Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009
Open to Public Inspection

A F	or the	2009 calendar year, or tax year beginning and ending		
B 0	heck if	Please C Name of organization	D Employer identific	cation number
a	pplicable	use IRS AIRBORNE LAW ENFORCEMENT ASSOCIATION,		
	Addres change	s label or		
	Name change	type	23-7	032776
	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/st		
	Termin) 631-2406
\vdash	Amend return		G Gross receipts \$	3,674,847.
	Application		H(a) Is this a group re	
	pendin	F Name and address of principal officer:MARTIN L. JACKSON	for affiliates?	Yes X No
		P.O. BOX 81195, MIDLAND, TX 79707	H(b) Are all affiliates inc	
	27.070	empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		e: ► WWW.ALEA.ORG	H(c) Group exemption	
			ear of formation: 1976	
		Summary	ear of formation. 1770 IV	State of legal dofflicile, CA
		Briefly describe the organization's mission or most significant activities: TO SUPPO	PT DROMOTE AND	DADWANCE
Governance		THE SAFE AND EFFECTIVE UTILIZATION OF AIRCRA		
Jan	, -	Check this box F if the organization discontinued its operations or disposed of m		
/eri	1			
é		Number of voting members of the governing body (Part VI, line 1a)		
∞		Number of independent voting members of the governing body (Part VI, line 1b)		11
ies	5	Total number of employees (Part V, line 2a)	5	4
Activities	6	Total number of volunteers (estimate if necessary)	6	12
Act		Total gross unrelated business revenue from Part VIII, column (C), line 12		535,406.
	b_	Net unrelated business taxable income from Form 990-T, line 34		184,629.
,			Prior Year	Current Year
·e		Contributions and grants (Part VIII, line 1h)	212,644.	214,675.
en.		Program service revenue (Part VIII, line 2g)	1,180,342.	1,220,366.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	118,128.	97,228.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>5</u> 2,511.	<u>75,985.</u>
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,563,625.	1,608,254.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,000.	<u>25,000.</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
တ္တ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>259,375.</u>	<u>272,633.</u>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25)		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,168,998.	1,181,691.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,440,373.	1,479,324.
	19	Revenue less expenses. Subtract line 18 from line 12	123,252.	128,930.
or			Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	3,245,995.	3,370,947.
Ass	21	Total liabilities (Part X, line 26)	5,478.	1,500.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	3,240,517.	3,369,447.
Pa	art II	Signature Block		
_		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best of my knowledg	ge and belief, it is true, correct,
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	eage.	
Sig	n			
Hei		Signature of officer	Date	
		MARTIN L. JACKSON, PRESIDENT		
		Type or print name and title		
_		Preparer's Date		r's identifying number
Pai	đ	signature	self- employed > (see ins	structions)
	parer's	Firm's name (or HARTOG KALLENBERGER & SWARTHOUT P	LLC EIN ▶	
Use	Only	self-employed) 1560 EAST 21ST STREET, SUITE 300		
		address, and ZIP+4 TULSA, OK 74114	Phone no > (918) 743-2581
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)	1 110110 110.	X Yes No
ivid	y 1110 11	no diocade una retain mui une proparet eriown acover (see mendenoria)		LEG INU

Form 990 (2009) 23-7032776 Page 2 Part III Statement of Program Service Accomplishments Briefly describe the organization's mission: TO SUPPORT, PROMOTE AND ADVANCE THE SAFE AND EFFECTIVE UTILIZATION OF AIRCRAFT BY GOVERNMENTAL AGENCIES IN SUPPORT OF PUBLIC SAFETY MISSIONS THROUGH TRAINING, NETWORKING, ADVOCACY AND EDUCATIONAL PROGRAMS. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.) (Expenses \$ 1, 263, 404. including grants of \$(Code:) (Revenue \$ MAJOR ACCOMPLISHMENTS ARE ANNUAL NATIONAL CONFERENCE, REGIONAL SAFETY SEMINARS, AND PUBLICATION OF A PROFESSIONAL MAGAZINE. OFFICERS AND DIRECTORS ARE VOLUNTEERS. MEMBERSHIP IS APPROXIMATELY 3,500. (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$ (Code:) (Expenses \$ including grants of \$ Other program services. (Describe in Schedule O.)) (Revenue \$ including grants of \$ (Expenses \$ 1,263,404. 4e Total program service expenses ► \$ Form 990 (2009)

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<u>23-7032776</u> Part IV Checklist of Required Schedules

	1.11		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		<u>X</u>
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? If "Yes," complete Schedule D, Part IV	9_		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.		ı	
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		1	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	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? If "Yes," complete Schedule D, Part VIII.			
•	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		ĺ	
	Part X, line 16? If "Yes," complete Schedule D, Part IX.		-	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		7.	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			7.
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			77
	located outside the United States? If "Yes," complete Schedule F, Part III	16_		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			3.5
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			3.5
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
	complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000 /	<u>X</u>

