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.

OMB No. 1545-0047 Open to Public Inspection

A	For the 20	06 calendar year, or tax year beginning		and en	ding		_			
В	Check if applicable:	Please C Name of organization					D Empl	oyer ide	entification numb	er
	Address	use IRS AIRBORNE LAW ENFORCEM	ENT ASSOCIAT	ION	,	ì	~ ~		20006	
닏	Change Name	print or INC.  type.  Number and street (or P.O. box if mail is not.)				T5			32776	
늗	change	See Number and Street (or F.O. DOX in main is not				Room/suite				_
F	return Final	Specific 411 AVIATION HWY, SUI	TE 200			<u> </u>			631-240	
늗	return Amended	tions. City or town, state or country, and ZIP + 4					F Accoun	ting metho ther pecify)	d: X Cash	Accrual
누	return Application	FREDERICK, MD ZI/UI	nanavamat aharitahla trua	*n						
_	lpending	must attach a completed Schedule A (Form 990	or 990-EZ).	ıs					on 527 organiza	
^	Wahaita. N	►WWW.ALEA.ORG	•			Is this a group re If "Yes," enter nur				LA_ NO
		ion type (check only one) ► X 501(c) (3 ) < (insert no	o.) 4947(a)(1) or	527	٠.	Are all affiliates in				No
-		e if the organization is not a 509(a)(3) supporting				(If "No," attach a	list.)		• ==	L NO
		re normally <b>not</b> more than \$25,000. A return is not require		3	H(d)	ls this a separate ganization cover	return	filed by	an or-	X No
		o file a return, be sure to file a complete return.	a, but it the organization			Group Exemption			N/A	22.110
									on is <b>not</b> required	to attach
L	Gross rece	eipts: Add lines 6b, 8b, 9b, and 10b to line 12	1,510,91	2.		Sch. B (Form 99				i to attach
		Revenue, Expenses, and Changes in N	et Assets or Fund	Bala			,			
	_	Contributions, gifts, grants, and similar amounts received				·····				
		Contributions to donor advised funds		1a						
		Direct public support (not included on line 1a)		1b						
	C	Indirect public support (not included on line 1a)		1c						
		Government contributions (grants) (not included on line						1		
										0.
		Program service revenue including government fees and contracts (from Part VII, line 93)							1,190,	
		Membership dues and assessments								727.
		Interest on savings and temporary cash investments								001.
		Dividends and interest from securities						5		
		Gross rents	1	6a						
	b	Less: rental expenses		6b		-		- 1		
a	l c	Net rental income or (loss). Subtract line 6b from line 6a					6c			
Š	7	Other investment income (describe )						7		
Revenue	8 a	Gross amount from sales of assets other	(A) Securities			(B) Other				
ш	1	than inventory		8a						
	b	Less: cost or other basis and sales expenses		8b						
		Gain or (loss) (attach schedule)		8c						
		Net gain or (loss). Combine line 8c, columns (A) and (B) $$				<del> </del>	L	8d		
		Special events and activities (attach schedule). If any amount		1	▶∟		1			
		Gross revenue (not including \$ of co		9a						
		Less: direct expenses other than fundraising expenses		9b						
		Net income or (loss) from special events. Subtract line 9b				10 2		9c		
		Gross sales of inventory, less returns and allowances		10a		10,3				
		Less: cost of goods sold <b>STATE</b> Gross profit or (loss) from sales of inventory (attach sche		10b	10-	8,9		40	1	400
								10c		408. 342.
	12	Other revenue (from Part VII, line 103)	and 11				····· <del> -</del>	12	1,501,	
	13	Program services (from line 44, column (B))	wid II					13	1,054,	
ë	14	Management and general (from line 44, column (C))					·····	14		785.
Expenses	15							15		, <u>, , , , , , , , , , , , , , , , , , </u>
Ž,	16	Fundraising (from line 44, column (D))  Payments to affiliates (attach schedule)						16		
		Total expenses. Add lines 16 and 44, column (A)						17	1,149,	739.
	18	Excess or (deficit) for the year. Subtract line 17 from line						18		243.
Net	19	Net assets or fund balances at beginning of year (from lin						19	2,443,	
Ž	20	Other changes in net assets or fund balances (attach expl					- 1	20		0.
		Net assets or fund balances at end of year. Combine lines						21	2,795,	973.

INC.

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Page 2

Pa	art II					(D) are required for section trusts but optional for othe	
		t include amounts reported on line b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants	paid from donor advised funds					
	(attach	schedule)				•	
	(cash \$_	^	0.				
	If this am	ount includes foreign grants, check here	22a				
22b	Other o	grants and allocations (attach sched	ule)				
	(cash \$_	0 • noncash \$	0.			ŗ	
	If this am	ount includes foreign grants, check here	22b				
23	Specifi	c assistance to individuals (attach					
	schedu	ıle)	23				
		s paid to or for members (attach					
	schedu	ıle)	24				
		sation of current officers, directors, key					
	employe	ees, etc. listed in Part V-A STMT 4	25a	120,333.	81,180.	39,153.	0.
b	Comper	sation of former officers, directors, key					
	employe	ees, etc. listed in Part V-B	25b	0.	0.	0.	0.
C	Comper	sation and other distributions, not include	ded				
	above, t	o disqualified persons (as defined under					
	section	4958(f)(1)) and persons described in	1				
		4958(c)(3)(B)	25c				
		s and wages of employees not					
		ed on lines 25a, b, and c	26	69,818.	59,424.	10,394.	
		n plan contributions not included or	··· —				****
		5a, b, and c			\		
		vee benefits not included on lines					
		7	28	30,992.	22,935.	8,057.	
		taxes					····
		sional fundraising fees					
		nting fees	, ,	10,528.	9,869.	659.	
		ees		16,939.	15,880.	1,059.	
		98		39,315.	36,619.	2,696.	
		one		5,094.	4,776.	318.	
		e and shipping	··· <del>   </del>	12,692.	12,058.	634.	
		ancy		42,396.	27,720.	14,676.	
		nent rental and maintenance	··· \	22/3/00	2777200	11/0/01	
		g and publications	···   •••	305,038.	305,038.		
		g and publications		303,030.	303,030.	***************************************	
		ences, conventions, and meetings		214,525.	214,525.		
		t		214,323.	214, 323.		
		ciation, depletion, etc. (attach schedule		21,222.	19,896.	1,326.	
	-	expenses not covered above (itemize	<i>'</i>	STMT 8	10,000.	1,320.	
		expenses not covered above (itemize	43a		<u> </u>	1	
a		·····	43b				
b							
Ç			43c			<del></del>	
0			43d				
e			43e				
1	CEI	C CMV MEMBNIM 3	_ 43f	260 947	245 024	15 012	
		STATEMENT 3	43g	260,847.	245,034.	15,813.	
44		nctional expenses. Add lines 22a throug					
		rganizations completing columns (B)-(D)		1 140 730	1 054 054	04 705	•
		ese totals to lines 13-15)	44	1,149,739.	1,054,954.	94,785.	0.
		s. Check Lif you are follow	-		and in (P) Door	0	ੋ <sub>V-2</sub> ਦਿੱ]
		costs from a combined educational carr					Yes X No
		r (i) the aggregate amount of these joint	_		ii) the amount allocated to I	-	<u>N/A</u> ;
(iii)	the amo	unt allocated to Management and genera	ai \$	N/A ; and (	iv) the amount allocated to	Fundraising \$	N/A
6230 01-2	3-07						Form <b>990</b> (2006)

