A
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization: **CALIFORNIA POLICE ACTIVITIES LEAGUE** Employer identification number: **94-1752116**

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 XENTEL INC 312 EAST WIS. MILWAUKEE WI 53202	TELEPHONE		X	568,371.	440,383.	127,988.
2 TBS RODUCTIONS 100 W RINCON AV CAMPBELL CA	TELEPHONE	X		205,785.	164,628.	41,157.
3						
4						
5						
6						
7						
8						
9						
10						
Total				774,156.	605,011.	169,145.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts.....			
	2	Less: Charitable contributions.....			
	3	Gross income (line 1 minus line 2).....			
DIRECT EXPENSES	4	Cash prizes.....			
	5	Noncash prizes.....			
	6	Rent/facility costs.....			
	7	Food and beverages.....			
	8	Entertainment.....			
	9	Other direct expenses.....			
	10	Direct expense summary. Add lines 4 through 9 in column (d).....			
	11	Net income summary. Combine line 3, column (d), and line 10.....			

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
REVENUE	1	Gross revenue.....			
	2	Cash prizes.....			
DIRECT EXPENSES	3	Non-cash prizes.....			
	4	Rent/facility costs.....			
	5	Other direct expenses.....			
DIRECT EXPENSES	6	Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d).....			
	8	Net gaming income summary. Combine lines 1, column (d) and line 7.....			

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? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

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 of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee 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? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

CALIFORNIA POLICE ACTIVITIES LEAGUE

Employer identification number

94-1752116

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

MAINTAIN WEB SITE FOR LOCAL P.A.L. CHAPTERS TO EDUCATE AND INFORM USERS ABOUT THE
INTERNET AND CAL PAL ACTIVITIES. APPROXIMATELY 110 P.A.L. CHAPTERS BENEFIT.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$	29,956.
TOTAL	\$	<u>29,956.</u>

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. CALIFORNIA POLICE ACTIVITIES LEAGUE	Employer identification number (EIN) or <input checked="" type="checkbox"/> 94-1752116
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 2000 EAST 14TH STREET	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN LEANDRO, CA 94577	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of. ▶ BARBARA ROBERTSON

Telephone No. ▶ 510-544-4300 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 13, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:
▶ calendar year 20____ or
▶ tax year beginning 7/01, 20 11, and ending 6/30, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.