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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? If "Yes," complete Schedule I, Parts I and II	21_		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? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete			
	Schedule J	23		_X_
2 4 a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	i l		
	Schedule K. If "No", go to line 25	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete		- 1	
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27_		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV		ĺ	
	instructions for applicable filing thresholds, conditions, and exceptions):		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32		_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? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34_	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		ı	
	If "Yes," complete Schedule R, Part V, line 2	35_		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	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? If "Yes," complete Schedule R, Part VI	37		_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.	38	X	

Form 990 (2009) Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				103	140_
	U.S. Information Returns. Enter -0- if not applicable	1a	l 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		}	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming	1		
	(gambling) winnings to prize winners?			1c		
2a	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	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a_	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a_		X
b	If "Yes," enter the name of the foreign country: ►					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and			
	Financial Accounts.			ĺ		
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	_				
	Tax Shelter Transaction?			_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	anization solicit			
	any contributions that were not tax deductible?			_6a_		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		-			
	were not tax deductible?			6b_		
7	Organizations that may receive deductible contributions under section 170(c).		,			
а	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?			_7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_		
	to file Form 8282?		· · · · · · · · · · · · · · · · · · ·	7c_		X
	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	person	aı			
	benefit contract?			7e_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		au ilua al O	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-			7h_		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeded.					
0	at any time during the year?	······		_8_		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any tayable distributions under section 49662			00		
a				9a 9b	_	
b 10				90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
		100				
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	110				
b	amounts due or received from them.)	11b				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12b				

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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.

Sec	tion A. Governing Body and Management		_	
			Yes	No
1a	Enter the number of voting members of the governing body			}
b	Enter the number of voting members that are independent			
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ĺ		
	of officers, directors or trustees, or key employees to a management company or other person?	3_		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X_
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a_	X	
b	, , , , , , , , , , , , , , , , , , ,	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		1 1	
	by the following:			
	• • • • • • • • • • • • • • • • • • • •	8 <u>a</u>	X	
b	,	8b	X_	
9	Is there any officer, director, 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	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		_ <u>X</u> _
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A				
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	_X_	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		'	
	in Schedule O how this is done	12c	X_	
13	Does the organization have a written whistleblower policy?	13	X_	
14	Does the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		l J	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MD			
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.			
	X 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, are	ıd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizate	ion: 🕨	·	
	STEPHEN J. INGLEY - (301) 631-2406			
	50 CARROLL CREEK WAY, SUITE 260, FREDERICK, MD 21701			

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

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

1a 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. Use Schedule J-2 if additional space is needed.

- 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. 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.

Y Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)			(C	•			(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
KURT FRISZ	1 00									
EASTERN REGION DIRECTOR	1.00	X	_					0.	0.	0.
DAVE SAUNDERS CANADIAN REGION DIRECTOR	1.00	.						0.	0.	•
KEVIN CHITTICK	1.00	Λ	_	_		-	_			0.
NORTHEAST REGION DIRECTO	1.00	v						0.	0.	0.
PATRICK MCNAMARA	1.00	-22								
CENTRAL REGION DIRECTOR	1.00	x						0.	0.	0.
KEVIN VISLOCKY										
SOUTHEAST REGION DIRECTO	1.00	X						0.	0.	0.
JEFF WERBLUN										
WESTERN REGION DIRECTOR	1.00	X						0.	0.	0.
PATRICK CRIPPEN										
CORPORATE REPRESENTATIVE	1.00	X						0.	0.	0.
MARTIN L. JACKSON								_		
PRESIDENT	1.00			X				0.	0.	0.
KEVIN R. CAFFERY	1 00									•
VICE PRESIDENT	1.00			X	-	-		0.	0.	0.
GREGG WEITZMAN	1 00			х				0.	0	0
SECRETARY	1.00	-	-	A	_	-	-		0.	0.
STEPHEN INGLEY EXECUTIVE DIRECTOR	40.00	ĺ				x		125,750.	0.	20,402.
DANIEL B. SCHWARZBACH	#0.00				-	Δ		123,130.		20,402.
IMMEDIATE PAST PRESIDENT	1.00							o.	0.	0.
THMEDIALE FADI INBULDENI	1.00									
						-				
				-	-	-	_			
			-		_					

