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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)► Sponsoring 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
► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning		Jul 1	, 2008, and ending	Jun 30	, 2009
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		FRATERNAL ORDER OF POLICE NE LODGE Number and street (or P O box, if mail is not delivered to street address) 10730 PACIFIC ST City or town, state or country, and ZIP + 4 OMAHA NE 68114-4761		23-7278969 E Telephone number (402) 391-7030	
				F Group Exemption Number ► 1199	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► www.nebraskaafop.org

H Check ► **if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**

J Organization type (check only one) — 501(c) (8) □ (insert no) 4947(a)(1) or 527

K Check ► **if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ

► \$ **255,914.**

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	58,360.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	18,610.
	4 Investment income	4	3,226.
	5a Gross amount from sale of assets other than inventory	5a	10,000.
	b Less: cost or other basis and sales expenses	5b	13,020.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	-3,020.
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input checked="" type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	163,463.
	b Less: direct expenses other than fundraising expenses	6b	120,113.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	43,350.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ► <u>See Other Revenue Statement</u>)	8	2,255.
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	122,781.
	EXPENSES	10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members		11	1,000..
12 Salaries, other compensation, and employee benefits		12	18,000.
13 Professional fees and other payments to independent contractors		13	50,631.
14 Occupancy, rent, utilities, and maintenance		14	2,188.
15 Printing, publications, postage, and shipping		15	566..
16 Other expenses (describe ► <u>See Other Expenses Statement</u>)		16	54,619.
17 Total expenses (add lines 10 through 16)		17	127,004.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-4,223.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	259,278.
20 Other changes in net assets or fund balances (attach explanation)		20	
21 Net assets or fund balances at end of year (Combine lines 18 through 20)		21	255,055.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)		IRS-OSC	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22		251,963.	242,791.
23 Land and buildings	23		0.	0.
24 Other assets (describe ► <u>See L-24 Stmt</u>)	24		7,315.	12,264.
25 Total assets	25		259,278.	255,055.
26 Total liabilities (describe ► <u>See L-26 Stmt</u>)	26		0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27		259,278.	255,055.

Part V | Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity Yes No
33 **34**

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes Yes No
34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. Yes No
35a **35b**

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? Yes No
36

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? Yes No
37a **37b**

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N Yes No
36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions Yes No
37a

b Did the organization file **Form 1120-POL** for this year? Yes No
38a

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? Yes No
38b

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes No
39a **39b**

39 501(c)(7) organizations Enter: Yes No

a Initiation fees and capital contributions included on line 9 Yes No
39a

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ Yes No
40a

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I Yes No
40b

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes No
40c

d Enter amount of tax on line 40c reimbursed by the organization Yes No
40d

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T Yes No
40e

41 List the states with which a copy of this return is filed ► _____

42a The books are in care of ► JOHN DAVIS Telephone no. ► (308) 368-5886
 Located at ► BOX 386 HERSHEY NE ZIP + 4 ► 69143

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)? If 'Yes,' enter the name of the foreign country ► _____ Yes No
42b

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts
 c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. ► _____ Yes No
42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No
43

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
44

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
45

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization(s) a section 527 organization?		49b

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

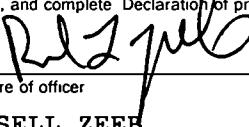
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

Total number of other independent contractors receiving over \$100,000 ►		

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.

Sign Here ► 
 Signature of officer 5-17-10
 Date
 ► RUSSELL ZEEB
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► VERNON E DOLLECK	Date 05/17/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Dolleck, Frederes & Somer, PC 10730 Pacific St., #242 Omaha	NE 68114	EIN <input type="checkbox"/>	Phone no ► (402) 391-7030

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Form 990-EZ (2008)

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- 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

Employer identification number
23-7278969

FRATERNAL ORDER OF POLICE NE LODGE

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.

- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

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

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.

REVENUE		(a) Event #1 CDG (event type)	(b) Event #2 C FOR C (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
		25,125.	50,520.		75,645.
1	Gross receipts				
2	Less Charitable contributions				
3	Gross revenue (line 1 minus line 2)	25,125.	50,520.		75,645.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	17,587.	35,365.		52,952.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				52,952.
	9 Net income summary. Combine lines 3 and 8 in column (d)				22,693.

