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)

OMB No 1545-1150

2016

▶ Do not enter social security numbers on this form as it may be made public. ▮

Department of the Treasury Internal Revenue Service

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

B Check despetable. C Name of organization	Α	A For the 2016 calendar year, or tax year beginning , 2016, and ending , 2										
Number and street for 10 bots, if mail in not delivered to street address) Reconvisuals E Telephone number (513) 979-4400	В	Check if a	applicable. C Name of organization DEn				identification number					
Number and street of PO box, if mad is not delivered to street address) Room/suite E Telephone number		Address	change	CINCINNATI POLICE ACTIVITIES I FACHE		}	AC 1605715					
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Website: ► NIA Tax-exempt status (check only one) -		Application	on pending		\mathcal{O}							
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K Form of organization:	1	Website	e:▶ <u>N/A</u>									
Comporation Comporation Trust Association Other	J.	J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF).										
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets												
(Part II., column (6) below) are \$500,000 or more, file Form 990 instead of Form 990.E2 .					nore, or if tota	l assets						
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 1 Contributions, gifts, grants, and similar amounts received. 1 S3,396 1 Program service revenue including government fees and contracts 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 4 Membership dues and assessments 5 Gross amount from sale of assets other than inventory 5 Gain or lloss) from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 5 Gain or lloss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Gain or lloss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Gain or lloss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Gain or lloss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Gain or lloss) from fundraising events (and lines 6a and 6b and subtract line 6c) 6 C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 C Horn fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross prior or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Corpos profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Corpos profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Corpos profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Corpos profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Corpos profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Corpos profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Corpos profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 D Grants and similar amounts paid list in Schedule O) 9 Total expenses. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Co						aoaata ▶	•					
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Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 Net assets or fund balances at end of year. Combine lines 18 through 20 11 12 13 500 14 15 16 17 18 18 19 19 10 10 10 11 11 12 13 14 15 16 17 18 18 18 19 19 10 10 10 10 11 12 13 14 15 16 17 18 18 19 19 10 10 10 10 10 11 12 13 14 15 16 17 18 18 19 19 10 10 10 10 10 10 10 10		9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	_ 	. ▶ 9	53,399					
Professional fees and other payments to independent contractors. Occupancy, rent, utilities, and maintenance. Printing, publications, postage, and shipping. Other expenses (describe in Schedule O). Total expenses. Add lines 10 through 16. Recess or (deficit) for the year (Subtract line 17 from line 9). 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). Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 18 through 20. 13 500 14 500 15 16 2,849 17 18 50,050 18 50,050 19 Other changes in net assets or fund balances (explain in Schedule O). Other changes in net assets or fund balances at end of year. Combine lines 18 through 20.		10	Grants and	similar amounts paid (list in Schedule O)		10						
Professional fees and other payments to independent contractors. Occupancy, rent, utilities, and maintenance. Printing, publications, postage, and shipping. Other expenses (describe in Schedule O). Total expenses. Add lines 10 through 16. Recess or (deficit) for the year (Subtract line 17 from line 9). 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). Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 18 through 20. 13 500 14 500 15 16 2,849 17 18 50,050 18 50,050 19 Other changes in net assets or fund balances (explain in Schedule O). Other changes in net assets or fund balances at end of year. Combine lines 18 through 20.	<u> </u>	111	Benefits pa	id to or for members	ED.	11						
Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 Printing, publications, postage, and shipping 15 2,849 17 18 500 14 2,849 17 3,349 18 50,050 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) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 Printing, publications, and maintenance 14 15 16 2,849 17 18 50,050 18 50,050 19 Net assets or fund balances at end of year. Schedule O) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20	75	12		her compensation, and employee benefits	ان	. 12						
Total expenses. Add lines 10 through 16	>હુ	13			181		500					
Total expenses. Add lines 10 through 16	ڰؚ؞ڎ	{		rest utilities and maintenesses.	2017 151							
Total expenses. Add lines 10 through 16	깛	1		101	05							
Total expenses. Add lines 10 through 16	₹	1	•									
17 Idal expenses. Add lines to through 16		16		nses (describe in Schedule O)	النسنيالياني		1					
21 Net assets of full distances at end of year. Combine lines to through 20	٩	17		nses. Add lines to through to			3,349					
21 Net assets of full distances at end of year. Combine lines to through 20	FR	18										
21 Net assets of full defailles at end of year. Combine lines to through 20	9	19			(must agree	with	5 2					
21 Net assets of full distances at end of year. Combine lines to through 20	Š		end-of-year	r figure reported on prior year's return)								
21 Net assets of full defailles at end of year. Combine lines to through 20	<u>ئ</u>	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		<u> </u>	1					
	ž	21					62 311					
	For				No. 106421							

Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	e O to respond to a	iny question in this	Part II		[
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			12,261	22	62,31
23	Land and buildings				23	·
24	Other assets (describe in Schedule O)				24	····
25	Total assets			12,261		62,31
26 27	Total liabilities (describe in Schedule O)	· · · · · · · ·			26	
Par	Net assets or fund balances (line 27 of column till Statement of Program Service Accom			12,261	2/	62,31
) GI	Check if the organization used Schedule				}	Expenses
Wha	t is the organization's primary exempt purpose?		ary question in this	Taitii E		quired for section
	cribe the organization's program service accompl		of its three largest :	rogram consider	, .	(c)(3) and 501(c)(4) anizations, optional for
as n	neasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe th	e services provide	d, the number of		ers)
	IMPROVING POLICE COMMUNITY RELATIONS BY S	 	ACTIVITIES INVOLV	ING POLICE		<u> </u>
	OFFICERS AND UNDER PRIVILEGED AND/OR AT RI					ł

		t includes foreign gr			28a	2,85
29	OHIO ASSOCIATION OF POLICE ATHLETIC LEAGU	ES, INC 2015 GRAN	IT REIMBURSEMEN			
	(Grants \$) If this amount	t includes foreign gra	ente chock horo	• [7]	29 a	
30	(Crains 4) It this amount	includes loreign gra	and, check here .		250	+
	`		**			
	(Grants \$) If this amount	includes foreign gr	ants, check here .	▶ 🛚	30a	
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	2,859
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				istru	ctions for Part IV)
	Check if the organization used Schedule	1	(c) Reportable	(d) Health benefits,	÷	
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employed benefit plans, and	0	Estimated amount of ther compensation
JOSE	PH WILLIAMS, EXECUTIVE DIRECTOR					
		ļ		<u> </u>	4	
JACK	(IE DAVIS, VICE CHAIRMAN/COMMUNITY DIRECTOR					
TIMO	TUV UEVI DIRECTOR				+-	
LIMIO	THY HEYL, DIRECTOR	-				
DOR	OTHY P. SMOOT, CEO			 	+-	
HELE	N MATHIS, PROGRAM OFFICER AND TREASURER					
WILL	IAM D. BELL, JR., PROGRAM DIRECTOR	.]	}	}	1	
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		4		}	}	

BAO Page 3

i din				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V. Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	NO ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	 	1
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	100 To 1	200	1
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	34. V.		介色素 在心的
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	No.		
39	Section 501(c)(7) organizations. Enter:	1.4	200	
а	Initiation fees and capital contributions included on line 9			英學
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	5 7	ا مارون پېرون	
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		4,5 4
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		100 mg	EE
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		7643.7 (2) (4)	
	on organization managers or disqualified persons during the year under sections 4912,		(F)	
	4955, and 4958		175	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ OHIO			
42a	The organization's books are in care of ▶ LT. J. WILLIAMS Telephone no. ▶ (5)	13) 35	2-294	9
	Located at ► 310 EZZARD CHARLES, CINCINNATI, OHIO ZIP + 4 ►	452		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	-	1
	If "Yes," enter the name of the foreign country: ▶	Signal Services	37.4	2
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	4.35	逐漸	\$ 5 Lever
	Financial Accounts (FBAR).	5, "grav". 2 `4	ا مداو للمدارية	
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c	l	✓
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.)	► □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	差於	(A)
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	F 17.7	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Ţ
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45b		
		770		

Form	990-EZ	(2016)

Dage	•
פחפש	

	2.3					TO ALESS	Yes	No
46'	Did the organization engage, directly or i to candidates for public office? If "Yes,"	ndirectly, in political c	campaign activities on	behalf of or in	oppositio	مستعد		
Part		s only	, raili			46		
	All section 501(c)(3) organization	-	estions 47–49b and	52 and comp	lete the t	tables f	or line	26
	50 and 51.	o maor anomor que	odono 47 405 ana	02, and 00mp		tables i	OI 11116	53
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI .				
							Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect duri	ng the ta	x 🗀		
	year? If "Yes," complete Schedule C, Par	•				47		✓
48	Is the organization a school as described i					48		✓_
49a	Did the organization make any transfers t		~			49a		√
- b	If "Yes," was the related organization a se					49b		
50	Complete this table for the organization's employees) who each received more than							з кеу
	(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 bend contributions to er benefit plans, and compensation	efits, nployee (e deferred) Estimate other com	d amou	
NONE						·········		
								
				 				
					1			
51	Total number of other employees paid ov Complete this table for the organization' \$100,000 of compensation from the orga	s five highest compe nization. If there is no	ensated independent one, enter "None."			eceived		than
	(a) Name and business address of each independ	ent contractor	(b) Type of servi	Ce	(6) (6)			
								
	······							
			· · · · · · · · · · · · · · · · · · ·					
				1				
	Total number of other independent	eters each security	over \$100,000					
52	Total number of other independent contra Did the organization complete Schedu	_		izatione must	attach a			
	completed Schedule A		· · · · · · ·			☑ Yes		0
	enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other than							
	Wart Min	Lion 2		1//-	15-1	7		
Sign	Signature of officer			Date		7		
Here	LT. JOSEPH WILLIAMS, EXECUTO	R DIRECTOR	Λ					
	Type or print name and title	A						
Paid	Print/Type preparer's name	Prepart Signature	TY 1/1 Date	11 31/1 Cr	eck 🗹 if	PTIN		7
Prep		1 10/11	1all An	/ / se	lf-employed			
Use (Only Firm's name ► WILLIAM D. BELL, SR Firm's address ► STE 604, 830 MAIN S	ATTORNEY-AT-LAW	HIO 45202	Firm's Ell Phone no		31-1277	920	
May th	ne IRS discuss this return with the preparer			i Friorie no		✓ Yes	□N	0
								

SCHEDULE A (Form 990 of 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.

