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Form 990

## Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

## A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

Check if applicable  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization  
CONNECTICUT STATE FRATERNAL ORDER OF POLICE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
1 GROVE STREET No 301

City or town, state or country, and ZIP + 4  
NEW BRITAIN, CT 06051

D Employer identification number

06-1422109

E Telephone number

(860) 225-2675

G Gross receipts \$ 1,015,810

F Name and address of Principal Officer  
JOHN FLYNN

H(a) Is this a group return for affiliates?  
 Yes  No

I Tax-exempt status  501(c) ( 8 ) (insert no )  4947(a)(1) or  527

H(b) Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

H(c) Group Exemption Number ► 1199

J Web site: ► WWW CTSTATEFOP GOV

K Type of organization  Corporation  trust  association  other ►

L Year of Formation 1995

M State of legal domicile CT

## Part I Summary

|                             |  |   |
|-----------------------------|--|---|
| 1                           | Briefly describe the organization's mission or most significant activities<br><br>TO IMPROVE THE INDIVIDUAL AND COLLECTIVE PROFICIENCY OF LAW ENFORCEMENT OFFICERS |   |
| 2                           | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets                                 |   |
| 3                           | Number of voting members of the governing body (Part VI, line 1a) . . . . .  | 3 20  |
| 4                           | Number of independent voting members of the governing body (Part VI, line 1b) . . . . .  | 4 20  |
| 5                           | Total number of employees (Part V, line 2a) . . . . .  | 5 29  |
| 6                           | Total number of volunteers (estimate if necessary) . . . . .   | 6 0   |
| 7a                          | Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .   | 7a 0  |
| b                           | Net unrelated business taxable income from Form 990-T, line 34 . . . . .   | 7b 0  |
| Revenue                     | 8 Contributions and grants (Part VIII, line 1h) . . . . .  | Prior Year 1,902,423 Current Year 974,442     |
|                             | 9 Program service revenue (Part VIII, line 2g) . . . . .   | 9,544 2,332                                   |
|                             | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .   | 7,254 5,938                                   |
|                             | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 15,053 649                                    |
|                             | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 1,934,274 983,361                             |
|                             |  |   |
| Expenses                    | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 122,550 37,467                                |
|                             | 14 Benefits paid to or for members (Part IX, column (A), line 4)   | 0   |
|                             | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 759,651 71,480                                |
|                             | 16a Professional fundraising fees (Part IX, column (A), line 11e)  | 279,628 200,106                               |
|                             | b (Total fundraising expenses, Part IX, column (D), line 25 893,908)   |   |
|                             | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | 717,454 756,042                               |
|                             | 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))  | 1,879,283 1,065,095                           |
|                             | 19 Revenue less expenses Subtract line 18 from line 12   | 54,991 -81,734                                |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16)  | Beginning of Year 311,500 End of Year 306,084 |
|                             | 21 Total liabilities (Part X, line 26)   | 17,655 93,974                                 |
|                             | 22 Net assets or fund balances Subtract line 21 from line 20   | 293,845 212,110                               |

## Part II Signature Block

|                  |  |
|------------------|--|
| 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 |
|                  | *****<br>Signature of officer<br>JOHN FLYNN PRESIDENT<br>Type or print name and title  |
|                  | Date 2010-02-11  |

|                          |   |      |   |   |
|--------------------------|---|------|---|---|
| Paid Preparer's Use Only | Preparer's signature  | Date | Check if self-employed <input type="checkbox"/> | Preparer's PTIN (See Gen Inst )                           |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4 JH COHN LLP<br>180 GLASTONBURY BOULEVARD<br>GLASTONBURY, CT 06033 |      |   | EIN <input type="checkbox"/><br>Phone no ► (860) 633-3000 |

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

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

**1** Briefly describe the organization's mission

SEE SCHEDULE O FOR THE MISSION STATEMENT OF THE CONNECTICUT STATE FRATERNAL ORDER OF POLICE, INC.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

(Code ) (Expenses \$ 140,217 including grants of \$ 37,467 ) (Revenue \$ 2,332 )  
 FINANCIAL ASSISTANCE TO LOCAL LODGES SUPPORT OF CONNECTICUT CHIEF'S LAW ENFORCEMENT MEMORIAL, NATIONAL POLICE MEMORIAL, ATTENDANCE AT POLICE WEEK, TRAINING CLASSES, INSURANCE FOR MEMBERS SUPPORT OF WIDOWS, INJURED, SICK AND OFFICERS IN NEED, SUPPORT OF CONNECTICUT EXPLORER ACADEMY, CONTRIBUTIONS AND SCHOLARSHIPS

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ **including grants of \$**) (Revenue \$

**4e** Total program service expenses \$ 140,217 Must equal Part IX, Line 25, column (B)

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .

6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  . . . . .

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  . . . . .

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  . . . . .

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII  . . . . .

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

14a Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I . . . . .

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I  . . . . .

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  . . . . .

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  . . . . .

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  . . . . .

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J . . . . .

