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990-EZ Form

Amonde

OMB No. 1545-1150

Open to Public Inspection

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)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13)
must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than
\$2,500,000 at the end of the year may use this form

Department of the Treasury Internal Revenue Service ➤ The organization may have to use a copy of this return to satisfy state reporting requirements

				year, or tax year beginning	Apr 01	, 2008, and e	nding	M	ar 31, <b>20</b> 09
	B C	heck if pplicable	, Diama	C Name of organization, number and	street, city, towr	n, state, and Z	IP code	D Employe	er identification number
	T A	ddress c	Please use IRS						
	N:	ame cha	inge label or					23-72	27127
i.	In	ntial retur		FRATERNAL ORDER OF	POLICE			E Telephor	ne number
	Τe	erminatio	See Specific	MIDDLETOWN LODGE 2:	1				47-0020
3	ΠA	mended	return Instruc-	464 MITCHELLS LANE				F Group E	
0	HA	pplication ending	tions	Middletown RI 02842	2-			Number	· ·
喜			n 501(c)(3) orga	anizations and 4947(a)(1) nonexempt cl		must attach	G Accour	iting method	<del></del>
7				completed Schedule A (Form 990 or 99				specify) >	
2	1 We	ebsite			<u></u> ).			· · · · · · · · · · · · · · · · · · ·	ganization is not required
_				conly one) - X 501(c)(7 ) <b>∢</b> (insert no)	4947(a)(	1) or   527	<del></del> i		(Form 990, 990-EZ, or 990-PF)
3		neck	T 1	ganization is not a section 509(a)(3) sup		<del></del>	1		
-				but if the organization chooses to file a re		_	•		
S				9 9 to determine gross receipts, if \$1,000,000 or more, f				\$	73,747.
ع .			<del></del>	Expenses, and Changes in Net A				he instructio	
K	<u> </u>	1		gifts, grants, and similar amounts receiv					75.
٠.	<u> </u>	2	-	ice revenue including government fees a				<del>)                                    </del>	
		3	_	dues and assessments					
		4	•	come				<u> </u>	
		5 a		t from sale of assets other than inventory		1 1		120.3	
				other basis and sales expenses		_ <del>                                    </del>			
		- 1		from sale of assets other than inventory			) (attach schedu		
	ne	6	, ,	activities (complete applicable parts of Schedule G) If	•				
	Revenue			e (not including \$					
	æ		reported on lin	-		1 1	STATU	E UNIT	
		ŀ	•	xpenses other than fundraising expenses		<del></del>	RECE	TVED	
		l l		(loss) from special events and activities		L	1)	6 c	
		- 1		f inventory, less returns and allowances		1 1	7JAN 1	1. 2012	
			Less. cost of	<u> </u>		<u> </u>	,,,,		
				r (loss) from sales of inventory (Subtract			IPR BA	ANTAC	73,672.
		8	Other revenue				OGI	EN 8	· · · · · · · · · · · · · · · · · · ·
		9		Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					73,747.
		10		milar amounts paid (attach schedule)				10	· · · · · · · · · · · · · · · · · · ·
		11		to or for members				11	3,000.
	S	12	•	r compensation, and employee benefits				12	· · · · · · · · · · · · · · · · · · ·
	xpenses	13		ees and other payments to independent		RECE		13	936.
	×be	14		ent, utilities, and maintenance	<b> </b> = .		ပ္တု	14	51,356.
	ш	15		cations, postage, and shipping		.JAN.0.7	2013   0	15	195.
_		16		es (describe ▶OTHER EXPENSE	es 🗓	• • • • • • • • • • • • • • • • • • • •	12	16	32,631.
EFB 1 2 2013		17	Total expense	es Add lines 10 through 16	been	TABLE		.▶ 17	88,118.
₹ K		18		ficit) for the year (Subtract line 17 from lin	ne 9)	コロロド	. U	18	(14,371.)
63	sets	19	Net assets or t	fund balances at beginning of year (from	line 27, column	n (A)) (must a	gree with	122	
TA.	Ass			gure reported on prior year's return)			=	19	41,512.
8	Net Assets	20	Other changes	s in net assets or fund balances (attach e	explanation) .			. 20	
ū	-	21		fund balances at end of year Combine li				.▶ 21	27,141.
(	Pai	rt II	Balance Sh	neets. If Total assets on line 25, colu	mn (B) are \$2,5	500,000 or mo	re, file Form 990	instead of I	Form 990-EZ
,	吳			(See the instructions)			(A) Beginning	of year	(B) End of year
	22.0	Cash, s	savings, and inv	vestments		[	41,5		27,141.
	23 <sup>-</sup> -J	and a	nd buildings					23	
	_		assets (describe			) [		24	
	25 T	Γotal a	ssets				41,5	L2. <b>25</b>	27,141.
	26 T	Γotal li	iabilities (descri	ibe ▶		)		26	
	27 N	Net as	sets or fund ba	lances (line 27 of column (B) must agree	with line 21)		41,5	L2. <b>27</b>	27,141.
	For F	Privac	v Act and Pape	rwork Reduction Act Notice, see the In	struction for Fo	orm 990.			Form 990-EZ (2008)