#### AIRBORNE AW ENFORCEMENT ASSOCIATION

Form 990 (2006) INC. 23-7032776 Page 3

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	at is the organization's primary exempt purpose?	Program Service
All o	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	MAJOR ACCOMPLISHMENTS ARE ANNUAL NATIONAL CONFERENCE, REGIONAL SAFETY SEMINARS, AND PUBLICATION OF A PROFESSIONAL MAGAZINE. OFFICERS AND DIRECTORS ARE VOLUNTEERS. MEMBERSHIP IS APPROXIMATELY 2,750.	
b	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	1,054,954.
<u>c</u>	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
d	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
е 	Other program services (attach schedule)  (Grants and allocations \$ ) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (Should equal line 44, column (B), Program services)	1.054.954.

Form **990** (2006)

INC.

23-7032776

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Pai	t IV	Balance Sheets (See the instructions.)					
Note		ere required, attached schedules and amounts wit ald be for end-of-year amounts only.	hin the	description column	(A) Beginning of year		(B) End of year
					C7C CCA		206 270
	45	=			676,664. 1,740,156.	45 46	296,279. 2,473,138.
	46	Savings and temporary cash investments			1,740,150.	40	2,4/3,130.
	47 a	Accounts receivable	47a				
		Less: allowance for doubtful accounts				47c	
		Pledges receivable					
	b	Less: allowance for doubtful accounts				48c	
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, di					
		key employees				50a	
	D	Receivables from other disqualified persons (as				50b	
Assets	E4 A	4958(f)(1)) and persons described in section 495		I i		200	
Ass		Other notes and loans receivable  Less; allowance for doubtful accounts				51c	
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges				53	
	54 a			Cost FMV		54a	
	b	Investments - other securities		Cost FMV		54b	
	55 a	Investments - land, buildings, and					
		equipment: basis STMT \$	55a	68,834.			
		_	İ				
	l		55b		26,910.		28,607.
	56	Investments - other	1	I [		56	
	l	Land, buildings, and equipment: basis	57a 57b			F7.	
	l .	Less: accumulated depreciation Other assets, including program-related investments			57c		
	58	(describe >	,		58		
	59	Total assets (must equal line 74). Add lines 45		h 58	2,443,730.		2,798,024.
	60	Accounts payable and accrued expenses				60	
	61	Grants payable				61	
	62	Deferred revenue		1		62	
bilities	63	Loans from officers, directors, trustees, and key		1		63	
Ξ		a Tax-exempt bond liabilities				64a	
Lia		h Mortgages and other notes payable				64b	0.051
	65	Other liabilities (describe > ACCRUED PA)	KOL	L TAXES		65	2,051.
	ce	Tract linkillation Add lines 60 through 65			0.	66	2,051.
	66 Oras	Total liabilities, Add lines 60 through 65		and complete lines		00	2,001.
	O. g.	67 through 69 and lines 73 and 74.	·	and complete into			
Ses	67	Unrestricted				67	
<u>a</u>	68	Temporarily restricted				68	
Ba	69	Permanently restricted				69	
Ę	Orga	anizations that do not follow SFAS 117, check	here I	► X and			
ᅜ		complete lines 70 through 74.					
its c	70	Capital stock, trust principal, or current funds			<u> </u>		0.
.sse	71	Paid-in or capital surplus, or land, building, and			2,443,730.	71	2 705 973
Net Assets or Fund Balances	72 73	Retained earnings, endowment, accumulated in Total net assets or fund balances. Add lines 67 through		f	4,443,/30.	72	2,795,973.
Ź	1'3	(Column (A) must equal line 19 and column (B) must	-		2,443,730.	73	2,795,973.
	74	Total liabilities and net assets/fund balances			2,443,730.		2,798,024.
	•						

	instructions.)					,	, , , , , , , , , , , , , , , , , , ,
a	Total revenue, gains, and other support per audited financial stateme	nts				a 1	,510,912.
b	Amounts included on line a but not on Part I, line 12:	***************************************	*******				., ,
1	Net unrealized gains on investments		b1				
2	Donated services and use of facilities		b2			1	
3	Recoveries of prior year grants		b3			1	
4	Other (specify): BOUTIQUE EXPENSES		b4	8,9	30.	1	
Ī	Add lines <b>b1</b> through <b>b4</b>					ь	8,930.
C	Subtract line <b>b</b> from line <b>a</b>						,501,982.
d	Amounts included on Part I, line 12, but not on line a:	••••••••••••					, , , , , , , , , , , , , , , , , , , ,
1	Investment expenses not included on Part I, line 6b	İ	d1				
	Other (specify):		d2				
-	Add lines d1 and d2					a	0.
۵							
Pa		ancial Statements	With	Expenses	per	Return	,301,302.
а	Total expenses and losses per audited financial statements						,158,670.
Ь	Amounts included on line a but not on Part I, line 17:						
1	Donated services and use of facilities		b1				
2	Prior year adjustments reported on Part I, line 20		b2				
3	Losses reported on Part I, line 20		b3				
-	ou / W. DOUDTOUR ENDEMONG		b4	8,9	30.		
·	Add lines <b>b1</b> through <b>b4</b>	······································				ь	8,930.
C	Subtract line <b>b</b> from line <b>a</b>						,149,740.
ď	Amounts included on Part I, line 17, but not on line a:	•••••				-	<u>, 1 1 2 )   1 1 0 0</u>
_	Investment expenses not included on Part I, line 6b		41				
	Other (specify): ROUNDING		d2		-1.		
_	Add lines d1 and d2					d	_1 .
Δ	Total expenses (Part I, line 17). Add lines c and d					e 1	.149.739.
Pa	art V-A Current Officers, Directors, Trustees, and Ke	v Emplovees (List ea	ach pe	erson who was	an of		
	or key employee at any time during the year even if they we	re not compensated.) (S	ee the	instructions.)			
	(A) Name and address	(B) Title and average hours per week devoted to position	S (C)	Compensation not paid, enter	(D) Cor emplo plans comper	ntributions byee benefit & deferred esation plan	(E) Expense account and other allowances
SF	E STATEMENT 5		1	20,333.		0	. 0.
			╅╸	207000			•
			1				
			_				<u>-</u>
		<u> </u>	+				
			<del> </del>				<del> </del>
			+			<del></del>	
			+				<del>                                     </del>
		I	- 1		1		I