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 . . . . .

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I . . . . .

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  . . . . .

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III  . . . . .

|            | <b>Yes</b> | <b>No</b> |
|------------|------------|-----------|
| <b>1</b>   |            | No        |
| <b>2</b>   |            | No        |
| <b>3</b>   |            | No        |
| <b>4</b>   |            |           |
| <b>5</b>   |            |           |
| <b>6</b>   |            | No        |
| <b>7</b>   |            | No        |
| <b>8</b>   |            | No        |
| <b>9</b>   |            | No        |
| <b>10</b>  |            | No        |
| <b>11</b>  | Yes        |           |
| <b>12</b>  |            | No        |
| <b>13</b>  |            | No        |
| <b>14a</b> |            | No        |
| <b>14b</b> |            | No        |
| <b>15</b>  |            | No        |
| <b>16</b>  |            | No        |
| <b>17</b>  | Yes        |           |
| <b>18</b>  | Yes        |           |
| <b>19</b>  |            | No        |
| <b>20</b>  |            | No        |
| <b>21</b>  | Yes        |           |
| <b>22</b>  | Yes        |           |
| <b>23</b>  |            | No        |
| <b>24a</b> |            | No        |
| <b>24b</b> |            |           |
| <b>24c</b> |            |           |
| <b>24d</b> |            |           |
| <b>25a</b> |            |           |
| <b>25b</b> |            |           |
| <b>26</b>  |            | No        |
| <b>27</b>  |            | No        |

**Part IV Checklist of Required Schedules (Continued)**

**28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

**33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

**35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

**36** 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

**37** Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

|            | Yes | No |
|------------|-----|----|
| <b>28a</b> |     | No |
| <b>28b</b> |     | No |
| <b>28c</b> |     | No |
| <b>29</b>  |     | No |
| <b>30</b>  |     | No |
| <b>31</b>  |     | No |
| <b>32</b>  |     | No |
| <b>33</b>  |     | No |
| <b>34</b>  |     | No |
| <b>35</b>  |     | No |
| <b>36</b>  |     |    |
| <b>37</b>  |     | No |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|            |  | Yes | No  |
|------------|--|-----|-----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable   | 1a  | 0   |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1b  | 0   |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c  |     |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return  | 2a  | 29  |
| <b>2b</b>  | If at least one is reported in 2a, did the organization file all required federal employment tax returns?<br><i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>  | 2b  | Yes |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | 3a  | No  |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>  | 3b  |     |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a  | No  |
| <b>4b</b>  | If "Yes," enter the name of the foreign country _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .   | 4b  |     |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  | No  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  | No  |
| <b>5c</b>  | If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?  | 5c  |     |
| <b>6a</b>  | Did the organization solicit any contributions that were not tax deductible?   | 6a  | No  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b  |     |
| <b>7</b>   | <i>Organizations that may receive deductible contributions under section 170(c).</i>   | 7a  | No  |
| <b>7a</b>  | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?  | 7a  |     |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |     |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c  | No  |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d  |     |
| <b>7e</b>  | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  | No  |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  | No  |
| <b>7g</b>  | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  | No  |
| <b>7h</b>  | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  | 7h  | No  |
| <b>8</b>   | <i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8   |     |
| <b>9</b>   | <i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>   | 9a  |     |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?  | 9a  |     |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b  |     |
| <b>10</b>  | <i>Section 501(c)(7) organizations.</i> Enter  | 10a |     |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12   | 10a |     |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b |     |
| <b>11</b>  | <i>Section 501(c)(12) organizations</i> Enter  | 11a |     |
| <b>11a</b> | Gross income from members or shareholders  | 11a |     |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  | 11b |     |
| <b>12a</b> | <i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?  | 12a |     |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b |     |

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**
**Section A. Governing Body and Management**

|  | Yes       | No  |
|--|-----------|-----|
| For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.   |           |     |
| <b>1a</b> Enter the number of voting members of the governing body . . .   | <b>1a</b> | 20  |
| <b>b</b> Enter the number of voting members that are independent . . .   | <b>1b</b> | 20  |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   | <b>2</b>  | No  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | <b>3</b>  | No  |
| <b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .   | <b>4</b>  | No  |
| <b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .   | <b>5</b>  | No  |
| <b>6</b> Does the organization have members or stockholders? . . . . .   | <b>6</b>  | No  |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .  | <b>7a</b> | No  |
| <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .   | <b>7b</b> | No  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |           |     |
| <b>a</b> the governing body? . . . . .   | <b>8a</b> | Yes |
| <b>b</b> each committee with authority to act on behalf of the governing body? . . . . .   | <b>8b</b> | Yes |
| <b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .  | <b>9a</b> | No  |
| <b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .  | <b>9b</b> |     |
| <b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .      | <b>10</b> | Yes |
| <b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .     | <b>11</b> | No  |

