

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: NATIONAL POLICE DEFENSE FOUNDATION, INC. D Employer identification number: 13-3830191 E Telephone number: (732) 446-3360 F Accounting method: Cash, Accrual

G Website: WWW.NPDF.ORG J Organization type: 501(c)(3) K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Sch. B

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,102,731.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets; 21 Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2006)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	NONE		
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	67,682.	54,145.	13,537.
27 Pension plan contributions not included on lines 25a, b, and c	27	10,218.	8,175.	2,043.
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29	6,470.	5,176.	1,294.
30 Professional fundraising fees	30	613,901.		613,901.
31 Accounting fees	31	9,836.	7,377.	2,459.
32 Legal fees	32	32,500.	32,500.	
33 Supplies	33			
34 Telephone	34	2,752.	2,228.	524.
35 Postage and shipping	35	7,510.	6,863.	407.
36 Occupancy	36	10,350.	10,350.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38	12,110.	11,740.	370.
39 Travel	39	15,627.	14,151.	1,476.
40 Conferences, conventions, and meetings	40	24,489.	20,379.	4,093.
41 Interest	41			17.
42 Depreciation, depletion, etc. (attach schedule)	42	9,072.		9,072.
43 Other expenses not covered above (itemize):				
a STMT 3	43a	170,652.	165,481.	3,620.
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g _____	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	993,169.	338,565.	38,895.
				615,709.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;
 (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? SEE STATEMENT 4 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SAFE COP PROGRAM: POSTS UP TO A \$10,000 REWARD FOR PUBLIC INFORMATION LEADING TO THE ARREST AND CONVICTION OF ANY PERSON SHOOTING AT A MEMBER LAW ENFORCEMENT OFFICER. PAID FOR THE BURIAL EXPENSES OF SLAIN NEW JERSEY FBI AGENT KILLED IN THE LINE OF DUTY. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	58,036.
b OPERATION KIDS: (1) FUNDS PROJECT PEDOPHILE, (2) DISTRIBUTES FREE CHILD FINGERPRINT KITS TO PARENTS, (3) POSTS PERIODIC REWARDS ON MISSING CHILDREN, (4) ESTABLISHES MEDICAL FUNDS FOR CRITICALLY ILL CHILDREN, (5) FUNDS YOUTH ATHLETIC EVENTS (6) ISSUES SCHOLARSHIPS FOR CRIMINAL JUSTICE STUDENTS, (6) ARRANGES LIFE SAVING OPERATIONS FOR CRITICALLY ILL CHILDREN (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	201,633.
c LEGAL DEFENSE: PROVIDES LEGAL AND MEDICAL SUPPORT SERVICES TO THE NATIONAL LAW ENFORCEMENT COMMUNITY. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	78,896.
d ESTABLISHED THE SEPTEMBER 11TH POLICE MEMORIAL: HONORS THE MEMORY OF 9/11 POLICE OFFICERS KILLED AT THE WORLD TRADE CENTER. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	NONE
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	338,565.

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
Assets	45 Cash - non-interest-bearing	170,305.	45	266,885.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule).		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	3,809.	52	6,440.
	53 Prepaid expenses and deferred charges		53	
	54a Investments - publicly-traded securities, STMT 5. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	548,556.	54a	513,905.
	b Investments - other securities (attach schedule). . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments - land, buildings, and equipment: basis	55a	47,914.		
b Less: accumulated depreciation (attach schedule)	55b	21,562.	34,455.	
55c	55c	26,352.		
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation (attach schedule)	57b		57c	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 6)		1,400.	58	1,400.
59 Total assets (must equal line 74). Add lines 45 through 58		758,525.	59	814,982.
Liabilities	60 Accounts payable and accrued expenses	20,855.	60	15,784.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> STMT 7)		52,990.	65
66 Total liabilities. Add lines 60 through 65		73,845.	66	78,010.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	684,680.	67	736,972.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		684,680.	73	736,972.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		758,525.	74	814,982.