#### AIRBORNE W ENFORCEMENT ASSOCIATION

	m 990 (20				23-7032	776		age 6
<u> </u>	art V-A	Current Officers, Directors, Trustees, and Ke	<del></del>			1	Yes	No
75 a	Enter th	ne total number of officers, directors, and trustees permitted t	to vote on organization bu	siness at board	4.4			
	meeting	js		<b>&gt;</b>	11			
ł		officers, directors, trustees, or key employees listed in Form						•
		Schedule A, Part I, or highest compensated professional and						
		A or II-B, related to each other through family or business relatividuals and explains the relationship(s)	·		genulles	75b		x
					•••••	700		
(	-	officers, directors, trustees, or key employees listed in Form to Schedule A, Part I, or highest compensated professional and	_	•	•			
		A or II-B, receive compensation from any other organizations,	•					
		ation? See the instructions for the definition of "related organ				75c		X
	If "Yes,	" attach a statement that includes the information described	in the instructions.					
		ne organization have a written conflict of interest policy?				75d	<u> </u>	X
Pi	art V-B	Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key en						-i
		the year, list that person below and enter the amount of co						
				(C) Compensation	(D) Contributions	to (	E) Expe	
		(A) Name and address NONE	(B) Loans and Advances	(if not paid, enter -0-)	employee benefi plans & deferred compensation pla	ı a	ccount	
		NONE		Cittor 0 )	compensation pla	ns our	si allow	ances
						-		
			•					
						+-		
				1				
						+		
P	art VI	Other Information (See the instructions.)					Yes	No
76		organization make a change in its activities or methods of co	nducting activities? If "Ye	s," attach a detaile	d			
	statem	ent of each change				76		_X_
77	Were a	ny changes made in the organizing or governing documents t	out not reported to the IRS	3?		77		<u>X</u>
		" attach a conformed copy of the changes.						
78		organization have unrelated business gross income of \$1,00	• •	•		78a	X	
	-					78b	X	77
79		ere a liquidation, dissolution, termination, or substantial contr				79		<u> </u>
80		organization related (other than by association with a statewid orship, governing bodies, trustees, officers, etc., to any other o				80a		X
1		" enter the name of the organization N/A	overther or moneyambrold	arn200011:		ova		
'	, 00,	at / &&	and check whether it is	exempt or	nonexempt			
81	a Enter d	irect or indirect political expenditures. (See line 81 instruction	-		0.			
						81b		X
						Form	<b>990</b> (	2006)

#### AIRBORNE \W ENFORCEMENT ASSOCIATION

Form	1990 (2006) INC. 23-70	32776	; P	age 7
Pa	rt VI Other Information (continued)			No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantia	lly		
	less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	- 1100
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b	<u> </u>	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f  N/A	_		
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	-	-
h	· · · · · · · · · · · · · · · · · · ·			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	0.51		
00	following tax year?  N/A	85h	-	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12   86a   N/A			
h	line 12 86a N/A  Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.  87a N/A			
67 b				
U	against amounts due or received from them.)  87b  N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
00 4	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911▶	<u>).</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89ь		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
		<u>).</u>		
d		<u>).</u>		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?			X
9		1		
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	<u> </u>	X
	List the states with which a copy of this return is filed OK			
b		( ) 621	2/	7
91 a		_ ~	$\frac{-24}{1}$	00
L		<u>≥ 2170</u>	Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country \bigs N/A			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			