Name and title Average hours Position (check all that apply) Per week Average hours Per ortable compensation from related organization (W-2/1099-MISC) Average hours Per week Average hours Per ortable compensation from the organization (W-2/1099-MISC) Average hours Per ortable compensation from the organization from the organization is an orleated organization is an orleated organization is an orleated organization is any former officer, director or trustee, key employee, or highest compensation from the organization and related above) who received more than \$100,000 in reportable compensation from the organization is any former officer, director or trustee, key employee, or highest compensation from the organization and related organization is any former officer, director or trustee, key employee, or highest compensation from the organization and related organization from any unrelated organization for services rendered to	Гаі			mple	oyee			High	est	st Compensated Employees (continued)							
Compensation from the organization Press, compensation Pres		(A) Name and title	(B) Average			-	-	,		(D)	(E)			(F)			
Week		hame and the	1	(cl					ly)	1		ı	J				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C) Name and business address Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization promises and the promise of the promise o			1 .	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations		or aı	mpens from th ganiza nd rela	ation ne tion ted		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Total number of independent contractors (including but not limited to																	
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3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 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. (A) NONE (A) Name and business address (B) Description of services Compensation 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. ▶		Total number of individuals (including but i						e) wł	no re						1		
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? If "Yes," complete Schedule J for such individual	3	*			-			-						Yes	No		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 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. NONE (A) Name and business address Description of services Compensation 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	4	For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d oth	her compensation from				-			
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. (A) (B) (C) Compensation Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr unr	elat	ed organization for servi					X		
the organization. NONE (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation 0	Sec	tion B. Independent Contractors															
Name and business address Description of services Compensation 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	1		ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ens:	ation ——	from			
\$100,000 in compensation from the organization 0			s address							(B) Description of s	ervices	С	ompe	C) ensatio	on		
\$100,000 in compensation from the organization 0									_								
\$100,000 in compensation from the organization 0									\dashv								
\$100,000 in compensation from the organization 0				_					-								
\$100,000 in compensation from the organization 0							_										
	2			not li	mite	d to		_	sted	d above) who received m	nore than						

			2009) INC.					23-7032776 Page \$				
Pa	rt V	Ш	Statement of Rever	nue								
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
동환	1 :	а	Federated campaigns									
E E	ı	b	Membership dues	1b 2	14,675.							
s, g		С	Fundraising events	1c		j						
ar g	(d	Related organizations	1d								
S, E	•	е	Government grants (contribut	ions) 1e								
i tio	1	f	All other contributions, gifts, gran	ts, and								
혈			similar amounts not included abor	ve 1f								
Contributions, gifts, grants and other similar amounts	•	g	Noncash contributions included in lines	1a-1f: \$								
<u>8</u> 0		<u>h</u>	Total. Add lines 1a-1f			214,675.						
ł					Business Code							
ဗွ			CONFERENCES & M		900099	576,957.			576,957.			
<u>⊊</u> ⊴			ADVERTISING INC		541800	535,406.		535,406.				
Sch	•	С	PUBLICATIONS SA	LES & A	900099	108,003.	108,003.					
Program Service Revenue	•	d										
o l		е										
<u> </u>			All other program service reve			1 000 000						
-		g	Total. Add lines 2a-2f			1,220,366.						
	3		Investment income (including			98,881.			00 001			
ı			other similar amounts)			90,001.			98,881.			
- 1	4		Income from investment of ta		•							
	5		Royalties									
ĺ			One of Books	(i) Real 62,581.	(ii) Personal	-		ŀ				
			Gross Rents	40 000		-		1				
			Less: rental expenses	1		1						
			Rental income or (loss) Net rental income or (loss)			18,595.	18,595.					
			Gross amount from sales of	(i) Securities	(ii) Other	10,393.	10,333.					
	′	а	assets other than inventory	2020954.		-						
		h	Less: cost or other basis	2020331.		-						
			and sales expenses	2022607.								
		_	Gain or (loss)			-		ļ				
			Net gain or (loss)	2,000	•	-1,653.	-1,653.					
	ı		Gross income from fundraisin	a events (not								
nge	ľ	_	including \$									
eve	l		contributions reported on line					[
Ä			Part IV, line 18									
Other Revenue		b	Less: direct expenses									
0		С	Net income or (loss) from fund	draising events								
			Gross income from gaming a									
	}		Part IV, line 19	a								
		b	Less: direct expenses	b	·							
		С	Net income or (loss) from gan	ning activities	. <u></u>							
	10	а	Gross sales of inventory, less	returns								
			and allowances	a		_						
			Less: cost of goods sold			4						
		С	Net income or (loss) from sale									
		_	Miscellaneous Revenu		Business Code							
	11		CENTER FOR RURA		900099	25,000.			16 504			
			MISCELLANEOUS :		900099	16,524.			16,524.			
					900099	15,866.			<u> 15,866.</u>			
			All other revenue			57,390.						
	40		Total. Add lines 11a-11d Total revenue. See instructions.		····· <			535 406	708 228			
	12		TOTAL LEVELLUE, OUR BISH HURSONS.			, _ , _ , _ , _ , _ ,			, ,			

Form 990 (2009)