Part VI Other Information (continued)

Table with columns for question ID, question text, and Yes/No columns. Rows include questions 82a through 91b regarding organizational activities, dues, lobbying, and foreign accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					133,157.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	27,509.	
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			01	2,929.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	40,316.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				70,754.	133,157.
105 Total (add line 104, columns (B), (D), and (E))					203,911.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

94 DUES REPRESENT MEMBER CONTRIBUTIONS TOWARDS THE OPERATING COSTS OF THE FOUNDATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
N/A	

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00235435
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/>	AMPER, POLITZINER & MATTIA, P.C.		EIN <input type="checkbox"/> 22-2061156
	4814 OUTLOOK DRIVE, SUITE 201		Phone no. <input type="checkbox"/> 732-919-1400
	WALL, NJ		07719

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

NATIONAL POLICE DEFENSE FOUNDATION, INC.

Employer identification number

13-3830191

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(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
SEE STATEMENT 13				

Total number of other employees paid over \$50,000 . . ▶ **NONE**

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 14		

Total number of others receiving over \$50,000 for professional services ▶ **NONE**

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ **NONE**

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3a. Did the organization make grants for scholarships, fellowships, student loans, etc.? 3b. Did the organization have a section 403(b) annuity plan for its employees? 3c. Did the organization receive or hold an easement for conservation purposes... 3d. Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 4a. Did the organization maintain any donor advised funds? 4b. Did the organization make any taxable distributions under section 4966? 4c. Did the organization make a distribution to a donor, donor advisor, or related person? 4d. Enter the total number of donor advised funds owned at the end of the tax year. 4e. Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. 4f. Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts. 4g. Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

Part V Private School Questionnaire (See page 9 of the instructions.) **NOT APPLICABLE**
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	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	
31	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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	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 admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	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	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40	41	
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities **NOT APPLICABLE**
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990, PART I - OTHER INVESTMENT INCOME
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAIN ON INVESTMENTS	2,929.

TOTAL	2,929.
	=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES
 =====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
SPECIAL EVENTS- AWARDS BANQUET	97,586.	57,270.	40,316.
TOTALS	97,586.	57,270.	40,316.
	=====	=====	=====

FORM 990, PART II - OTHER EXPENSES
 =====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
BANK CHARGES	5,876.	5,300.	75.	501.
LICENSES AND REGISTRATIONS	2,375.	1,057.	268.	1,050.
OFFICE	3,535.	2,248.	1,287.	
DUES	645.	215.	430.	
GOOD AND WELFARE	581.	288.	293.	
INTERNET EXPENSES	3,431.	3,137.	294.	
INSURANCE	1,309.	426.	883.	
COMPUTER REPAIRS AND TRAINING	836.	746.	90.	
MOTOR VEHICLE LICENSE PLATES	3,156.	3,156.		
PROMOTION	1,553.	1,553.		
INVESTIGATIONS	908.	908.		
DONATIONS	141,447.	141,447.		
SCHOLARSHIP	5,000.	5,000.		
TOTALS	170,652.	165,481.	3,620.	1,551.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

PROVIDES LEGAL & MEDICAL SUPPORT SERVICES TO THE NATIONAL LAW ENFORCEMENT COMMUNITY; UP TO A \$10,000 REWARD FOR PUBLIC INFORMATION LEADING TO THE ARREST AND CONVICTION OF ANYONE WHO SHOOTS A MEMBER LAW ENFORCEMENT OFFICER AND FREE FINGERPRINTING, REWARDS FOR MISSING CHILDREN, SCHOLARSHIPS FOR COLLEGE STUDENTS, FUNDING OF YOUTH ATHLETIC EVENTS AND MEDICAL SERVICES FOR CHILDREN.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
MARKETABLE SECURITIES	513,905.

TOTALS	513,905.
	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
SECURITY DEPOSITS	1,400.
TOTALS	----- 1,400.
	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PAYROLL TAXES PAYABLE	4,838.
DEFERRED REVENUE	57,388.
TOTALS	----- 62,226. =====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
SPECIAL EVENTS COSTS	57,270.

TOTAL	57,270.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
SPECIAL EVENTS COSTS	57,270.