### AIRBORNE W ENFORCEMENT ASSOCIATION

	1990 (2006) INC.					<u> </u>	1032116	Page o
	rt VI Other Information (continued)							Yes No
C	At any time during the calendar year, did the orga			the Uni	ted States?		91c	X
	If "Yes," enter the name of the foreign country		N/A				<del></del>	. —
92	Section 4947(a)(1) nonexempt charitable trusts filin	-			1	1		
Da	and enter the amount of tax-exempt interest receiver VII Analysis of Income-Producing A	ved or accrue	Coo the instructions \	******	<b>&gt;</b>	92	N/2	4
			ed business income	Evolude	d by section 512, 5	13 or 514	<b>I</b>	
	e: Enter gross amounts unless otherwise	(A)	(B)		(D)	10, 0, 314	(E)	
	cated.	Business	Amount	(C) Exclu- sion	Amount	:	Related or e	
93	Program service revenue:	code		code			function in	Icome
a	CONFERENCES & MEETINGS			07	580	<u>,223.</u>		- 100
b	PUBLICATIONS SALES & AD						2:	<u>5,109.</u>
C	ADVERTISING INCOME	541800	585,172.					
d				<b></b>				
е				-				
f	Medicare/Medicaid payments			<b>├</b>				
-	Fees and contracts from government agencies							
94	Membership dues and assessments						169	<del>9,727.</del>
	Interest on savings and temporary cash investments $\dots$			14	121	,001.		
96	Dividends and interest from securities	<b></b>						
97	Net rental income or (loss) from real estate:							
a	debt-financed property							
b	not debt-financed property							
98	Net rental income or (loss) from personal property							
99	Other investment income							
100	Gain or (loss) from sales of assets	1						
	other than inventory							
	Net income or (loss) from special events							
102	Gross profit or (loss) from sales of inventory							<u>1,408.</u>
103	Other revenue:	1						
а	MISCELLANEOUS INCOME						19	9,342.
b								
C								
d								
e								-
104	Subtotal (add columns (B), (D), and (E))		585,172.		701	,224.	215	5,586.
	Total (add line 104, columns (B), (D), and (E))							1,982.
Note	: Line 105 plus line 1e, Part I, should equal the amo	unt on line 12	2, Part I.					
Pa	rt VIII Relationship of Activities to the	Accompli	shment of Exemp	t Purp	OSES (See the	e instruction	ons.)	
	No. Explain how each activity for which income is rep							n's
	exempt purposes (other than by providing funds				,	<b>,</b>	zi ini e gameane.	
	SEE STATEMENT 6							
				-				
Pa	rt IX Information Regarding Taxable	Subsidiari	ies and Disregard	ed Ent	tities (See the	instructio	 ns.)	
	(A) (B)		(C)		(D)		(E)	*****
Na	ame, address, and EIN of corporation, Percentage of partnership, or disregarded entity	est	Nature of activities		Total incor	me	End-of-y assets	/ear
	, , , , , , , , , , , , , , , , , , , ,	%					400010	<u>,                                      </u>
	N/A	%						
		%					<del>                                      </del>	
		%						<del></del>
Pa	rt X Information Regarding Transfer	<u> </u>	ted with Personal	Benef	fit Contract	S (See the	e instructions 1	
	Did the organization, during the year, receive any funds,		······			•	Yes	X No
	Did the organization, during the year, receive any lunus, Did the organization, during the year, pay premiums, dire				a sonon coma		Yes	X No
	ote: If "Yes" to (b), file Form 8870 and Form 4720 (se			, aut:			163	١٩٥ لغما
-140	John 130 to to, mor our our oand our 4720 po	oo moduudion	~ <sub>J</sub> .				Eorm (	<b>990</b> (2006)
							i Utili 🤻	/UU (ZUUU)

Pa	Information Regarding Transfers To and From C		<b>S.</b> Complete only if the orga	nization is a
106	Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity a	N/A s defined in section 5	12(b)(13) of the Code? If "Ye	Yes No
	complete the schedule below for each controlled entity.  (A)  Name, address, of each  controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
С				
	Totals			
107	Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entering complete the schedule below for each controlled entity.	tity as defined in secti	on 512(b)(13) of the Code? I	f "Yes,"
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
ပ				
	Totals			Vac Na
108	Did the organization have a binding written contract in effect on August 1 annuities described in question 107 above?			
Plea Sigr Her	Signature of officer	ng schedules and statements n preparer has any knowledg	s, and to the best of my knowledge and e.    Date	d belief, it is true, correct,
Paid Prep Use	Signature Firm's name (or EMMONS HARTOG & SWARTHOIT	7 2 07 en	heck if elf- mployed  EIN  Preparer's S:	SN or PTIN (See Gen. Inst. X)
	TID A OF 7A11A		Dhana na N / Q1	0 \ 7/2 250

Form 990 (2006)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2006

Name of the organization AIRBORNE LAW ENFORCEMEN	T ASSOCIATION,		Employer identif	ication number
INC.			23 70327	776
Part I Compensation of the Five Highest Paid I		Officers, Dire	ctors, and T	rustees
(See page 2 of the instructions. List each one. If there are no	ne, enter "None.")		I(d) Contributions to	(a) Funance
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
	·			
	- <b></b>			
Total number of other employees paid over \$50,000	<b>&gt;</b> 0			•
Part II-A Compensation of the Five Highest Paid I		ors for Profess	ional Service	
(See page 2 of the instructions. List each one (whether indivi	duals or firms). If there are none,	enter "None.")	<del></del>	
(a) Name and address of each independent contractor paid mo	ore than \$50,000	(b) Type of :	service	(c) Compensation
NONE				
	<b></b>			
Total number of others receiving over				
\$50,000 for professional services	. • 0			
Part II-B Compensation of the Five Highest Paid I			ervices	
(List each contractor who performed services other than pro firms. If there are none, enter "None." See page 2 of the instru	·	luals or		
		(h) Type of	- I	(a) Componentian
(a) Name and address of each independent contractor paid mo	ore than \$50,000	(b) Type of s	service	(c) Compensation
NONE				
Total number of other contractors receiving over				
\$50,000 for other services	▶ 0			

Part III State	ments About Activities (See page 2 of the instructions.)		Yes	No
1 During the year, h	as the organization attempted to influence national, state, or local legislation, including any attempt to influence			
public opinion on	a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
lobbying activities	\$ (Must equal amounts on line 38, Part V	I-A, or		1
line i of Part VI-B.		1		X
Organizations that	made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
checking "Yes" mi	st complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
trustees, directors person is affiliated	as the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," I statement explaining the transactions.)			
, ,,	leasing of property?			X
<b>b</b> Lending of money	or other extension of credit?	2b		X
c Furnishing of goo	ds, services, or facilities?	2c		X
d Payment of comp	ensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
e Transfer of any pa	rt of its income or assets?	2e		X
3 a Did the organizati	on make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
the organization d	etermines that recipients qualify to receive payments.)	3a		X
<b>b</b> Dd the organization	n have a section 403(b) annuity plan for its employees?	3b		X
c Did the organizati	on receive or hold an easement for conservation purposes, including easements to preserve open space,			
the environment,	nistoric land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d Did the organizati	on provide credit counseling, debt management, credit repair, or debt negotiation services?	3đ		X
4 a Did the organizati	on maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
and 4g		4a		X
	on make any taxable distributions under section 4966?			X
	on make a distribution to a donor, donor advisor, or related person?			X
	nber of donor advised funds owned at the end of the tax year			1
	e value of assets held in all donor advised funds owned at the end of the tax year			0
	nber of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
line 4d) where do	ors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	•		0
	e value of assets in all funds or accounts included on line 4f at the end of the tax year			0