Part IX Statement of Functional Expenses

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

	All other organizations must compl		not required to comple	te columns (B), (C), and	
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(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 U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	00.000	00.000		
	the U.S. See Part IV, line 22	23,000.	23,000.		
3	Grants and other assistance to governments,	}]		
	organizations, and individuals outside the U.S.		2 222		
	See Part IV, lines 15 and 16	2,000.	2,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 750	75 450	F0 200	
_	trustees, and key employees	125,750.	75,450.	50,300.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	105 205	60 206	35 000	
7	Other salaries and wages	105,385.	69,386.	35,999.	
8	Pension plan contributions (include section 401(k)	F 004	F 765	0 150	
	and section 403(b) employer contributions)	7,921.	5,765.	2,156.	
9	Other employee benefits	16,908.	9,193.	7,715.	
10	Payroll taxes	16,669.	10,487.	6,182.	
11	Fees for services (non-employees):				
а	Management	10.002	10.006	1 105	
b	Legal	18,993.	17,806.	1,187.	
С	Accounting	13,572.	12,724.	848.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	10 620	10 630		
12	Advertising and promotion	12,630.	12,630.	1 500	
13	Office expenses	24,028.	22,526.	1,502.	
14	Information technology	35,690.	19,325.	16,365.	
15	Royalties	22 000	20.050	2.064	
16	Occupancy	33,022.	30,958.	2,064.	
17	Travel	17,883.	10,730.	7,153.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1.60 040	160 040		
19	Conferences, conventions, and meetings	168,049.	168,049.		
20	Interest	15 005	15 005		
21	Payments to affiliates	15,025.	15,025.	116	
22	Depreciation, depletion, and amortization	6,663.	6,247.	416.	
23	Insurance	22,951.	20,656.	2,295.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	40.250	· · · · · · · · · · · · · · · · · ·	12 250	
	TAXES	42,359.	247 071	42,359.	
b		347,871.	347,871. 174,681.		
С	CONTRACT SERVICES	174,681.			
d		113,665.	113,665.		
е		48,497.	48,497.	20 270	
f	All other expenses	86,112.	46,733.	39,379. 215,920.	
25	Total functional expenses. Add lines 1 through 24f	1,479,324.	1,263,404.	415,940.	0.
26	Joint costs. Check here Jif following		r ·		
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				- 000

INC

Part X | Balance Sheet

PartA	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	198,125.	1	108,124.
2	Savings and temporary cash investments	891,859.	2	827,243.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
- 1	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section	}		
ı	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
- }	Part II of Schedule L		6	
ပ္ည 7	Notes and loans receivable, net		7	
Assets 8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other		ĺ	
	basis. Complete Part VI of Schedule D 10a 819,376.	750 026		E20 CEF
l k		750,936.		730,675.
11	Investments - publicly traded securities	1,405,075.	11	1,704,905.
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 Total assets. Add lines 1 through 15 (must equal line 34)	3,245,995.	15 16	3,370,947.
16	Accounts payable and accrued expenses	3,243,333.	17	3,370,347.
17	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ž 22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities 23	highest compensated employees, and disqualified persons. Complete Part II		ŀ	
≒	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. Complete Part X of Schedule D	5,478.	25	1,500.
26	Total liabilities. Add lines 17 through 25	5,478.	26	1,500.
	Organizations that follow SFAS 117, check here and complete			
S	lines 27 through 29, and lines 33 and 34.			
<u>2</u> 27	Unrestricted net assets		27	
ᇏ 28	Temporarily restricted net assets		28	
[29			29	
ឨ │	Organizations that do not follow SFAS 117, check here 🕨 🐰 and			
ğ	complete lines 30 through 34.			•
र्हें 30	·	0.	30	
န္ရွိ 31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances Net Assets or Fund Balances S 2 2 8 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	- ·	3,240,517.	32	3,369,447.
33		3,240,517.	33	3,369,447.
34	Total liabilities and net assets/fund balances	3,245,995.	34	3,370,947.

Form **990** (2009)

Form 990 (2009) INC. 23-7032776 Page 12
Part XI Financial Statements and Reporting

ra	Thancial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		ł	
	review, or compilation of its financial statements and selection of an independent accountant?	2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a		ł	
	consolidated basis, separate basis, or both:	[[ł	
	X Separate basis Consolidated basis Both consolidated and separate basis		j	
За	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?	3a_		X_
b	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.	3b		

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AIRBORNE LAW ENFORCEMENT ASSOCIATION, INC.