**Section B. Policies**

|   | Yes        | No  |
|---|------------|-----|
| <b>12a</b> Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .   | <b>12a</b> | No  |
| <b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | <b>12b</b> |     |
| <b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .   | <b>12c</b> |     |
| <b>13</b> Does the organization have a written whistleblower policy? . . . . .  | <b>13</b>  | No  |
| <b>14</b> Does the organization have a written document retention and destruction policy? . . . . .   | <b>14</b>  | No  |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision   |            |     |
| <b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .  | <b>15a</b> | Yes |
| <b>b</b> Other officers or key employees of the organization? . . . . .   | <b>15b</b> | Yes |
| Describe the process in Schedule O  |            |     |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  | <b>16a</b> | No  |
| <b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | <b>16b</b> |     |

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed CT

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 own website  another's website  upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 RUSS WININGER  
 1 GROVE STREET  
 NEW BRITAIN, CT 06051  
 (860) 225-2675

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

\* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

\* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

\* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

**Part VII Continued**

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **0**

|  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  | <b>3</b>   | No        |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | <b>4</b>   | No        |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                                     | <b>5</b>   | No        |

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Part  
VIII

## Statement of Revenue

|  |   | (A)<br>Total Revenue | (B)<br>Related or<br>Exempt<br>Function<br>Revenue | (C)<br>Unrelated<br>Business<br>Revenue | (D)<br>Revenue<br>Excluded from<br>Tax under IRC<br>512, 513, or 514 |
|--|---|----------------------|--|---|--|
| Contributions, gifts, grants<br>and other similar amounts  | <b>1a</b> Federated campaigns . . . <b>1a</b>   |                      |  |   |  |
|  | <b>b</b> Membership dues . . . . <b>1b</b>  |                      |  |   |  |
|  | <b>c</b> Fundraising events . . . . <b>1c</b>   |                      |  |   |  |
|  | <b>d</b> Related organizations . . . <b>1d</b>  |                      |  |   |  |
|  | <b>e</b> Government grants (contributions) <b>1e</b>  |                      |  |   |  |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above<br><b>1f</b> | 974,442              |  |   |  |
|  | <b>g</b> Noncash contributions included in<br>lines 1a-1f \$ <b>1f</b>                                  |                      |  |   |  |
|  | <b>h</b> <b>Total (Add lines 1a-1f)</b> . . . . . <b>1f</b>   | 974,442              |  |   |  |
| Program Service Revenue  | <b>2a</b> MEMBERSHIP DUES AND AS<br><b>2a</b>   | Business Code        |  |   |  |
|  | <b>b</b>  |                      | 2,332  | 2,332                                   |  |
|  | <b>c</b>  |                      |  |   |  |
|  | <b>d</b>  |                      |  |   |  |
|  | <b>e</b>  |                      |  |   |  |
|  | <b>f</b> All other program service revenue  |                      |  |   |  |
|  | <b>g</b> <b>Total. Add lines 2a-2f</b> . . . . .<br>► \$ 2,332  |                      |  |   |  |
|  | <b>3</b> Investment income (including dividends, interest<br>other similar amounts) . . . . . <b>3</b>  |                      |  |   |  |
|  |   | 5,938                |  | 5,938                                   |  |
| <b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>4</b>   |   |                      |  |   |  |
|  |   |                      |  |   |  |
| <b>5</b> Royalties . . . . . <b>5</b>  |   |                      |  |   |  |
|  | (i) Real  | (ii) Personal        |  |   |  |
| <b>6a</b> Gross Rents  |   |                      |  |   |  |
| <b>b</b> Less rental expenses  |   |                      |  |   |  |
| <b>c</b> Rental income or (loss)   |   |                      |  |   |  |
| <b>d</b> Net rental income or (loss) . . . . . <b>6a</b>   |   |                      |  |   |  |
| <b>7a</b> Gross amount from sales of assets other than inventory<br><b>7a</b>  | (i) Securities  | (ii) Other           |  |   |  |
| <b>b</b> Less cost or other basis and sales expenses   |   |                      |  |   |  |
| <b>c</b> Gain or (loss)  |   |                      |  |   |  |
| <b>d</b> Net gain or (loss) . . . . . <b>7a</b>  |   |                      |  |   |  |
| <b>8a</b> Gross income from fundraising events (not including<br>\$ 33,098<br>of contributions reported on line<br>1c) See Part IV, line 18<br>Attach Schedule G if total exceeds<br>\$15,000 . . . . . <b>a</b> |   |                      |  |   |  |
| <b>b</b> Less direct expenses . . . <b>b</b>   | 32,449  |                      |  |   |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . . <b>a</b>   | 649   | 649                  |  |   |  |
| <b>9a</b> Gross income from gaming activities See part IV, line 19<br>Complete Schedule G if total exceeds \$15,000<br><b>a</b>  |   |                      |  |   |  |
| <b>b</b> Less direct expenses . . . <b>b</b>   |   |                      |  |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . . <b>a</b>  |   |                      |  |   |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>  |   |                      |  |   |  |
| <b>b</b> Less cost of goods sold . . . <b>b</b>  |   |                      |  |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . . <b>a</b>   |   |                      |  |   |  |
| Miscellaneous Revenue  | Business Code   |                      |  |   |  |
| <b>11a</b>   |   |                      |  |   |  |
| <b>b</b>   |   |                      |  |   |  |
| <b>c</b>   |   |                      |  |   |  |
| <b>d</b> All other revenue   |   |                      |  |   |  |
| <b>e</b> <b>Total. Add lines 11a-11d</b> . . . . . \$  |   |                      |  |   |  |
| <b>12</b> <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d,<br>8c,<br>9c, 10c, and 11e . . . . . <b>12</b>  | 983,361   | 2,981                | 0  | 5,938                                   |  |