Schedule A (Form 990 or 990-EZ) 2006

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4	through 7 of the instructio	ns.)		
certif	y that th	ne organization is not a private foundation because it is: (	Please check only ONE a	applicable box.)	· · · · · · · · · · · · · · · · · · ·		=
5		A church, convention of churches, or association of ch					
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part	,	Λ , , ,			
7		A hospital or a cooperative hospital service organizatio		'iii).			
8	一	A federal, state, or local government or governmental u					
9	同	A medical research organization operated in conjunction			the hospital's	s name, city.	
•		and state				·,,,	
10		An organization operated for the benefit of a college or	university owned or ope	erated by a governmental i	unit. Section	170(b)(1)(A)(i	v).
		(Also complete the Support Schedule in Part IV-A.)	,				,
11a		An organization that normally receives a substantial pa	art of its support from a	governmental unit or from	the general	public.	
		Section 170(b)(1)(A)(vi). (Also complete the Support		•	<b>3</b>		
11b		A community trust. Section 170(b)(1)(A)(vi). (Also cor	•	dule in Part IV-A.)			
12	X	An organization that normally receives: (1) more than		•	ership fees, a	nd aross	
		receipts from activities related to its charitable, etc., fur					
		its support from gross investment income and unrelate				ses acquired	
		by the organization after June 30, 1975. See section 5	09(a)(2). (Also complet	e the <b>Support Schedule</b> ir	Part IV-A.)		
13		An organization that is not controlled by any disqualifie	ed persons (other than fo	oundation managers) and	otherwise me	ets the require	ements of section
		509(a)(3). Check the box that describes the type of sur	oporting organization:	• ,		•	
		Type I Type II		inctionally Integrated		Type III-	Other
						••	
		Provide the following information at	out the supported orga	nizations. (See page 7 of	the instruction	ons.)	
		(a)	(b)	(c)	(d)	)	(e)
		(a) Name(s) of supported organization(s)	Employer	Type of organization	is the su	pported	Amount of
		• •	Employer identification	Type of organization (described in lines	is the su organization	ipported on listed in	
		• •	Employer	Type of organization	Is the su organization the sup organiz	upported on listed in uporting zation's	Amount of
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz	upported on listed in porting	Amount of
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in porting zation's documents?	Amount of
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz	upported on listed in uporting zation's	Amount of
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in porting zation's documents?	Amount of
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in porting zation's documents?	Amount of
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in porting zation's documents?	Amount of
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in porting zation's documents?	Amount of
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in porting zation's documents?	Amount of
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in porting zation's documents?	Amount of
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in porting zation's documents?	Amount of
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in porting zation's documents?	Amount of
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in porting zation's documents?	Amount of
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in porting zation's documents?	Amount of
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in porting zation's documents?	Amount of
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in porting zation's documents?	Amount of
Total		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizati the sup organiz governing	upported on listed in porting zation's documents?	Amount of
Total		• •	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organization	upported on listed in porting zation's documents?	Amount of

AIRBORI LAW ENFORCEMENT ASSOCIATI Schedule A (Form 990 or 990-EZ) 2006 INC. 23-7032776 Page 4 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (b) 2004 beginning in) (a) 2005 (c) 2003 (d) 2002 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 174,504. 170,901 712,933. 185,612 181,916, 16 Membership fees received Gross receipts from admissions, 17 merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 521,760 499,372. 544,603. 430,535. 1,996,270. Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 76,974. 47,506. 31,004 36,326 191,810. Net income from unrelated business activities not included in line 18 Tax revenues levied for the 20 organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STATEMENT 25,853 40,981 9,866. 37,544. 114,244. 767,389. 23 Total of lines 15 through 22 799,091 773,471. 675,306. 3,015,257.

26	Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24		26a	N/A
þ	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental			
	unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a.			
	Do not file this list with your return. Enter the total of all these excess amounts		26b	N/A
C	Total support for section 509(a)(1) test: Enter line 24, column (e)	ightharpoons	26c	N/A
d	Add: Amounts from column (e) for lines: 18 19			
	22 26b	ightharpoonup	26d	N/A
е	Public support (line 26c minus line 26d total)	$\triangleright$	26e	N/A

274,099.

7.735.

222,786.

7,674.

277,331.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

7.991

Line 23 minus line 17

Enter 1% of line 23

24 25 244.771.

6,753.

1,018,987

Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2005) O (2004) O (2003) O (2002) O (2002)

For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of,

and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27g 89.8498%
6.3613%

<sup>28</sup> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Schedule A (Form 990 or 990-EZ) 20

Part V Private School Question

Private School Questionnaire (See page 9 of the instructions.)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
.9	instrument, or in a resolution of its governing body?	29		
0	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
1	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_		
2	Does the organization maintain the following:	_		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			<u> </u>
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	200		
d	admissions, programs, and scholarships?  Copies of all material used by the organization or on its behalf to solicit contributions?	32c 32d	$\vdash$	_
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
3	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?			
b	Admissions policies?			
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?			
e	Educational policies?			
•	Use of facilities?			
9	Athletic programs?  Other outcoursingler poticities?	33g		
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h		
		_		
4 a	Does the organization receive any financial aid or assistance from a governmental agency?			
b				
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
	if you anothered Too to didner one of produce explain using an attached statement.		,	
5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation			

Schedule A (Form 990 or 990-EZ) 2006

	Expenditures by Ele ted ONLY by an eligible organ			e 10 of th	ne instructions.)	N/A
	ration belongs to an affiliated			ou check	ed <b>"a"</b> and "limited contr	ol" provisions apply.
	imits on Lobbying E	•			(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures				36	N/A	
37 Total lobbying expenditures				37		
, , ,	(add lines 36 and 37)	•		38		
39 Other exempt purpose exper	• • • • • • • • • • • • • • • • • • • •		E C	39		
40 Total exempt purpose expen				40		
41 Lobbying nontaxable amoun	•					
If the amount on line 40 is -		g nontaxable amount is -				
Not over \$500,000	20% of the am	ount on line 40				
	0,000 \$100,000 plus		1 1			
	500,000 \$175,000 plus		1 1	41		
Over \$1,500,000 but not over \$17	,000,000 \$225,000 plus	5% of the excess over \$1,500,0	000			
Over \$17,000,000	\$1,000,000		J			
42 Grassroots nontaxable amou	ınt (enter 25% of line 41)			42		
43 Subtract line 42 from line 36				43		
44 Subtract line 41 from line 38	. Enter -0- if line 41 is more th	nan line 38		44		
Caution: If there is an am	ount on either line 43 or lir	ne 44, you must file Forn	n 4720.			
	(Some organizations that ma	Averaging Period of the Averaging Period of the Averaging Period of the Averagina (Averaging Period of the Averaging Period Office Period Office Period Office Period Office Period Office Period Office Period Office Period Office Period Office Period Office Period Office Period Office Period Office Period Office Period Office Period Office Period Office Period Office Period Office Period	n do not have to	complete	all of the five columns	
		Lobbying Exp	enditures During	g 4-Year /	Averaging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2006	( <b>b</b> ) 2005	(c) 2004		(d) 2003	(e) Total
45 Lobbying nontaxable						
amount						0.
46 Lobbying ceiling amount						
(150% of line 45(e))						0.
47 Total lobbying						
<u>expenditures</u>						0.
48 Grassroots nontaxable						0