TOTAL	57,270.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
JOSEPH OCCHIPINTI 41 TERENCE DRIVE MANALAPAN, NJ 07726	EXECUTIVE DIRECTOR 25.00	NONE	NONE	NONE
JOHN HOLDER 98 COBBLEWOOD ROAD NEW FOUNDLAND, PA 18445	PRESIDENT 15.00	NONE	NONE	NONE
JOHN HICKEY 16 MERRIENWOLD LANE SOUTH MONROE, NJ 10950	VICE PRESIDENT 1.00	NONE	NONE	NONE
MARIO APUZZO, ESQ. 185 GATZMERE AVENUE JAMESBURG, NJ 08831	TREASURER 10.00	NONE	NONE	NONE
MICHAEL BARRY 486 BOGERT ROAD RIVER EDGE, NJ 07661	SECRETARY 1.00	NONE	NONE	NONE
JACK RUSSO 389 SHIRLEY AVENUE STATEN ISLAND, NY 10312	ADMINISTRATOR 1.00	NONE	NONE	NONE
ROBERT CARON 1718 EYRE PLACE NORTH BELLMORE, NY 11710	ADMINISTRATOR 1.00	NONE	NONE	NONE
JOSEPH CHIERCHIO 228 LOCUST STREAM VALLEY STREAM, NY 11581	SERGEANT AT ARMS 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
JAMES DOBAK, JR. 130 KENSINGTON ROAD RIVER EDGE, NJ 07661	ADMINISTRATOR 10.00	NONE	NONE	NONE
ALAN M. WOLIN 420 JERICHO TURNPIKE JERICHO, NY 11753	CHIEF LEGAL COUNSEL 1.00	NONE	NONE	NONE
DR. LEWIS MUFSON 8 THOREAU DRIVE FREEHOLD, NJ 07728	CHIEF POLICE SURGEON 1.00	NONE	NONE	NONE
	GRAND TOTALS	NONE	NONE	NONE
		=====	=====	=====

FORM 990, PART V-A RELATIONSHIP SCHEDULE

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RELATIONSHIP SCHEDULE

NAME OF HIGHEST PAID EMPLOYEE:	ANGELA OCCHIPINTI
NAME OF RELATED ENTITY:	NONE
TITLE OR ROLE:	OFFICE ADMINISTRATOR
RELATIONSHIP:	WIFE OF EXECUTIVE DIRECTOR

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
ANGELA OCCHIPINTI 41 TERENCE DRIVE MANALAPAN, NJ 07726	ADMINISTRATOR 40.00	58,150.	10,218.	NONE
ELIZABETH KELLY 6 SUNNYWOOD LANE MANALAPAN, NJ 07726	EMPLOYEE 15.00	9,372.	NONE	NONE
YVONNE COUCH 12 EMERSON DRIVE MORGANVILLE, NJ 07751	EMPLOYEE 1.00	160.	NONE	NONE
	TOTAL COMPENSATION	----- 67,682. =====	----- 10,218. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

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NEW LIBERTY PROMOTIONS, INC. 522 BRICK BLVD BRICK, NJ 08723	FUND RAISING	447,734.
MENACOLA MARKETING 6914 NEW UTRECHT AVE BROOKLYN, NY 11228	FUNDRAISING	140,389.
COMMUNITY SUPPORT, INC 150 RIVER RD BLDG 13 MONTVALE, NJ 07045	FUNDRAISING	25,778.
BMW DIRECT, INC. 1155 15TH ST., STE 614 WASHINGTON, DC 20005	FUNDRAISING COUNSEL	NONE
TOTAL COMPENSATION		----- 613,901. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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WIFE OF EXECUTIVE DIRECTOR IS THE NPDF OFFICE ADMINISTRATOR WHO WAS PAID \$58,150 FOR THE ADMINISTRATION OF THE MEMBERSHIP PROCESSING CENTER, COORDINATION OF MEMBER SERVICE ACTIVITIES, PUBLIC RELATIONS ACTIVITIES SUPERVISION OF EMPLOYEES, BOOKKEEPING AND RELATED BANKING SERVICES.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

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THE NPDF PROVIDES FIVE SCHOLARSHIPS PER YEAR. QUALIFICATION CRITERIA IS OUTLINED IN AN ENCLOSED SCHOLARSHIP APPLICATION.

SCHEDULE A, PART IV-A - OTHER INCOME
 =====

DESCRIPTION -----	2005 ----	2004 ----	2003 ----	2002 ----	TOTAL -----
SPECIAL EVENTS & ACTIVITIES	37,918.	13,988.	17,096.	18,655.	87,657.
OTHER INVESTMENT INCOME	2,154.	244.			2,398.
LOSS ON SALE OF ASSETS	-321.				-321.
	-----	-----	-----	-----	-----
TOTALS	39,751.	14,232.	17,096.	18,655.	89,734.
	=====	=====	=====	=====	=====