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21  | 26,217                       | 26,217                                 |   |                                    |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22  | 11,250                       | 11,250                                 |   |                                    |
| 3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16  |                              |  |   |                                    |
| 4 Benefits paid to or for members   |                              |  |   |                                    |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .  | 26,856                       | 12,500                                 | 1,339   | 13,017                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                              |  |   |                                    |
| 7 Other salaries and wages  | 44,624                       |  |   | 44,624                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .   |                              |  |   |                                    |
| 9 Other employee benefits . . . . .   |                              |  |   |                                    |
| 10 Payroll taxes . . . . .  |                              |  |   |                                    |
| 11 Fees for services (non-employees)  |                              |  |   |                                    |
| a Management . . . . .  |                              |  |   |                                    |
| b Legal . . . . .   | 5,245                        |  | 5,245   |                                    |
| c Accounting . . . . .  | 10,600                       |  | 10,600  |                                    |
| d Lobbying . . . . .  |                              |  |   |                                    |
| e Professional fundraising See Part IV, line 17 . . . . .   | 200,106                      |  |   | 200,106                            |
| f Investment management fees . . . . .  |                              |  |   |                                    |
| g Other . . . . .   |                              |  |   |                                    |
| 12 Advertising and promotion . . . . .  | 1,011                        | 511                                    |   | 500                                |
| 13 Office expenses . . . . .  | 16,662                       | 6,238                                  | 6,433   | 3,991                              |
| 14 Information technology . . . . .   |                              |  |   |                                    |
| 15 Royalties . . . . .  |                              |  |   |                                    |
| 16 Occupancy . . . . .  | 29,749                       | 18,033                                 | 2,003   | 9,713                              |
| 17 Travel . . . . .   | 14,890                       | 14,146                                 | 744   |                                    |
| 18 Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .  |                              |  |   |                                    |
| 19 Conferences, conventions and meetings . . . . .  | 36,647                       | 34,815                                 | 1,832   |                                    |
| 20 Interest . . . . .   | 1,560                        |  |   | 1,560                              |
| 21 Payments to affiliates . . . . .   |                              |  |   |                                    |
| 22 Depreciation, depletion, and amortization . . . . .  | 7,496                        | 4,722                                  | 2,774   |                                    |
| 23 Insurance . . . . .  | 12,737                       | 10,839                                 |   | 1,898                              |
| 24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )  |                              |  |   |                                    |
| a FUND DRIVE EXPENSES   | 618,499                      |  |   | 618,499                            |
| b Taxes & licenses  | 946                          | 946                                    |   |                                    |
| c   |                              |  |   |                                    |
| d   |                              |  |   |                                    |
| e   |                              |  |   |                                    |
| d   |                              |  |   |                                    |
| e   |                              |  |   |                                    |
| e   |                              |  |   |                                    |
| f All other expenses  |                              |  |   |                                    |
| 25 Total functional expenses. Add lines 1 through 24f   | 1,065,095                    | 140,217                                | 30,970  | 893,908                            |
| 26 Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                              |  |   |                                    |