## expenditures ..... | Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Du	uring the year, did the organization attempt to influence national, state or local legislation, including any attempt to		No	Amount
infl	uence public opinion on a legislative matter or referendum, through the use of:		NU	Amount
a	Volunteers		X	
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
C	Media advertisements		X	
d	Mailings to members, legislators, or the public		X	
	Publications, or published or broadcast statements		X	
	Grants to other organizations for lobbying purposes		X	
	Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i	Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

49 Grassroots ceiling amount

(150% of line 48(e))

50 Grassroots lobbying

0.

0.

	AIRBORI LAW ENFORCEMENT ASSOCIATI ,			
	dule A (Form 990 or 990-EZ) 2006 INC. 23-703		6 <sup>1</sup>	age 7
Pa	rt VII Information Regarding Transfers To and Transactions and Relationships With Noncharital	ole		
	Exempt Organizations (See page 13 of the instructions.)			
51	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section			
	501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
а	Transfers from the reporting organization to a noncharitable exempt organization of:		Yes	No
	(i) Cash	51a(i)		<u>X</u>
	(ii) Other assets	a(ii)		_X_
b	was a second of the second of			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		<u>X</u>
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		<u>X</u>
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		<u>X</u>
	(v) Loans or loan guarantees	b(v)		X
		b(vi)		X
C	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	С		<u>X</u>

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the

transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A (b) Amount involved (c)
Name of noncharitable exempt organization (d)
Description of transfers, transactions, and sharing arrangements (a) Line no.

Code (other than section 501(c)(3)) or in section 5			
b If "Yes," complete the following schedule:	N/A		
(a) Name of organization	( <b>b)</b> Type of organi	zation Desc	(c) cription of relationship
- 1			

Form **8868** 

(Rev. December 2006)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this box			<b>&gt;</b> X
If you a	re filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this f	orm).		
Do not co	omplete Part II unless you have already been granted an automatic 3 month extension on a previously file	ed Forn	า 8868.	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
Section 5	01(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check t	his box		
and comp	plete Part I only			▶ □
All other o	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ome tax returns.			
noted bei the additi 990-T. in:	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form onal (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a costead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on this gov/efile and click on e-file for Charities & Nonprofits.	m 8868 mposit	electronically or consolida	/ if (1) you want ated Form
Type or	Name of Exempt Organization	Emple	yer identific	ation number
print	AIRBORNE LAW ENFORCEMENT ASSOCIATION,			
Cile by the	INC.	2:	<u>3-70327</u>	76
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.  411 AVIATION HWY, SUITE 200			
return. See instructions				
Check ty	pe of return to be filed (file a separate application for each return):			
X Fo	rm 990 Form 990-T (corporation) Form 47	720		
	rm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5			
	rm 990-EZ Form 990-T (trust other than above) Form 6			
	rm 990-PF	370		
• The b	ooks are in the care of ▶ STEPHEN J. INGLEY			
Telep	hone No. ▶ (301) 631-2406 FAX No. ▶			
<ul><li>If the</li></ul>	organization does not have an office or place of business in the United States, check this box			▶ □
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	is is for	the whole gr	oup, check this
box 🕨	. If it is for part of the group, check this box > and attach a list with the names and EINs of all	memb	ers the exten	sion will cover.
1 ln	equest an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) ext	ension	of time until	
	AUGUST 15, 2007 , to file the exempt organization return for the organization named	above.	The extension	n
	for the organization's return for:			
	alendar year 2006 or			
<b>&gt;</b>	tax year beginning, and ending		·	
2 lf	this tax year is for less than 12 months, check reason: Initial return		Change in ac	counting period
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
no	onrefundable credits. See instructions.	3a	\$	
b If	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			
	x payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
-	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			
	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			
_	ee instructions.	3c	\$	N/A
	. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form		EO for payme	
	For Privacy Act and Paperwork Reduction Act Notice, see instructions.			68 (Rev. 12-2006)
-117	i di filiyoty Avi dilu fovel wulk neduvlivii Avi izvliče, 366 lii3li Učlivii3.		, ,,,,,,,	

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Department of the Treasury

Internal Revenue Service OGDEN, UT 84201-0074 670 5242 1 21701 K IRS USE ONLY

29404-139-69137-7 237032776 A0165210 211A TE 3

For assistance, call:

1-877-829-5500

Notice Number: CP211A Date: June 25, 2007

Taxpayer Identification Number:

23-7032776 Tax Form: 990

Tax Period: December 31, 2006

095270.395103.0366.008 1 MB 0.360 370



095270

AIRBORNE LAW ENFORCEMENT
ASSOCIATION INCORPORATED
411 AVIATION WAY
FREDERICK MD 21701-4784998

## APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to August 15, 2007.

Please attach a copy of this letter to your return when you file it. It is evidence that we granted an extension of time to file your return. A copy is provided for your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

For tax forms, instructions and information visit <u>www.irs.gov</u>. (Access to this site will not provide you with your specific taxpayer account information.)

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT 1
INCOME			
1. GROSS RECEIPTS		10,338	
2. RETURNS AND ALLOWANCE 3. LINE 1 LESS LINE 2.			10,338
	LINE 13) LESS LINE 4)	8,930	1,408
COST OF GOODS SOLD			
6. INVENTORY AT BEGINNI 7. MERCHANDISE PURCHASE 8. COST OF LABOR 9. MATERIALS AND SUPPLI 10. OTHER COSTS		8,930	
11. ADD LINES 6 THROUGH	10	0,330	8,930
12. INVENTORY AT END OF 13. COST OF GOODS SOLD (			8,930

FORM 990	COST OF GOODS	SOLD - OTHER	COSTS	STATEMENT	2
DESCRIPTION				AMOUNT	
BOUTIQUE EXPENSE			•	8,9	30.
TOTAL INCLUDED ON FORM	990, PART I, L	INE 10B		8,9	30.
FORM 990	ОТНЕ	REXPENSES		STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISII	ŊĠ
CONTRACT SERVICES DIRECTORS & OFFICERS	117,553.	117,553.			
EXPENSES DUES	51,026. 165.	38,472.	12,554. 165.		
INSURANCE PROFESSIONAL COURSES PROMOTIONAL EXPENSES	4,256. 69,551. 15,627.	3,831. 69,551. 15,627.	425.		
TAXES	2,669.		2,669.		
TOTAL TO FM 990, LN 43	260,847.	245,034.	15,813.		

