

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 Inglewood Police Association Inc

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 POBox 960

City or town, state or province, country, and ZIP or foreign postal code
 Inglewood, CA 90307

D Employer identification number
 95-2218302

E Telephone number
 (310) 672-1300

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(5) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 197,313

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I.

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		10	Grants and similar amounts paid (list in Schedule O)	10	
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	36,477
3	Membership dues and assessments	3	183,439	12	Salaries, other compensation, and employee benefits	12	
4	Investment income	4	11,644	13	Professional fees and other payments to independent contractors	13	108,261
5a	Gross amount from sale of assets other than inventory	5a	2,230	14	Occupancy, rent, utilities, and maintenance	14	
b	Less cost or other basis and sales expenses	5b	1,599	15	Printing, publications, postage, and shipping	15	103
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	631	16	Other expenses (describe in Schedule O)	16	39,085
6	Gaming and fundraising events	6d		17	Total expenses. Add lines 10 through 16	17	183,926
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,788
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	239,993
c	Less direct expenses from gaming and fundraising events	6c	0	20	Other changes in net assets or fund balances (explain in Schedule O)	20	17,231
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		21	Net assets or fund balances at end of year Combine lines 18 through 20	21	269,012
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less cost of goods sold	7b	0				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe in Schedule O)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	195,714				

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	211,840	22 243,490
23 Land and buildings		23
24 Other assets (describe in Schedule O)	28,153	24 25,522
25 Total assets	239,993	25 269,012
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	239,993	27 269,012

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 Provide services and benefits to the Police Officers of the city of Inglewood, CA. These services and benefits include legal representation, certain disability benefits, collective bargaining representation, sponsorships, and to provide programs, assistance and education that enables the association to better serve the city.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **29a**

30 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 169,323

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Loyd J Waters President	15 00	0		
John Baca Vice President	15 00	0		
Paul Devlin Secretary	15 00	0		
Dan Milchovich Treasurer	15 00	0		
Jose Barragan Trustee	15 00	0		
Jon Thompson Trustee	15 00	0		
David Ramirez Trustee	15 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a.

42a The organization's books are in care of [Treasurer] Telephone no (310) 672-1300 Located at PO Box 960 Inglewood, CA ZIP + 4 90307

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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: Loyd J Waters, President. Date: 2018-11-15

Paid Preparer Use Only Print/Type preparer's name: John C Hill CPA. Preparer's signature, Date, Check self-employed, PTIN: P00185557. Firm's name: JOHN C HILL ACCOUNTANCY CORPORATION. Firm's EIN: 20-4442871. Firm's address: 225 California Street, El Segundo, CA 902454310. Phone no: (310) 648-8645

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

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 95-2218302

Name: Inglewood Police Association Inc

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 Legal Representation The Association pays from member dues into a statewide legal defense fund, as well as, retains legal counsel for member representation and advice (Grants \$ 104,269)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 InsuranceThe Association provides for accidental death and disability (Grants \$ 36,477)</p> <p style="text-align: right;">If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>29a</p>	

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>30 Program services State Organization dues, meeting expenses, negotiations expenses, educational programs, sponsorships for events, public awareness programs for the community (Grants \$ 28,577) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	

SCHEDULE O
(Form 990 or 990-
EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
Inglewood Police Association Inc**Supplemental Information to Form 990 or 990-EZ**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public
Inspection**

Employer identification number

95-2218302

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$2631

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Dues \$8456

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Membership \$7894

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Sponsorships \$6806

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Meeting expenses \$4321

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Retirement gifts/events \$2385

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	Awards \$2375

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	Maintenance - gym \$1473

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	Donations \$1175

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	Education' \$950

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	Supplies \$434

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	Bank service charges \$100

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	Filing fees \$85

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$4366 Machinery and Equipment - Ending \$4366

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1004	Miscellaneous - Beginning \$23787 Miscellaneous - Ending \$21156