**Part X Balance Sheet****Assets****Liabilities****Net Assets or Fund Balances**

|  |   | <b>(A)</b><br>Beginning of year |            | <b>(B)</b><br>End of year |
|--|---|---------------------------------|------------|---------------------------|
| 1  | Cash—non-interest-bearing   | 22,988                          | <b>1</b>   | 23,776                    |
| 2  | Savings and temporary cash investments  | 253,612                         | <b>2</b>   | 100,357                   |
| 3  | Pledges and grants receivable, net  | 3                               |            |                           |
| 4  | Accounts receivable, net  | 4                               |            |                           |
| 5  | Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>                           | 5                               |            |                           |
| 6  | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>    | 6                               |            |                           |
| 7  | Notes and loans receivable, net   | 7                               |            |                           |
| 8  | Inventories for sale or use   | 3,268                           | <b>8</b>   | 3,268                     |
| 9  | Prepaid expenses and deferred charges   | 911                             | <b>9</b>   | 2,553                     |
| 10a  | Land, buildings, and equipment cost basis   | 10a                             | 221,786    |                           |
| b  | Less accumulated depreciation <i>Complete Part VI of Schedule D</i>   | 10b                             | 71,373     | 14,804                    |
| 11   | Investments—publicly traded securities  |                                 | <b>10c</b> | 150,413                   |
| 12   | Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>  |                                 | <b>11</b>  |                           |
| 13   | Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>  |                                 | <b>12</b>  |                           |
| 14   | Intangible assets   |                                 | <b>13</b>  |                           |
| 15   | Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>   | 15,917                          |            | 23,717                    |
| 16   | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 311,500                         | <b>16</b>  | 306,084                   |
| 17   | Accounts payable and accrued expenses   |                                 | <b>17</b>  | 12,264                    |
| 18   | Grants payable  |                                 | <b>18</b>  |                           |
| 19   | Deferred revenue  |                                 | <b>19</b>  |                           |
| 20   | Tax-exempt bond liabilities   |                                 | <b>20</b>  |                           |
| 21   | Escrow account liability <i>Complete Part IV of Schedule D</i>  |                                 | <b>21</b>  |                           |
| 22   | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> |                                 | <b>22</b>  |                           |
| 23   | Secured mortgages and notes payable to unrelated third parties  |                                 | <b>23</b>  |                           |
| 24   | Unsecured notes and loans payable   |                                 | <b>24</b>  |                           |
| 25   | Other liabilities <i>Complete Part X of Schedule D</i>  | 17,655                          | <b>25</b>  | 81,710                    |
| 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 17,655                          | <b>26</b>  | 93,974                    |
| <b>Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |                                 |            |                           |
| 27   | Unrestricted net assets   | 293,845                         | <b>27</b>  | 212,110                   |
| 28   | Temporarily restricted net assets   |                                 | <b>28</b>  |                           |
| 29   | Permanently restricted net assets   |                                 | <b>29</b>  |                           |
| <b>Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |                                 |            |                           |
| 30   | Capital stock or trust principal, or current funds  |                                 | <b>30</b>  |                           |
| 31   | Paid-in or capital surplus, or land, building or equipment fund   |                                 | <b>31</b>  |                           |
| 32   | Retained earnings, endowment, accumulated income, or other funds  |                                 | <b>32</b>  |                           |
| 33   | Total net assets or fund balances   | 293,845                         | <b>33</b>  | 212,110                   |
| 34   | Total liabilities and net assets/fund balances  | 311,500                         | <b>34</b>  | 306,084                   |

**Part XI Financial Statements and Reporting**

|    |   | <b>Yes</b>                    | <b>No</b>                                   |
|----|---|-------------------------------|---|
| 1  | Accounting method used to prepare the Form 990  | <input type="checkbox"/> cash | <input checked="" type="checkbox"/> accrual |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   | <input type="checkbox"/>      | No  |
| 2b | Were the organization's financial statements audited by an independent accountant?  | <input type="checkbox"/>      | No  |
| c  | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | <input type="checkbox"/>      |   |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | <input type="checkbox"/>      | No  |
| b  | If "Yes," did the organization undergo the required audit or audits?  | <input type="checkbox"/>      |   |

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 06-1422109  
**Name:** CONNECTICUT STATE FRATERNAL ORDER OF POLICE INC

### Form 990, Part VII - Section Aaa

| <b>(A)</b><br>Name and Title              | <b>(B)</b><br>Average<br>hours<br>per<br>week | <b>(C)</b><br>Position (check all<br>that apply) |                          |          |              |                                 |        | <b>(D)</b><br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099MISC) | <b>(E)</b><br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | <b>(F)</b><br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|---|---|--|--------------------------|----------|--------------|---------------------------------|--------|---|---|--|
|   |   | Individual<br>Trustee<br>or Director             | Institutional<br>Trustee | Official | Key employee | Highest compensated<br>employee | Former |   |   |  |
| JOHN FLYNN , PRESIDENT                    | 10 00   | X  |                          |          |              |                                 |        | 2,935   | 0   | 0  |
| RICHARD GESUALDI , VICE<br>PRESIDENT      | 6 00  | X  |                          |          |              |                                 |        | 2,750   | 0   | 0  |
| DAVID WOODRUFF , SECRETARY                | 6 00  | X  |                          |          |              |                                 |        | 2,750   | 0   | 0  |
| Russell Winiger , TREASURER               | 35 00   | X  |                          |          |              |                                 |        | 1,146   | 0   | 0  |
| LEE TAGER , CHAPLIN/DIRECTOR OF<br>FUND   | 35 00   | X  |                          |          |              |                                 |        | 14,463  | 0   | 0  |
| John Puglisi , SERGEANT AT ARMS           | 1 00  | X  |                          |          |              |                                 |        | 0   | 0   | 0  |
| John Krupinski , SECOND VICE<br>PRESIDENT | 2 00  | X  |                          |          |              |                                 |        | 779   | 0   | 0  |
| DANIEL ROSENTHAL , TRUSTEE<br>CHAIRMAN    | 2 00  | X  |                          |          |              |                                 |        | 733   | 0   | 0  |
| Robert Martin , CT National Trustee       | 5 00  | X  |                          |          |              |                                 |        | 100   | 0   | 0  |
| Robert Dwyer , trustee                    | 1 00  | X  |                          |          |              |                                 |        | 100   | 0   | 0  |
| Paul Lamson , TRUSTEE                     | 1 00  | X  |                          |          |              |                                 |        | 200   | 0   | 0  |
| Curtis Searle , TRUSTEE                   | 1 00  | X  |                          |          |              |                                 |        | 200   | 0   | 0  |
| Chris Chappel , TRUSTEE                   | 1 00  | X  |                          |          |              |                                 |        | 0   | 0   | 0  |
| Charlie Valentino , TRUSTEE               | 1 00  | X  |                          |          |              |                                 |        | 0   | 0   | 0  |
| Matt Donadio , TRUSTEE                    | 1 00  | X  |                          |          |              |                                 |        | 100   | 0   | 0  |
| Terry Blake , TRUSTEE                     | 1 00  | X  |                          |          |              |                                 |        | 0   | 0   | 0  |
| William Clayton , Trustee                 | 1 00  | X  |                          |          |              |                                 |        | 300   | 0   | 0  |
| Matthew McNally , Trustee                 | 1 00  | X  |                          |          |              |                                 |        | 300   | 0   | 0  |
| Brian Sullivan , TRUSTEE                  | 1 00  | X  |                          |          |              |                                 |        | 0   | 0   | 0  |
| Peter Cricco , TRUSTEE                    | 1 00  | X  |                          |          |              |                                 |        | 0   | 0   | 0  |