Employer identification number

		INC							23	<u>-7032</u>	776		
Part I	Reason f	or Public Chari	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	tructions.					
he organ	ization is not a	private foundation I	because it is: (For lines 1	through 1	1, check o	only one b	ox.)						
1	A church, con	vention of churches	s, or association of churc	ches descr	ibed in se	ction 170	(b)(1)(A)(i)						
2	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)									
3	A hospital or a	a cooperative hospit	tal service organization o	described i	n section	170(b)(1)(A)(iii).						
4	A medical res	earch organization o	operated in conjunction	with a hos	oital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's nam	e,	
	city, and state	o:								_			
5	An organization	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	mental uni	t described	d in			
	section 170(b)(1)(A)(iv). (Comple	ete 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 X	•	•	eives: (1) more than 33 1							•	•		
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
			axable income (less sect	tion 511 tax	x) from bu	sinesses a	cquired b	y the orga	nization af	ter June 3	0, 197	5.	
		509(a)(2). (Complete	•	- A - E L I'		\	- F00/-W						
10	•	•	perated exclusively to tes	•	•			•	u out the n		fono		
11	-	-	perated exclusively for that ations described in section							-)î	
			organization and comple). Oce Sec	otion sost	адор. Опес	K IIIE DOX	uiai		
	a Type !		¬ ·		e III - Func		egrated		d .	Type III - C	Other		
е 🗌	• •		at the organization is not			-	-	r more disc				n	
•			han one or more publicly									•	
f		-	ten determination from t						, (4)(1)		(4)(2).		
•	•		nis box		•		,						
g			organization accepted ar			_			_				
3	•		lirectly controls, either al			•					Yes	No	
	• • •	•	upported organization?	-						11g(i)			
	_		n described in (i) above?										
			person described in (i) o										
h	Provide the fo	ollowing information	about the supported or	ganization((s).								
(i) Name	e of supported	(ii) EIN	(iii) Type of		rganization			(vi) Is organization	the	(vii) An	nount o	f	
org	anization	, ,	organization (described on lines 1-9	in col. (i) lis	sted in your document?		ion in col. r support?	(i) organiz	ed in the	sup	port		
			above or IRC section					U.S					
			(see instructions))	Yes	No	Yes	No	Yes	No				
									1 1				
					ĺ		ĺ						
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				†					1				

	(Form 990 or 990-EZ) 2009
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi

Page 2

	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)	<u> </u>			•
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						J
	governmental unit or publicly						
	supported organization) included]
	on line 1 that exceeds 2% of the						1
	amount shown on line 11,		ļ			1	
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						}
	dividends, payments received on]				}
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business		1]			ļ
	activities, whether or not the						
	business is regularly carried on			 			
10	Other income. Do not include gain						
	or loss from the sale of capital		İ				
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		<u> </u>				
12	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo						. □
Se	organization, check this box and stoction C. Computation of Publ		rcentage				
	Public support percentage for 2009 (column (fl)		14	%
15	Public support percentage from 2008					15	
	a 33 1/3% support test - 2009. If the o						
100	stop here. The organization qualifies						
1	o 33 1/3% support test - 2008.If the o						
•	and stop here. The organization qua						
17:	a 10% -facts-and-circumstances tes						
.,,	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18			-				
							or 990-EZ) 2009

23-7032776 Page 3 Schedule A (Form 990 or 990-EZ) 2009 INC . Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 212,644. 174,504. 169,727. 189,016. 214,675. 960,566. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 590,561. 828,939. 710,063. 521,760. 684,960. 3336283. 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 696,264. 760,288. 1017955. 922,707. 899,635. 6 Total. Add lines 1 through 5 4296849. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. 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 0. c Add lines 7a and 7b 0. 4296849. 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 696,264. 760,288. 1017955 922,707. 899,635 4296849. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 76,974. 121,001. 132,692. 115,748. 98,881 545,296. 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 76,974. 121,001. 132,692. 115,748 98,881. 545,296. 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 25,853. 19,342. 38,528. 52,511 55,858. 192,092. assets (Explain in Part IV.) 799,091. 900,631. 1189175. 1090966. 1054374 5034237. 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 85.35 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 85.88 % Section D. Computation of Investment Income Percentage 10.83 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 10.39 % 19a 33 1/3% support tests - 2009. 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 $\triangleright X$ 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Inspection

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury nternal Revenue Service

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. AIRBORNE LAW ENFORCEMENT ASSOCIATION, Employer identification number Name of organization 23-7032776 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures ________ > \$ ___ 3 Volunteer hours Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 _____ > \$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? Yes No b If "Yes." describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ______ ▶\$ _ Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

LHA

AIRBORNE LAW ENFORCEMENT ASSOCIATION, Schedule C (Form 990 or 990-EZ) 2009 INC . 23-7032776 Page 2 Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). if the filing organization belongs to an affiliated group. A Check ► if the filing organization checked box A and "limited control" provisions apply. B Check ▶ (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) 7,014. b Total lobbying expenditures to influence a legislative body (direct lobbying) 7,014. c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures 1,121,533. Total exempt purpose expenditures (add lines 1c and 1d) 1,128,547. 187.855. Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000 but not over \$17,000,000 \$1,000,000. Over \$17,000,000 46,964. q Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0-0. 0. i Subtract line 1f from line 1c. If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Nο reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) Total (or fiscal year beginning in) 185,646. 187,855 373,501. 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) 560,252.

