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287604 JUN 16.2011 3

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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2008 Open to Public Inspection

<u>A</u>	For the 200	8 cafendar ye	ar, or tax year beginnin	g 11/01	L/08 , and endir	ւց 10,	<u>/31/09</u>	9			
В	Check if applica		C Name of organization							Emplo	yer identification number
	Address change	e use IRS		FRATERNA	L ORDER OF	' POLI	CE LO	DGE	# 1		
$\overline{\Box}$	Name change	print or	Doing Business As							23-	·7181129
ᆵ	•	type.	Number and street (or P C) box if mail is not deliv	ered to street address)			Room/su	ite E	Teleph	one number
닏	Initial return	See	18300 M 7	/8 HIGHWA	Y_						
\sqcup	Termination	Specific Instruc-	City or town, state or	country, and ZIP +	4				G	Gross rece	ipts \$ 174,59
	Amended return		INDEPENDE	INCE	MO 6	4057					
\equiv	Application pen	5.11	e and address of principal	officer					н	i(a) Is this	a group return for
Ц	Аррисации реп	iding	, .							affiliate	
									н	(b) Are all	affiliates .
											attach a list. (see instructions)
$\overline{}$	Tax-exempt	status X	501(c) (8)	(insert no)	4947(a)(1) or	527				,	diam's a not food moderney
÷	Website:		1 001(0) (0 /	T (MIDERETTO)	1 +0+7(u)(1) 01	1 027				I(c) Gmun	exemption number
	Type of organia	99	rporation Trust	Association Oti	her ▶			ear of form			M State of legal domicile
*****	art i	Summar		ASSOCIATION TO	iei 🕨			ear or lotte	lauuii		State of legal dofflicite
			he organization's missi	on or most signif	icant activities						
	1	-	MEMBERSHIP WE	-		ATC -	A T D				
8	1			LFARE - OF	FICER MEMORI	ALS - A	AID TO				
Jan	N.	EEDY FAN	VILLER								
ern			· 🗖								
õ	2 Che	ck this box I	▶ ☐ if the organization	tion discontinued	its operations or disp	osed of mo	ore than 25	% of its	assets.		
∞5	3 Num	nber of voting	members of the gover	rning body (Part \	√I, line 1a)					_3	
Activities & Governance	4 Num	nber of indepe	endent voting members	s of the governing	j body (Part VI, line 1	b)				4	
Ξ	5 Tota	I number of e	employees (Part V, line	∍ 2a)						_5	
둉	6 Tota	I number of v	volunteers (estimate if i	necessary)						6	
٩	1		ated business revenue		ne 12. column (C)					7a	
	I .	•	siness taxable income	•						7b	(
_					,				Prior Year		Current Year
_	8 Con	tributions and	d grants (Part VIII, line	1h)					1	,000	27,56
Revenue	9 Prog	gram service	revenue (Part VIII, line	e 2g)			ſ		125	, 334	147,79
Š	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)										
ž	1		Part VIII, column (A), lin	-	•		Ì		3	,677	-76
-	l .	•	add lines 8 through 11 (•	12)	Ī		130		174,59
_			ar amounts paid (Part I			<u>·-/</u>				650	3,60
	1		or for members (Part IX	• •	•		Ì		14	,412	23,99
	AE Colo	•	ompensation, employee		•	10)	ŀ			, 300	6,90
xbeuses	46a Drof			•		-10)	-			, 300	
Ë	10a Flor		draising fees (Part IX, o		-						<u> </u>
X		•	expenses (Part IX, col				ŀ		90	,096	120 10
_	1		(Part IX, column (A), lir		· ·		Ļ				129,18
		-	Add lines 13-17 (must o	•	umn (A), line 25)		-			458	163,68
- "	19 Rev	enue less exp	penses Subtract line 1	8 from line 12				- Da	18 ginning of Ye	,553	10,900 End of Year
Net Assets or	9 Tota	ul assets (Das	4 V June 46\				ŀ			, 787	
Sse Rala	20 lota	l assets (Par					}		200	, 101	279,69
et /	21 lota	-	art X, line 26)		_		Į.		260	707	070 60
			d balances Subtract li	ne 21 from line 20	J		I		268	, /8/	279,69
	art II	Signatu	re Block								
			ties of perjury, I declare the is true, correct, and comp								
		and belief, it	isolie, correct, and comp	lete Declaration of	preparer (outer than only	ær) is baseu	OII all IIIIOIII	lauon oi w	vilicii prepar		. *
Sig	gn		TOCA								-16-11
He	re	Signatu	re of officer							Date	
		Ma	von Gretzen	- Treasu	rer						
		Type or	print name and title				-				
_			<u> </u>	- /)	// \ \ \	\neg	Date		Check if		Preparer's identifying number
Pa	id	Preparer's signature	DOMM	10 (11	(IMA)		7/08	امدرو	self-		(see instructions)
	eparer's	Jignature	JUNION	DITE COTT	TN CD3 T		1/08	2/ 10	employed		486-56-452
	e Only	Firm's name				C	_			EIN	▶ 43-115053
	,	if self-employ	/ // 	S LIBERT		. ^]	Phone	016 054 555
		address, and		EPENDENCE		·U				no 🕨	816-254-770
May	y the IRS di	iscuss this re	turn with the preparer s	shown above? (s	ee instructions)						Yes N

) (Revenue \$

(Must equal Part IX, Line 25, column (B).)