2008

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury  
Internal Revenue Service**Name of the organization**

CONNECTICUT STATE FRATERNAL ORDER OF POLICE INC

**Employer identification number**

06-1422109

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year   |                         |  |
| 2 Aggregate Contributions to (during year)  |                         |  |
| 3 Aggregate Grants from (during year)   |                         |  |
| 4 Aggregate value at end of year  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|    | Held at the End of the Year |
|----|-----------------------------|
| 2a |                             |
| 2b |                             |
| 2c |                             |
| 2d |                             |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

 Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

 Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

**a**  Public exhibition  
**b**  Scholarly research  
**c**  Preservation for future generations

**d**  Loan or exchange programs  
**e**  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain why in Part XIV and complete the following table

|           | <b>Amount</b> |
|-----------|---------------|
| <b>1c</b> |               |
| <b>1d</b> |               |
| <b>1e</b> |               |
| <b>1f</b> |               |

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|   | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Investment earnings or losses . . . . .                  |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the year end balance held as

**a** Board designated or quasi-endowment ►

**b** Permanent endowment ►

**c** Term endowment ►

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

| <b>Yes</b> | <b>No</b> |
|------------|-----------|
| 3a(i)      |           |
| 3a(ii)     |           |
| 3b         |           |

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

|   | Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|---|---------------------------|--------------------------------------|---------------------------------|------------------|----------------|
| <b>1a</b> Land . . . . .  |                           |                                      |                                 |                  |                |
| <b>b</b> Buildings . . . . .  |                           |                                      |                                 |                  |                |
| <b>c</b> Leasehold improvements . . . . .   |                           |                                      |                                 |                  |                |
| <b>d</b> Equipment . . . . .  |                           | 221,786                              | 71,373                          | 150,413          |                |
| <b>e</b> Other . . . . .  |                           |                                      |                                 |                  |                |
| <b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . |                           |                                      |                                 | 150,413          |                |

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)      | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| Financial derivatives and other financial products                           |                |   |
| Closely-held equity interests  |                |   |
| Other  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ► |                |   |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type   | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
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| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ► |                |   |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
|  |                |
|  |                |
|  |                |
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| <b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) | ►              |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| (a) Description of Liability   | (b) Amount |
|--|------------|
| Federal Income Taxes   |            |
| Capital Lease Payable  | 81,710     |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ► | 81,710     |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

|    |   |    |           |
|----|---|----|-----------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 1  | 983,361   |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  | 1,065,095 |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  | -81,734   |
| 4  | Net unrealized gains (losses) on investments                                    | 4  |           |
| 5  | Donated services and use of facilities  | 5  |           |
| 6  | Investment expenses   | 6  |           |
| 7  | Prior period adjustments  | 7  |           |
| 8  | Other (Describe in Part XIV)  | 8  |           |
| 9  | Total adjustments (net) Add lines 4 - 8   | 9  |           |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -81,734   |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |  |
|---|---|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12              |    |  |
| a | Net unrealized gains on investments   | 2a |  |
| b | Donated services and use of facilities  | 2b |  |
| c | Recoveries of prior year grants   | 2c |  |
| d | Other (Describe in Part XIV)  | 2d |  |
| e | Add lines 2a through 2d   | 2e |  |
| 3 | Subtract line 2e from line 1  | 3  |  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1             |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |  |
| b | Other (Describe in Part XIV)  | 4b |  |
| c | Add lines 4a and 4b   | 4c |  |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5  |  |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |  |
|---|--|----|--|
| 1 | Total expenses and losses per audited financial statements                       | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                 |    |  |
| a | Donated services and use of facilities   | 2a |  |
| b | Prior year adjustments   | 2b |  |
| c | Losses reported on Form 990, Part IX, line 25                                    | 2c |  |
| d | Other (Describe in Part XIV)   | 2d |  |
| e | Add lines 2a through 2d  | 2e |  |
| 3 | Subtract line 2e from line 1   | 3  |  |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |  |
| b | Other (Describe in Part XIV)   | 4b |  |
| c | Add lines 4a and 4b  | 4c |  |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5  |  |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|            |                  |             |
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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2008