 Calendar year (or fiscal year beginning in)
 (a) 2006
 (b) 2007
 (c) 2008
 (d) 2009
 (e) Total

 2a Lobbying nontaxable amount
 185,646.
 187,855.
 373,501.

 b Lobbying ceiling amount (150% of line 2a, column(e))
 560,252.

 c Total lobbying expenditures
 23,247.
 7,014.
 30,261.

 d Grassroots nontaxable amount (150% of line 2d, column (e))
 46,412.
 46,964.
 93,376.

 f Grassroots lobbying expenditures
 140,064.

Schedule C (Form 990 or 990-EZ) 2009

AIRBORNE LAW ENFORCEMENT ASSOCIATION, Schedule C (Form 990 or 990-EZ) 2009 23-7032776 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). No Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a b Carryover from last year 2b Total _____ Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

AIRBORNE LAW ENFORCEMENT ASSOCIATION, Name of the organization Employer identification number 23-7032776 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year 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? 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 conferning impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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. If the organization elected, as permitted under SFAS 116, 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

the following amounts required to be reported under SFAS 116 relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

\$ \ \\$

	dule D (Form 990) 2009 INC.				_		<u>703277</u>		
Par	t III Organizations Maintaining Co	ollections of Ar	<u>t, Historical T</u>	reasures, or	Other	Similar As	sets (conti	nued)	
3	Using the organization's acquisition, accessio	n, and other records	s, check any of th	e following that	are a sign	ificant use of	its collection	n item	s
	(check all that apply):								
а	Public exhibition	d	Loan or ex	change progran	ns				
b	Scholarly research	е	Other						
С	Preservation for future generations	*							
4	Provide a description of the organization's col	llections and explair	how they further	the organization	n's exemp	t purpose in l	Part XIV.		
5	During the year, did the organization solicit or	receive donations of	of art, historical tre	easures, or other	r similar as	sets			
	to be sold to raise funds rather than to be ma	<u>intained as part of th</u>	ne organization's	collection?_,			Yes_		No
Par			te if organization	answered "Yes"	to Form 9	990, Part IV, I	ne 9, or		
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	ons or other ass	ets not inc	luded		_	,
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fol	lowing table:						
							Amount	<u>t</u>	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
	Ending balance					1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?				Yes		No
	If "Yes," explain the arrangement in Part XIV.								
Par	t V Endowment Funds. Complete if	the organization an							
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years ba	ack (e) Four	years	<u>back</u>
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses			 _					
d	Grants or scholarships								
е	Other expenditures for facilities				ł		İ		
	and programs								
f	Administrative expenses						_		
g	End of year balance								
2	Provide the estimated percentage of the year		s:						
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		6							
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held	and administer	ed for the	organization	Γ		
	by:							Yes	<u>No</u>
	(i) unrelated organizations							-	
	(ii) related organizations								
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?				3b		
4	Describe in Part XIV the intended uses of the								
Pa	rt VI Investments - Land, Building								
	Description of investment	(a) Cost or o	' '	st or other		umulated	(d) Boo	k valu	е
		basis (investr		is (other)	depre	ciation		1 _	-
	Land	- 40				4 005		$\frac{1}{2}, \frac{2}{2}$	
b	Buildings		866.		2	4,927.	51	8,9	<u> 39.</u>
С	Leasehold improvements			74 010					
d	Equipment			74,310.	6	3,774.	1	0,5	<u> 36.</u>
	Other								7.5
T-4-	J. Add lines to through to (Column (d) must e	qual Form 990 Part	X column (R) line	2 10(c))			73	0.6	15.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 INC. 23-7032776 Page **3** Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives Closely-held equity interests Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes 1,500. DEPOSITS Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 1,500.