6,900 including grants of \$

163,685

(Expenses \$

4e Total program service expenses > \$

		_ {	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	\dashv	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	ا ا		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	- 1	
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	6		x
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,]	ŀ	
	Parts VI, VIII, VIII, IX, or X as applicable	11	X	
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	12		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	445		x
15	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b	-+	
~	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	- 1	x
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	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21		X
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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23	_	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	i		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
		24a	\rightarrow	X
b		24b		
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?			
А		24c 24d	-+	
25a		240	\dashv	
		25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified		\dashv	
-		25b		
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	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		$\neg \dagger$	
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
		Form	990 c	20087

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"		i	
	complete Schedule L, Part IV	28b		X
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	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ŀ	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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	34		<u> </u>
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	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		l	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% 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	37		<u> </u>

Form **990** (2008)

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

amounts due or received from them)

	990 (2008) FRATERNAL ORDER OF POLICE LODGE # 1 23-7181129		F	age
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			ı —
4-	Fates the number of set of Paris 2 of Farm 1000. Acquait Community of Tanasantial of	F	Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
_	U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b.			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?	1c		x
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	:	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	20		
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
-	this return?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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		x
b	If "Yes," enter the name of the foreign country	-1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank]	
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
-	\$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			7.
	benefit contract?	_7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	7h		
0	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	1	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			·
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.	"		
. а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			

Form 990 (2008)

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

Sec	tion A. Governing Body and Management			
	•		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	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?	· 2		X
3	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?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		$\overline{\mathbf{x}}$
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
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?	9b		
10	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	10		X
11	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	11		X
Sec	tion B. Policies			
-			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	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		1	
а	The organization's CEO, Executive Director, or top management official?	15a	1	X
b	Other officers or key employees of the organization?	15b		$\overline{\mathbf{x}}$
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		- 1	
	with a taxable entity during the year?	16a	1	X
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		- 1	
	the organization's exempt status with respect to such arrangements?	16ь	İ	
Sec	tion C. Disclosure	[[05]		
17	List the states with which a copy of this Form 990 is required to be filed None			
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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	organization: PHIL HINNIGER 1921 S. AZTEC AVE			
TI	NDEPENDENCE MO 64057			

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), 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, and 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.

(A)	(B) Average	Pos	tion /	(Check	C) call t	hat ap	nlv\	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JOHN HOWE SECRETARY								2,800	0	(
PHIL HININGE TREASURER	R							1,800	0	(
JEFF SEEVER VICE PRES								1,200	0	(
JEFF LAWHON								1,100	0	(
CARL PERRY PRESIDENT								0	0	(
										
			 							-
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		+			\vdash	<u> </u>				
			<u> </u>							
		\dagger	\vdash	_		\vdash				

Par	t VII Section /	A. Officers, Directors, Trus	tees	, Ke	y En	plo	yees	, an	d Highest Compensated E	mployees (continued)				
(A) (B) (C) (D) (E) (F) Name and title Average Position (check all that apply) Reportable Reportable Estimate														
	, Name and title	hours per		_		_	_	_	compensation	compensation	1	mount	of	
	hours per week Or in stitutional trustee Or individual							con						
			약	nal t) og	8 8			(W-2/1099-MISC)	1			
			stee	ruste		Ď	Pens		(VV-2/1099-WII3C)			nd rela		
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			L					<u> </u>						
	Total							<u> </u>	6,900		<u> </u>			
2	organization ► 0	ividuals (including those in 1	a) w	no re	eceiv	ed m	ore	ınan	\$100,000 in reportable com	pensation from the				
												コ	Yes	No
3		n list any former officer, dire a? If "Yes," complete Schedi							ee, or highest compensated			3		х
4	For any individual li	sted on line 1a, is the sum of	f rep	ortab	ole co	ompe	ensat	tion a	and other compensation from	m				
	the organization and individual	d related organizations grea	ter th	an \$	150,	0001	? If "\	es,"	complete Schedule J for su	uch		4	:	х
5		ed on line 1a receive or accr	ue co	ompe	ensat	ion f	rom	any	unrelated organization for					
_		o the organization? If "Yes,"	com	plete	Sch	edul	e J f	or st	ıch person			5		X
<u>Sec</u>	tion B. Independent Complete this table	for your five highest compe	nsate	ed in	depe	nder	nt co	ntrac	ctors that received more tha	n \$100,000 of				
compensation from the organization										(C)				
(A) Name and business address Description of services								Cor	(C) npensat	tion				
				-										
_														
2		ependent contractors (inclu	ding '	those	e in 1) wh	ю гес	ceive	ed more than \$100,000 in					•
DAA	compensation from	tne organization >	—									Eorm	990	/2008