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Name of the organization

## CONNECTICUT STATE FRATERNAL ORDER OF POLICE INC

**Employer identification number**

06-1422109

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

**a**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Email solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  In-person solicitations

---

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

CT

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|   | (a) Event #1<br><u>Golf Tournament</u><br>(event type) | (b) Event #2<br>(event type) | (c) Other Events<br>(total number) | (d) Total Events<br>(Add col (a) through col (c)) |
|---|--|------------------------------|------------------------------------|---|
| <b>1</b> Gross receipts . . . . .   | 33,098   |                              |                                    | 33,098  |
| <b>2</b> Less Charitable contributions . . . . .                                |  |                              |                                    |   |
| <b>3</b> Gross revenue (line 1 minus line 2) . . . . .                          | 33,098   |                              |                                    | 33,098  |
| <b>4</b> Cash Prizes . . . . .  |  |                              |                                    |   |
| <b>5</b> Non-cash Prizes . . . . .  |  |                              |                                    |   |
| <b>6</b> Rent/Facility costs . . . . .  |  |                              |                                    |   |
| <b>7</b> Other direct expenses . . . . .  | 32,449   |                              |                                    | 32,449  |
| <b>8</b> Direct expense summary Add lines 4 through 7 in column (d) . . . . . ► |  |                              |                                    | 32,449  |
| <b>9</b> Net income summary Combine lines 3 and 8 in column (d) . . . . . ►     |  |                              |                                    | 649   |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|  | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (Add col (a) through col (c)) |
|--|---|---|---|--|
| <b>1</b> Gross revenue . . . . .   |   |   |   |  |
| <b>2</b> Cash prizes . . . . .   |   |   |   |  |
| <b>3</b> Non-cash prizes . . . . .   |   |   |   |  |
| <b>4</b> Rent/facility costs . . . . .   |   |   |   |  |
| <b>5</b> Other direct expenses . . . . .   |   |   |   |  |
| <b>6</b> Volunteer labor . . . . .   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►    |   |   |   |  |
| <b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ► |   |   |   |  |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>9</b> Enter the state(s) in which the organization operates gaming activities . . . . .  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .   | <b>9a</b>                    |                             |
| <b>b</b> If "No," Explain _____   |                              |                             |
| <b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?   | <b>10a</b>                   |                             |
| <b>b</b> If "Yes," Explain _____  |                              |                             |
| <b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .  | <b>11</b>                    |                             |
| <b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . | <b>12</b>                    |                             |

|   | <b>Yes</b>                        | <b>No</b>                                       |
|---|-----------------------------------|---|
| <b>13</b> Indicate the percentage of gaming activity operated in  | <b>13a</b>                        | <b>13b</b>                                      |
| <b>a</b> The organization's facility . . . . .  | . . . . .                         | . . . . .                                       |
| <b>b</b> An outside facility . . . . .  | . . . . .                         | . . . . .                                       |
| <b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records  |                                   |   |
| Name ►  |                                   |   |
| Address ►   |                                   |   |
| <b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .   | <b>15a</b>                        | . . . . .                                       |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____                             |                                   |   |
| <b>c</b> If "Yes," enter name and address   |                                   |   |
| Name ►  |                                   |   |
| Address ►   |                                   |   |
| <b>16</b> Gaming manager information  |                                   |   |
| Name ►  |                                   |   |
| Gaming manager compensation ► \$ _____  |                                   |   |
| Description of services provided ►  |                                   |   |
| <input type="checkbox"/> Director/officer   | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent contractor |
| <b>17</b> Mandatory distributions   |                                   |   |
| <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .                                     | <b>17a</b>                        | . . . . .                                       |
| <b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____ | . . . . .                         | . . . . .                                       |

## **Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.**

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.**

Open to Public  
Inspection

## Open to Public Inspection

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Name of the organization

CONNECTICUT STATE FRATERNAL ORDER OF POLICE INC

**Employer identification number**

06-1422109

## **Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

| <b>1(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CONNECTICUT<br>FRATERNAL ORDER OF<br>POLICE - LODGE 3263<br>SILVERMINE ROAD<br>BROOKFIELD, CT 06804 |                |                                      | 6,275                           |  |  |   | ASSISTANCE TO<br>LOCAL LODGES             |
|   |                |                                      |                                 |  |  |   |   |
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2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations .

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

---

**See Additional Data Table**

| Identifier                                 | Return Reference | Explanation  |
|--|------------------|--|
| Procedure for Monitoring Grants in the U S | Part I, Line 2   | Schedule I, Part I, Line 2 THE ORGANIZATION HAS A LIST OF APPLICANTS, ALONG WITH THEIR APPLICATIONS FOR THE SCHOLARSHIPS THEY ARE AWARDING WHEN SCHOLARSHIPS ARE ISSUED THE CHECKS ARE MADE OUT TO THE COLLEGE THAT IS LISTED ON THE SCHOLARSHIP RECIPIENTS APPLICATION AND THE CHECK IS MAILED DIRECTLY TO THE COLLEGES |
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2008

Open to Public  
Inspection**SCHEDULE O**  
(Form 990)**Supplemental Information to Form 990**

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Department of the Treasury  
Internal Revenue Service**Employer identification number**

06-1422109

|  |   |
|--|---|
| <b>Name of the organization</b><br>CONNECTICUT STATE FRATERNAL ORDER OF POLICE INC | <b>Employer identification number</b><br>06-1422109 |
|--|---|

| Identifier                            | Return Reference | Explanation   |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 10 |                  | The form 990 is reviewed by the president of the organization |

| Identifier                            | Return Reference | Explanation  |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section B, line 15 |                  | The AUTHORIZED RANGE OF compensation FOR the organization's officers is stated in the by-laws of the Connecticut State Fraternal Order of Police. The by-laws can only be promulgated, amended or revised by a vote of two thirds of the delegates voting at the Biennial Conference |

| Identifier                            | Return Reference | Explanation  |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section C, line 19 |                  | The organization makes its governing documents and financial statements available to the public upon request. The organization does not have a conflict of interest policy |

| Identifier                | Return Reference | Explanation   |
|---------------------------|------------------|---|
| Form 990, Part XI, Line 1 |                  | THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING |

| Identifier                              | Return Reference                    | Explanation  |
|---|-------------------------------------|--|
| Schedule G, Part I, Line 2b, Column (v) | Explanation of Fundraising Payments | THE CONNECTICUT STATE FRATERNAL ORDER OF POLICE, INC CONTRACTED CIVIC DEVELOPMENT GROUP, LLC TO CONDUCT APPEALS FOR PUBLIC SUPPORT THROUGH TELEMARKETING FUNDRAISING ACTIVITIES. THIS CONTRACT WAS TERMINATED BY THE CONNECTICUT STATE FRATERNAL ORDER OF POLICE, INC ON JULY 25, 2008 |

| Identifier                              | Return Reference | Explanation   |
|---|------------------|---|
| SCHEDULE G, PART I, LINE 2B, COLUMN (V) |                  | THE CONNECTICUT STATE FRATERNAL ORDER OF POLICE, INC PAID CIVIC DEVELOPMENT GROUP, LLC FOR FUNDRAISING EXPENSES. THE TOTAL AMOUNT OF THESE EXPENSES IS REPORTED ON FORM 990, PART IX, LINE A (FUND DRIVE EXPENSES). THESE EXPENSES CONSISTED OF THE FOLLOWING: COMPENSATION OF OFFICERS AND DIRECTORS - \$20,261, OTHER SALARIES AND WAGES - \$287,892, OTHER EMPLOYEE BENEFITS - \$3,280, PAYROLL TAXES - \$35,770, SUPPLIES - \$881, TELEPHONE - \$48,413, POSTAGE AND SHIPPING - \$104,953, OCCUPANCY - \$51,692, EQUIPMENT RENTAL AND MAINTENANCE - \$9,915, PRINTING AND PUBLICATIONS - \$37,758, INSURANCE - \$2,888, PAYROLL PROCESSING COSTS - \$5,481, EMPLOYEE RELATED COSTS - \$964, CUSTOMER SERVICE - \$3,790 AND LEAD DATA PROCESSING COSTS - \$4,561. UNDER THE TERMS OF THE AGREEMENT, CIVIC DEVELOPMENT GROUP IS ALSO PAID A FEE FOR ITS SERVICES. THIS FEE IS A PERCENTAGE OF THE GROSS COLLECTIONS FOR THE YEAR. |

| Identifier                 | Return Reference | Explanation   |
|----------------------------|------------------|---|
| FORM 990, PART III, LINE 1 |                  | To support and defend the Constitution of the United States, to inculcate loyalty and allegiance to the United States of America, to promote and foster the enforcement of law and order, to improve the individual and collective proficiency of our members in the performance of their duties, to encourage fraternal, educational, charitable and social activities among law enforcement officers, to advocate and strive for uniform application of the civil service merit system for appointment and promotion, to support the improvement of the standard of living and working conditions of the law enforcement profession through every legal and ethical means available, to create and maintain tradition of esprit de corps insuring fidelity to duty under all conditions and circumstances, to cultivate a spirit of fraternalism and mutual helpfulness among our members and the people we serve, to increase the efficiency of the law enforcement profession and thus more firmly to establish the confidence of the public in the service dedicated to the protection of life and property. |