2. FIN 48 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.

	tyl Decorpilation of Change in Net Access from Form 200 to	A alit a ! !	Cin on o' - 1 O'	23-	7032776	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited I		ement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)				<u>1,608</u> ,	
2	Total expenses (Form 990, Part IX, column (A), line 25)				<u>1,479</u> ,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1				<u> 128</u> ,	930.
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities		5			
6	Investment expenses					
7	Prior period adjustments					
8	Other (Describe in Part XIV.)					
9	Total adjustments (net). Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and				128.	930.
Par	t XII Reconciliation of Revenue per Audited Financial Statemer			Return		
1	Total revenue, gains, and other support per audited financial statements			1	1,608,	254.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a		1 1		
b	Donated services and use of facilities			7 /		
С	Recoveries of prior year grants			7		
d	Other (Describe in Part XIV.)			7		
-	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1				1,608,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	• • • • • • • • • • • • • • • • • • • •			_,,,,,,	<u></u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)			7]		
	Add lines 4a and 4b			4c		_ 0.
5	Table 2 Addition 2 and 2 (Triangle 2002 Ball for 40)				1,608,	
	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses pe		n <u> </u>	4710
1	Total expenses and losses per audited financial statements				1,479,	324
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•••••••••	<u> </u>	±, ±, 5,	<u>J 2 4 .</u>
a	Donated services and use of facilities	2a		1 1		
b	Prior year adjustments			-		
c	Other losses			7		
d	Other (Describe in Part XIV.)	1 1		-		
_	Add lines 2a through 2d					0.
3	Subtract line 2e from line 1			3	1,479,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	••••••		3	<u> </u>	344.
-	Investment expenses not included on Form 990, Part VIII, line 7b	40				
a		4a		- (
	Other (Describe in Part XIV.)	4b_		- I		^
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	1,479,	$\frac{0.}{324.}$
5 Pai	t XIV Supplemental Information			5	1,4/9,	324.
		linos 1s ss	d 4: Port IV lines	1b and 0	b. Dort V. Barri	I. Doct
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,					+, ⊢aπ
^, iii	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	ete triis pan	to provide any ac	Julional I	iiiomation.	

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990. Part IV, line 14b, 15, or 16.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990.
➤ See separate instructions.

Name of the organization **Employer identification number** AIRBORNE LAW ENFORCEMENT ASSOCIATION, INC. 23<u>-</u>7032<u>7</u>76 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region agents in program services, grants to describe specific type for region region recipients located in the region) of service(s) in region SAFETY SEMINAR AND ATITC NORTH AMERICA PROGRAM SERVICE COURSE IN CANADA 17,725. 17 725 Totals |

AIRBORNE LAW ENFORCEMENT ASSC

(i) Method of valuation (book, FMV, appraisal, other) Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by of cash grant cash disbursement (f) Manner of (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 (d) Purpose of grant Use Schedule F-1 (Form 990) if additional space is needed. (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable). Schedule F (Form 990) 2009 (a) Name of organization Part N

Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. 23-7032776 Use Schedule F-1 (Form 990) if additional space is needed.

Page 3

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2009

AIRBORNE LAW ENFORCEMENT ASSOCIATION, 23-7032776 Page 4 Schedule F (Form 990) 2009 Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information. SCHEDULE F, PART I, LINE 3: ALL EXPENDITURES ARE SUBJECT TO THE STANDARD CONTROLS AND APPROVAL PROCEDURES AS ARE APPLICABLE TO OTHER EXPENDITURES.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.
SCHEDULE I	Department of the Treasury
(Form 990)	Internal Revenue Service

Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	e to Organization in the United Sta	is, ates		2009	6
Department of the Treasury Internal Revenue Service		Compl	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" on Fo ➤ Attach to Form 990.	" on Form 990, Pa 'm 990.	art IV, line 21 or 22.		Open to Public Inspection	ublic
Name of the organization	INC.	LAW ENFOR	1 1	ASSOCIATION,				Employer identification number 23-706	number 2776
Part I General Info	General Information on Grants and Assistance	and Assistance							
1 Does the organiza criteria used to aw	Does the organization maintain records to substantiate the amount of th criteria used to award the grants or assistance?	to substantiate the stance?	e amount of the grants	s or assistance, the	e grantees' eligibilit	ty for the grants or ass	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes	8
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	oring the use of grant	funds in the Unite	d States.				
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient force than \$5,000. Check this box if no one recipient force than \$5,000.	Governments and	d Organizations in the	e United States. C	Complete if the org	anization answered "Y	Yes" to Form 990, Part	IV, line 21, for any	
1 (a) Name and add	1 (a) Name and address of organization or government or go	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
- 1	Enter total number of section 501(c)(3) and government organizations	nd government orç	janizations						
-	Enter total number of other organizations	8		1				A	
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990	ction Act Notice,	see the instructions i	for Form 990.				Schedule I (Form 990) 2009	90) 2009

AIRBORNE LAW ENFORCEMENT ASSO

23-7032776 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009 Part III

Page 2

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 23,000, (c) Amount of cash grant (b) Number of recipients 123 (a) Type of grant or assistance SCHOLARSHIPS 932102 02-02-10