Fđ	m 990-EZ (2008) FRATERNAL ORDER OF	POLICE		23	<u>3-7</u> 22	7127	Page 2
P	art III Statement of Program Service Accom	plishments (See	the instructions.)			Expense	s
W	nat is the organization's primary exempt purpose? SEE	STATEMENT 3			(Requ	ired for 50	1(c)(3) & (4)
De	scribe what was achieved in carrying out the organization's	exempt purposes In a cl	ear and concise mann	er,	organi	izations and	d 4947(a)(1
	scribe the services provided, the number of persons benefit	ed, or other relevant infor	mation for each progra	am title_	trusts,	optional fo	r others)
28	SEE STATEMENT 3		-		1 1		
	(Grants \$ ) If this amount include	s foreign grants, check h	ere	<b>P</b>	28a		<del></del>
29		<del></del>	<del></del>				
			<del></del>				
	(Coople C	- farana aranta abasi b		<u> </u>	00-		
20	(Grants \$ ) If this amount include	s foreign grants, check h	ere		29a		
30		<del> </del>			-		
	(Grants \$ ) If this amount include	s foreign grants, check h		<b>▶</b> □	30a		
31	Other program services (attach schedule)				304		
٠.		s foreign grants, check he		▶ □	31a		
32	Total program service expenses (add lines 28a through 3		-	•	32	<del></del>	
	art IV List of Officers, Directors, Trustees, a		(List each one ev	en if not	compens	ated See t	he instr )
		(b) Title & average	(c) Compensation	(d) Co	ntributions to	(e)	Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)		benefit plans med comp		count and allowances
FF	RED BODINGTON	PRESIDENT					
20	) SOUTH O Little Com RI 02837	5	0			1	
TI	MOTHY BECK	TREASURER					
12	23 VALLEY Middletown RI 02842	5	0				
RI	CHARD GAMACHE	DIRECTOR					
12	23 VALLEY Middletown RI 02842		0				_ <u>_</u>
	RANK CAMPAGNA JR	DIRECTOR					
2	WOOD TER Middletown RI 02842		0	1			
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Page 3

ı a	Otter mornation (Note the statement requirements in the instructions for Part VI.)		-	Γ.
22	Dut the annual state of any activity and provide somethod to the IDC2 If IVen II attach a detailed		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	. 33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"	1		
	attach a conformed copy of the changes	. 34	ļ	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others),	- 77	٠.	,
	but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		L	
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,			
	and proxy tax requirements?	. 35a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	. 35b	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			1
	complete applicable parts of Schedule N	. 36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   0		1 10 10	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
b	Did the organization file Form1120-POL for this year?	. 37b		
38 a	and the second s	- 500 vie		200
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	. 38a		Х
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	AA	Art A	-
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities			a de la companya de La companya de la co
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		3.07	
40 a	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
ь	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during		-	
U	the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		1
_	Enter amount of tax imposed on organization managers or disqualified persons during the year under	1930	\$45022 L	risiery:
C				
	sections 4912, 4955, and 4958			Æ
d	Enter amount of tax on line 40c reimbursed by the organization		217	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	\$100° (% 300°)	X
	If "Yes," complete Form 8886-T	. 400	L	
41	List the states with which a copy of this return is filed			
42 a	The books are in care of ► MIKE NASIFF  Telephone no ► 508-509-7399			
_	Located at ► 464 MITCHELLS LANE RI Middletown ZIP+4 ► 02842-			
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		Yes	No
	account)?	42b	<b>ब</b> र्क्स स्था	X
	If "Yes," enter the name of the foreign country. ▶			. 8
	See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank	12		
	and Financial Accounts.			32.
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		X
	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here		ا	<b>^</b> _
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	Trans.	200	
	Form 990-EZ	. 44		Х
45	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must			E a
	be completed instead of Form 990-EZ	45		Х
		990-1	EZ (2	2008)
			•	,