FORM 990 OFFIC	CER COMPENSATIO PART II, LIN			STATEMENT 4
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SHERRY HADLEY	30,766.			30,766.
A. PROGRAM SERVICES	22,961.			22,961.
B. MANAGEMENT AND GENERAL	7,805.			7,805.
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
STEPHEN INGLEY	89,567.			89,567.
A. PROGRAM SERVICES	58,219.			58,219.
B. MANAGEMENT AND GENERAL	31,348.			31,348.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				81,180.
TOTAL MANAGEMENT AND GENERA	AL			39,153.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPE	NSATION INCLUDE	D ON PART II,	LINE 25A	120,333.

FORM 990 PART V-A - LIST OF CO	URRENT OFFICERS, AND KEY EMPLOYEE		STATI	EMENT 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
DANIEL B. SCHWARZBACH 8402 LARSON HOUSTON, TX 77061	PRESIDENT 1.00	0.	0.	0.
KEVIN R. CAFFERY PO BOX 145 ANGOLA, NY 14006	VICE PRESIDENT 1.00	0.	0.	0.
MARTIN L JACKSON 2405 SOUTH LOOP 250 WEST MIDLAND, TX 79703	SECRETARY 1.00	0.	0.	0.
WILLIAM C. WILKENS 376 EDINBORO ROAD STATEN ISLAND, NY 10306	CHIEF FINANCIA	L OFFICER 0.	0.	0.
PHILLIP H. BENDER 2829 WEST DUBLIN-GRANVILLE ROAD COLUMBUS, OH 43235	EASTERN REGION 1.00	DIRECTOR 0.	0.	0.
MIKE TER KUILE BOX 640, 1441 AVIATION PARK, NE CALGARY, AB T2E8M7	CANADIAN REGIO	N DIRECTOR 0.	0.	0.
GLENN A. DALEY 100 REEF RD FAIRFIELD, CT 06430	NORTHEAST REGIO	ON DIRECTOR 0.	0.	0.
GREG BOURLAND 10335 GOLF COURSE ROAD AUSTIN, TX 78719	CENTRAL REGION 1.00	DIR.	0.	0.
RALPH GROOVER 2500 W. COLONIAL DR. ORLANDO, FL 32804	SOUTHEAST REGIO	ON DIRECTOR 0.	0.	0.
GREGG H. WEITZMAN 4434 CALLE REAL SANTA BARBARA, CA 93110	WESTERN REGION 1.00	DIRECTOR 0.	0.	0.
BARBARA J. TWEEDT 1250 SCHWEIZER ROAD HORSEHEADS, NY 14845	AFFILIATE REPR	ESENTATIVE 0.	0.	0.

AIRBO	ORNE LAW ENFORCEMENT : 30CI	ATION, IN		23-7032	:776
1148 S	HADLEY OUTH OWASSO OK 74120	EXECUTIVE DIR	ECTOR 30,766.	0.	0.
411 AV	N INGLEY IATION HWY, SUITE 200 ICK, MD 21701	EXECUTIVE DIR 40.00	ECTOR 89,567.	0.	0.
TOTALS	INCLUDED ON FORM 990, PART	. V-A	120,333.	0.	0.
FORM 9		TIONSHIP OF ACTI		STATEMENT	6
93 94 102 103	EXPLANATION OF RELATIONSHITHE ASSOCIATION IS ENGAGED REGARDING THE SAFE UTILIZATION OF RELATIONSHIPM OF REGARDING THE SAFE UTILIZATION OF RESERVED AND AIRBORNE IN SPONSORS AN ANNUAL NATIONATION OF REPORT OF RESERVED.	IN PROVIDING S ATION OF AIRCRAF LAW ENFORCEMENT AL CONFERENCE AN	ERVICES TO ITS TO TAS A TOOL OF TECHNIQUES. THE	LAW ASSOCIATION TY	ſ

SCHEDULE A	OTHER INC	OME	STATEMENT 7			
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT		
OTHER INCOME	25,853.	40,981.	9,866.	37,544.		
TOTAL TO SCHEDULE A, LINE 22	25,853.	40,981.	9,866.	37,544.		