Inspection

06-1695715

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number CINCINNATI POLICE ACTIVITIES LEAGUE

	Reason for Public Cha						ons.		
The o	organization is not a private founda	ation because it	is: (For lines 1 throug	h 12, che	ck only c	ne box.)			
1	A church, convention of church	hes, or associat	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	CICA		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3									
4									
	hospital's name, city, and stat								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local gover	nment or govern	nmental unit describe	d in sect i	on 170(b)(1)(A)(v).			
7									
8	A community trust described in	n section 170(b)(1)(A)(vi). (Complete	Part II.)					
9	An agricultural research organ or university or a non-land-grauniversity:	int college of ag	riculture (see instructi	ons). Ent	er the na	me, city, and state o	f the college or		
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and ur	unctions—subject to d related business taxa	certain ex ible incor	ceptions, ne (less s	, and (2) no more tha section 511 tax) from	an 331/3% of its		
11	☐ An organization organized and								
12	An organization organized and	operated exclu	sively for the benefit o	of, to perf	orm the f	unctions of, or to ca	rry out the purposes		
	of one or more publicly suppo	orted organization	ons described in sect	ion 509(a	a)(1) or s	ection 509(a)(2). Se	e section 509(a)(3)		
	Check the box in lines 12a thro	ough 12d that de	scribes the type of su	pporting	organızat	ion and complete line	es 12e, 12f, and 12g		
а	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	elect a ma	ajority of				
b	Type II. A supporting organ control or management of organization(s). You must	the supporting o	organization vested in	the same					
c	Type III functionally integrates supported organization(rated. A suppor	tıng organizatıon ope	rated in c			ally integrated with,		
d	☐ Type III non-functionally i		-		-		orted organization(c)		
•	that is not functionally integree requirement (see instruction	grated. The orga	inization generally mu	st satisfy	a distribi	ution requirement an			
е	Check this box if the organ	ızatıon received	a written determination	on from t	he IRS th	at it is a Type I. Type	e II. Type III		
	functionally integrated, or T						- , ,,		
f	Enter the number of supported of	organizations .							
_ g	Provide the following information								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
			 		 -	 	 		
(A)				<u> </u>					
(B)									
(C)									
(D)									
(E)									
Total		The British	1142 300	A. 176 64					

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support			,,,		···/	
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts. grants, contributions, and membership fees						0
	received. (Do not include any "unusual grants.")	24907.00	6200.00	7288.00	5759.00	53396.00	97550.00
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0,000.00
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	24907.00	6200.00	7288.00	5759.00	53396.00	97550.00
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						4
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	24907.00	6200.00	7288.00	5759.00	53396.00	97550.00
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	40.00	2.00	3.00	2.00	2.00	24.00
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	10.00	6.00	3.00	2.00	3.00	24.00
c	Add lines 10a and 10b	10.00	6.00	3.00	2.00	3.00	24.00
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	24917.00	6206.00		7291.00	53399.00	97574.00
14	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>	d, third, fourth,	-		501(c)(3)
Secti	on C. Computation of Public Suppor	<u>_</u>					
15	Public support percentage for 2016 (line 8		•	3, column (f))		15	100 %
16	Public support percentage from 2015 Sch			<u> </u>	<u></u>	16	100 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2016 (•		* * * *	17	%
18	Investment income percentage from 2015					18	<u>%</u>
19a	331/3% support tests—2016. If the organi 17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	orted organizatio	on . 🕨 📝
b	331/2% support tests – 2015. If the organiz line 18 is not more than 331/2%, check this b	box and stop h	ere. The organi	zation qualifies	as a publicly su	upported organi	zation 🕨 🔲
20	Private foundation If the organization du	d not check a l	nox on line 14	10a or 10h of	hack this hav	and see instru	rtions -

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number **CINCINNATI POLICE ACTIVITIES LEAGIE** 06-1695715 FORM 990-EZ, LINE 16- OTHER EXPENSES INSURANCE \$ 809.00 PROGRAM SERVICES- OHIO PAL YOUTH LEADERSHIP CONFERENCE 2040.00 TOTAL LINE 16 - OTHER EXPENSES \$ 2849.00 FORM 990-EZ, PART III ORGANIZATION'S EXEMPT PURPOSE: TO IMPROVE POLICE COMMUNITY RELATIONS BY SPONSORING YOUTH ACTIVITIES INVOLVING AT RISK AND LOW INCOME YOUTHS.