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.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		87,818.			87,818.
1	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
4	Rent/facility costs				
5	Other direct expenses ..	67,162.			67,162.
6	Volunteer labor	<input type="checkbox"/> Yes ____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes ____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes ____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				67,162.
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				20,656.

9 Enter the state(s) in which the organization operates gaming activities: Nebraska

YES	NO

9a	X

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a	X

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

11	X

12 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?

12	X

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

13a	%	YES	NO
13b	%		

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name: ► _____

Address: ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

- b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.
- c If 'Yes,' enter name and address.

Name: ► _____

Address: ► _____

16 Gaming manager information

Name: ► _____

Gaming manager compensation: ► \$ _____

Description of services provided: ► _____

 Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a		

- 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 ► \$ _____

Depreciation and Amortization
(Including Information on Listed Property)

2008

Name(s) shown on return

FRATERNAL ORDER OF POLICE NE LODGE

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I | Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property Enter the amount from line 29	7		*
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13		***

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II | Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III | MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	1,032.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	► <input type="checkbox"/>	

Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV | Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	1,032.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?					Yes	No	24b If 'Yes,' is the evidence written?		Yes	No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost				
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25					
26 Property used more than 50% in a qualified business use:												
27 Property used 50% or less in a qualified business use												
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1										28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1										29		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
		Yes	No	Yes	No	Yes

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) <i>Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles</i>	Yes	No

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year					
					43
44 Total. Add amounts in column (f). See the instructions for where to report					
					44

Name as Shown on Return FRATERNAL ORDER OF POLICE NE LODGE	Employer Identification No 23-7278969
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Line 24 - Other Assets:	Beginning of Year	End of Year
PREPAID EXPENSES	4,479.	7,900.
RECEIVABLE-ATM	0.	2,560.
EQUIPMENT	24,200.	24,200.
LESS ACCUM DEPR	-21,364.	-22,396.
Totals to Form 990-EZ, Part II, line 24	7,315.	12,264.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26	 	

Form 990-EZ, Part I, Line 8

Other Revenue Statement

Other revenue (describe)

<u>RENTAL INCOME</u>	<u>2,245.</u>
<u>MISCELLANEOUS</u>	<u>10.</u>
<u>Total</u>	<u>2,255.</u>

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

<u>Depreciation</u>	<u>1,032.</u>
<u>STATE BI-ANNUAL CONFERENCE</u>	<u>11,520.</u>
<u>NATIONAL TRAVEL</u>	<u>7,446.</u>
<u>STATE TRAVEL</u>	<u>6,913.</u>
<u>WESTERN STATES CONFERENCE</u>	<u>10,944.</u>
<u>PAYROLL TAXES</u>	<u>2,123.</u>
<u>ATM EXPENSE</u>	<u>1,022.</u>
<u>CREDIT CARD FEES</u>	<u>176.</u>
<u>DUES</u>	<u>644.</u>
<u>EXPENDABLE EQUIPMENT AND SOFTWARE</u>	<u>902.</u>
<u>OFFICER FEES</u>	<u>1,869.</u>
<u>INSURANCE</u>	<u>291.</u>
<u>LEGISLATIVE EXPENSE</u>	<u>700.</u>
<u>OFFICE EXPENSE</u>	<u>2,396.</u>
<u>TELEPHONE</u>	<u>2,688.</u>
<u>WEBPAGE EXPENSE</u>	<u>341.</u>
<u>PAC EXPENSE</u>	<u>3,552.</u>
<u>MISCELLANEOUS</u>	<u>60.</u>
<u>Total</u>	<u>54,619.</u>

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete **only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only *All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization FRATERNAL ORDER OF POLICE NE LODGE	Employer identification number 23-7278969
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions 10730 PACIFIC ST , #242	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions OMAHA	NE 68114-4761

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► JOHN DAVIS

Telephone No. ► (308) 532-2468 FAX No ► (402) 391-2037

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 1199. If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 16, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

- calendar year 20 ___ or
- tax year beginning Jul 1, 20 08, and ending Jun 30, 20 09

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2008)