DESCRIPTION	METHOD	DATE	BEGINNING COST	(Retirements) ADDITIONS	ENDING COST	BEGINNING ACCUM. DEPR.	Retirements	CURRENT PROVISION	ENDING ACCUM. DEPR
Misc. fully depreciated equipment	S/L 5 YR	various	18,853	(18,853)	_	18,853	(18,853)		_
Desk	S/L 7 YR	09/13/97	243	(10,000)	243	243	(10,000)		243
Cabinets	S/L 7 YR	09/29/97	259		259	259			259
Cabinets	S/L 7 YR	10/06/97	129		129	129			129
Picture Frames	S/L 5 YR	09/29/97	87		87	87			87
Bookcases	S/L 7 YR	10/26/97	150		150	150			150
Printer Internal Modem	S/L 5 YR S/L 5 YR	01/15/98 02/12/98	450 207		450 207	450 207			450 207
Dell Computer	S/L 5 YR	02/12/98	2,565		2,565	2,565			2,565
HP 4000 Printer	S/L 5 YR	06/01/98	1,314		1,314	1,314			1,314
HP 1100 Printer	S/L 5 YR	03/07/99	745		745	745			745
Dell Computer	S/L 5 YR	03/30/99	2,475		2,475	2,475			2,475
HP 1100 Printer	S/L 5 YR	06/22/00	464		464	464			464
17" Monitor	S/L 5 YR	08/19/00	247		247	247			247
Computer	S/L 5 YR	03/15/01	1,385		1,385	1,316		69	1,385
CD Writer	S/L 5 YR	05/09/01	225		225	210		15	225
3 Photos	S/L 5 YR	06/01/01	1,500		1,500	1,350		150	1,500
New Booth Quickbooks Software	S/L 5 YR	06/18/01	5,351		5,351	4,815		535	5,351
Network Install, Service Contract	S/L 5 YR S/L 5 YR	04/23/02 06/06/02	270 10,613	(10.613)	270	198	(10.612)	54	252
Dell Server	S/L 5 YR	08/19/02	5,101	(10,613)	5,101	7,429 3,486	(10,613)	3,184 1,020	4,506
Network Install, Service Contract	S/L 5 YR	09/03/02	8,591	(8,591)	3,101	5,728	(8,591)	2,864	4,500
Network Install, Service Contract	S/L 5 YR	09/18/02	2,094	(2,094)	-	1,396	(2,094)	2,8 <del>04</del> 698	-
Computer Software	S/L 5 YR	09/18/02	410	(2,00-1)	410	273	(2,004)	82	355
Printer	S/L 5 YR	09/20/02	304		304	203		61	263
Network Install, Service Contract	S/L 5 YR	09/30/02	385	(385)	-	250	(385)	135	-
Network Install, Service Contract	S/L 5 YR	12/10/02	1,409	(1,409)	-	869	(1,409)	540	-
Network Install, Service Contract	S/L 5 YR	12/12/02	1,196	(1,196)	-	738	(1,196)	459	-
Computer Software	S/L 5 YR	01/13/03	255		255	151		51	202
Network Install, Service Contract	S/L 5 YR	02/19/03	2,232	(2,232)	-	1,283	(2,232)	949	-
Computer Software	S/L 5 YR	02/25/03	388		388	220		78	298
Fax / Printer	S/L 5 YR	02/25/03	97	(4.040)	97	55	(4.545)	19	75
Network Install, Service Contract Computer	S/L 5 YR S/L 5 YR	03/21/03 04/14/03	1,813 1,886	(1,813)	1 006	997	(1,813)	816	4 200
Computer Software	S/L 5 YR	06/19/03	1,606		1,886 1,606	1,022 816		377	1,399
Printer	S/L 5 YR	06/27/03	809		809	405		321 162	1,137 567
Computer Display Unit	S/L 5 YR	07/15/03	1,565		1,565	769		313	1,082
Network Install, Service Contract	S/L 5 YR	08/12/03	725	(725)	1,505	344	(725)	381	1,002
Laptop	S/L 5 YR	08/18/03	2,589	(/	2,589	1,230	(120)	518	1,748
Computer Software	S/L 5 YR	05/30/03	169		169	87		34	121
Computer Hardware	S/L 5 YR	06/11/03	745		745	379		149	528
Network Install, Service Contract	S/L 5 YR	07/15/03	870	(870)	-	428	(870)	442	_
Computer Hardware	S/L 5 YR	07/28/03	845		845	408		169	577
Network Install, Service Contract	S/L 5 YR	09/30/03	544	(544)	-	245	(544)	299	-
Network Install, Service Contract	S/L 5 YR	10/27/03	80	(80)	-	35	(80)	45	-
Network Install, Service Contract Computer Software	S/L 5 YR S/L 5 YR	11/14/03 11/21/03	544 30	(544)	-	231	(544)	313	-
Network Install, Service Contract	S/L 5 YR	12/12/03	109	(109)	30	13 <b>4</b> 5	(109)	6 63	19
Computer Software	S/L 5 YR	12/18/03	20	(103)	20	8	(109)	4	12
Network Install, Service Contract	S/L 5 YR	12/23/03	40	(40)	20	17	(40)	23	12
Desk	S/L 5 YR	04/05/04	886	(1.5)	886	310	(40)	177	487
Decorations	S/L 5 YR	04/16/04	216		216	72		43	115
Chair	S/L 5 YR	04/26/04	108		108	36		22	58
Framing	S/L 5 YR	04/26/04	168		168	56		34	90
2 chairs, table lamp	S/L 5 YR	04/26/04	1,337		1,337	446		267	713
Desk	S/L 5 YR	04/26/04	501		501	167		100	267
Desk chair	S/L 5 YR	05/13/04	147		147	49		29	78
Chest	S/L 5 YR	06/24/04	380		380	114		76	190
Power Point projector ALEA booth	S/L 5 YR S/L 5 YR	04/13/04 06/01/04	2,115		2,115	740		423	1,163
Sharp copier	S/L 5 YR	06/01/04	181		181	57		36	94
Flat screen monitor	S/L 5 YR	07/03/04	433 617		433 617	130 185		87 123	216
HP 2300L laser printer	S/L 5 YR	07/28/04	600		600	170		123 120	308 290
Dell laptop	S/L 5 YR	07/28/04	3,093		3,093	876		619	1,495
Magazine rack	S/L 5 YR	10/29/04	249		249	58		50	108
Telephone System	S/L 5 YR	03/07/06	_	5,756	5,756	-		959	959
Fax Machine	S/L 5 YR	03/07/06		200	200	-		33	33
Computers and installation	S/L 5 YR	03/07/06		11,155	11,155	-		1,859	1,859
	S/L 5 YR	04/20/06		1,086	1,086	-		145	145
Desk		05/12/06		2,160	2,160	-		288	288
Desk MIS Software	S/L 5 YR								
Desk IMIS Software Safe	S/L 7 YR	06/29/06		260	260	-		19	19
Desk IMIS Software Safe Refrigerator and Microwave	S/L 7 YR S/L 5 YR	06/29/06 07/07/06		442	442	-		44	44
Desk IMIS Software Safe Refrigerator and Microwave Table and Chairs	S/L 7 YR S/L 5 YR S/L 7 YR	06/29/06 07/07/06 07/25/06		<b>44</b> 2 270	<b>442</b> 270	- - -		<b>44</b> 16	<b>44</b> 16
Desk MIS Software Safe Refrigerator and Microwave Table and Chairs Cabinets	S/L 7 YR S/L 5 YR S/L 7 YR S/L 7 YR	06/29/06 07/07/06 07/25/06 08/28/06		442 270 411	442 270 411	- - -		<b>44</b> 16 20	44 16 20
Desk MIS Software Safe Refrigerator and Microwave Table and Chairs	S/L 7 YR S/L 5 YR S/L 7 YR	06/29/06 07/07/06 07/25/06		<b>44</b> 2 270	<b>442</b> 270	- - - -		<b>44</b> 16	<b>44</b> 16