US990EZ3

Fôrm 990-l	EZ (2008) FRATERNAL O	RDER OF POLIC	CE		23-722	27127	Pa	age 4
Part VI	Section 501(c)(3) organiz	zations only. All se	ection 501(c)(3) orgai	nizations must ansv	wer questions 46	- 49		
	and complete the tables for line	s 50 and 51						
<b>46</b> Did t	the organization engage in direct or	indirect political campaig	n activities on behalf	of or in opposition	to		Yes	No
cand	didates for public office? If "Yes," co	mplete Schedule C, Part	l			46		
<b>47</b> Did t	the organization engage in lobbying	activities? If "Yes," comp	lete Schedule C, Pa	rt II		47		
<b>48</b> Is the	e organization operating a school a	s described in section 170	0(b)(1)(A)(iı)? If "Yes	," complete Schedu	ıle E	48_		
49a Didit	the organization make any transfers	to an exempt non-charita	able related organiza	tion?		49a		
b If "Ye	es," was the related organization(s)	a section 527 organization	on?			49b		
	plete this table for the five highest on received more than \$100,000 of co					es) who		
		(b) Title and average	e (c) Compensa	tion (d) Conf	ributions to	(e) Exp	ense	
(a) Nar	me and address of each employee	hours per week		employee b	enefit plans &	accour	nt and	
	paid more than \$100,000	devoted to position			ompensation	other all	owanc	es
Total number of	of other employees paid over \$100,000							
	e organization If there is none, ent		than \$100,000	(b) Type of se	ervice	(c) Compe	nsatio	n
							<del></del>	
Total numb	er of other independent contractors	each receiving over \$10	0,000	···		<del></del>		
	Under penalties of penury, I declare that I had belief, it is true, correct, and complete				-	ge		
01	I Sa			1	2/28/201	0		
Sign	Signature of officer		***	<del></del>	,, ate			
Here	TIMOTHY BECK		TRF.A	SURER				
	Type or print name and title					_		
	Preparer's Preparer's	7 -1	Date	Check if self-	Preparer's Ide	ntifving No	(See	ınstr \
Paid	signature WI WI WARDJ	ALYNN CA	12/28/2012	1		11210	•	/
Preparer's	Firm's name to yours FLYIN	<del>//</del>	GROUP INC	E		01325		
Use Only	if self-employed),	AQUIDNECK A			., ,,	31323.		
			842-		none no.▶401	-846-	676'	7
May the IPS	S discuss this return with the preparation			<u> </u>	IOIIC IIO.P T O I	Yes	LJ	No
may inc ii N	C GISCOCO BIIS FORGITI WITH THE Prepa	.c. c.iottii abote. oce iii			Fo	orm 990-E		$\overline{}$

TO SUPPORT AND DEFEND THE CONSTITUTION OF THE UNITED STATES TO INCULCATE LOYALTY AND ALLEGIANCE TO THE USA TO PROMOTE AND FOSTER THE • ENFORCEMENT OF LAW AND ORDER TO IMPROVE THE INDIVIDUAL AND COLLECTIVE PROFICIENCY OF OUR MEMBERS IN THEIR PERFORMANCE OF THEIR DUTIES ETC

Name: FRATERNAL ORDER OF POLICE

ID: 23-7227127

Туре	Amount
DVERTISING	4,352
ANKING	979
ONATIONS	1,750
UES	1,334
UNDRAISING	6,334
NSURANCE	3,552
AFFLE	975
CHOLARSHIPS	2,700
PONSOR	1,899
AXES	8,756
	***
	<del></del>
	-
	-

23-7227127

S 990	990-EZ: Page 1, L	fit on Sales of Inventory ine 7; 990-PF: Page 12, Lin	ie iu	2008
	Description	Gross sales less returns	Cost of goods sold	Gross profit
LES	Description	73,672.	goods sold	73,672
		73,672.		73,672
	•			