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

AIRBORNE LAW ENFORCEMENT ASSOCIATION, Name of the organization Employer identification number INC. 23-7032776 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AGENCIES IN SUPPORT OF PUBLIC SAFETY MISSIONS THROUGH TRAINING. NETWORKING, ADVOCACY AND EDUCATIONAL PROGRAMS. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S MEMBERS ELECT THE MEMBERS OF THE GOVERNING BOARD. FORM 990, PART VI, SECTION A, LINE 7B: ANY DECISIONS MADE BY THE BOARD THAT AFFECT THE RIGHTS OF MEMBERS ARE SUBJECT TO MEMBERSHIP APPROVAL. FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTEE, WHICH ACTS ON BEHALF OF THE BOARD WHEN THE BOARD IS NOT IN SESSION, APPROVES FORMS 990 AND 990T PRIOR TO SUBMISSION. INDEPENDENTLY AUDITED FINANCIAL STATEMENTS PREPARED ON THE MODIFIED CASH BASIS ARE REVIEWED BY THE FULL BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: DISCLOSURE OF CONFLICT OF INTERESTS. DISCLOSURE IS REQUIRED WHENEVER A CONFLICT MAY EXIST. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE UTILIZES COMPENSATION DATA AVAILABLE THROUGH THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES, HISTORICAL EXECUTIVE COMPENSATION AND FINANCIAL RESOURCES AVAILABLE TO DETERMINE INITIAL COMPENSATION. ANNUAL ADJUSTMENTS ARE

PERFORMANCE BASED DETERMINED BY ANNUAL EVALUATION PERFORMED BY THE

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

AIRBORNE LAW ENFORCEMENT ASSOCIATION, Name of the organization Employer identification number 23-7032776 INC. EXECUTIVE COMMITTEE AND REPORTED TO THE FULL BOARD. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, ARE AVAILABLE ON THE ORGANIZATIONS WEBSITE. THE IRS DETERMINATION LETTER AND SIX-YEARS OF 990 FILINGS WITH THE IRS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. OTHER FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST PART XI, LINE 2C - THE PROCESS FOR APPROVAL OF FORM 990 HAS NOT CHANGED FROM THE PRIOR YEAR.

Schedule R (Form 990) 2009 2009 Open to Public **Employer identification number** OMB No. 1545-0047 Inspection Direct controlling Direct controlling 23-7032776 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets status (if section Public charity 501(c)(3)) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total income section 501(C)(6) ▼ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) CALIFORNIA AIRBORNE LAW ENFORCEMENT ASSOCIATION, LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ▶ Attach to Form 990. Primary activity Primary activity CCREDITATION OF LAW INDUSTRY STANDARDS 9 9 DEVELOPMENT AND AIRBORNE LAW ENFORCEMENT ACCREDITATION Name, address, and EIN Name, address, and EIN of related organization of disregarded entity COMMISSION INC, - 56-2308304 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part Part II

Schedule R (Form 990) 2009 INC.
Identification of Belefad Organizations Taxable

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

23-7032776

General or managing partner? Yes No Percentage ownership Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Code V-UBI amount in box r 20 of Schedule K-1 (Form 1065) Share of end-of-year assets \equiv ate allocations? Disproportion-Yes Ξ Share of total income \boldsymbol{arphi} Share of end-of-year assets Ō Type of entity (C corp, S corp, or trust) ፱ Share of total income $\boldsymbol{\varepsilon}$ (d)
(d)
(l Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) <u>છ</u> Direct controlling entity Primary activity ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization (a) 932162 02-04-10 Part IV

Schedule R (Form 990) 2009 INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule.			Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity		12		×
		£		×
		٤		×
כ כווני נומוי, טו מקוומ טוונוטמוטו ווסוו סמופן טומווגמוטון אין אין אין אין אין אין אין אין אין אי		<u>2</u>		:
d Loans or loan guarantees to or for other organization(s)		2		×
:		-		×
f Sale of assets to other organization(s)		+		×
o Purchase of assets from other organization(s)		7		×
		1		Þ
n Exchange of assets		S :		4
i Lease of facilities, equipment, or other assets to other organization(s)		=		×
i lease of facilities, equipment, or other assets from other organization(s)		÷		×
		•		;
K Periormance of services of membership of fundraishing solicitations for ourier organization(s)		¥ ;		4 >
Performance of services or membership of fundraising solicitations by other organization(s)		=		۱ 🌣
m Sharing of facilities, equipment, mailing lists, or other assets		타		×
n Sharing of paid employees		t t		×
 Reimbursement paid to other organization for expenses 		10		×
p Reimbursement paid by other organization for expenses		1p		×
		_		
q Other transfer of cash or property to other organization(s)		1q	×	
r Other transfer of cash or property from other organization(s)		4		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds.			
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	volvec	-
(1) AIRBORNE LAW ENFORCEMENT ACCREDITATION COMMISSION INC.	ø	1	15,02	025.
(2)				
(3)				
(4)				
(9)				}
(9)				
932163 02-04-10	Sche	Schedule R (Form 990) 2009	(066	5003

Page 4

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	1.00		5				
(a)	(a)	(0)	(g)	(e)		(6)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end of-	Dispropor- tionate	Code V-UBI	General or
of entity		(state or foreign country)	Yes No	year assets		of Schedule K-1 (Form 1065)	
			_				
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