Pa	rt V	III Statement of Rev	<u>enue</u>	·		· · · · · · · · · · · · · · · · · · ·			
	•	٠,				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
		▼					revenue	revenue	512, 513, or 514
nts ts	1a	Federated campaigns	1a			1			
o Ja	b	Membership dues	1b						
s, ç am	C	Fundraising events	1c			1			
ar	d	Related organizations	1d			1			
S,E	е	Government grants (contributions)	1e						
ion	f	All other contributions, gifts, grants,							
	·	and similar amounts not included above	1f		<u> 27,565</u>	1			
d if	~	Noncash contributions included in lines 1				1			
ago	9		a-11 J			27,565			
Program Service Revenue Contributions, gifts, grants and other similar amounts		Total. Add lines 1a-1f			D 0.4.	27,303			
ğ					Busn. Code	147 702	147 702		
eve	2a	MEMBERSHIP DUES			 	147,793	147,793		·
8	b								
ξ	C							· · · · · · · · · · · · · · · · · · ·	
Se	d					· · · · · · · · · · · · · · · · · · ·			
Ja J	0							,	
g	f	All other program service reve	enue						
4	g	Total. Add lines 2a-2f			•	147,793			
	3	Investment income (including	dıvıdend	s, interest	t, and				
		other similar amounts)			▶		_		
	4	Income from investment of ta	x-exempt	bond pro	ceeds 🕨				
	5	Royalties			>				
		(ı) Real		(u) P	ersonal				
	6a	Gross Rents				1			
	b	Less rental exps				1			
	С	Rental inc or (loss)				1			
	d	Net rental income or (loss)			>	İ		i	
	7a	Gross amount from (i) Securit	es	(11)	Other				
		sales of assets other than inventory				1			
	ь	Less cost or other				1			
~		basis & sales exps				1			
	С	Gain or (loss)				1			
	d	Net gain or (loss)	· · ·		•	Ť			
		Gross income from fundraising ev	[
	oa	•	ents						
enue		(not including \$	<u>. </u>		i				
9,6		of contributions reported on line 1				1			
Ř		See Part IV, line 18	a .						
Other Reven		Less direct expenses	. b[1		į	
0		Net income or (loss) from fun		events					
	9a	Gross income from gaming activiti	es				l		
		See Part IV, line 19	a			1			
		Less. direct expenses	b[
1		Net income or (loss) from gar		rities	•	.,,	,		<u> </u>
	10a	Gross sales of inventory, less	- 1						
		returns and allowances	a			1			
	b	Less cost of goods sold	ь[1			
	С	Net income or (loss) from sale	es of inve	entory	•				
		Miscellaneous Reveni			Busn. Code				
	11a	INSTALLATION BANQUET	TICKE	rs		3,000	3,000		
	b	SANTA-CALI-GON				-3,767	·		-3,767
	С								
- 1		All other revenue							
	9	Total. Add lines 11a-11d			▶	-767			
ļ	12	Total Revenue. Add lines 1h	2a 3 4	5 6d 7d	· · ·				
	••	9c, 10c, and 11e	-y, J, 4,	, o, ou, ru	, 50,	174,591	150,793	o	-2 767
_		JU, 100, and 116				- 12,091	100,133		-3,767

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)

	All other organizations must		re not required to comple	te columns (B), (C), and	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21			***************************************	
2	Grants and other assistance to individuals in	2 604	2 604		
_	the U.S. See Part IV, line 22	3,604	3,604		
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	23,996	23,996		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		1		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,900	6,900		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees).			-	
а	Management				•
b	Legal	44,365	44,365		
С	Accounting	425	425		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		*****		·
f	Investment management fees			<u></u>	
g	Other			· .	· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion				
13	Office expenses			··· ·	
14	Information technology	-			
15	Royalties				
16	Occupancy	19,264	19,264		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	-			
20	Interest				
21	Payments to affiliates			· · · · · · · · · · · · · · · · · · ·	.
22	Depreciation, depletion, and amortization	- -			
23	Insurance	-			<u> </u>
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)				
9	COPS 4 KIDS PROGRAM	41,550	41,550		
a b	GRAND LODGE FEES	9,080	9,080		
	PISTOL FUND	3,411	3,411		···
c C	OFFICE SUPPLIES	3,351	3,411		<u> </u>
d	FOOD & DRINK	1,951			
e		5,788	1,951 5,788		
f 25	All other expenses				
	Total functional expenses.Add lines 1 through 24f	163,685	163,685	·	
26	Joint Costs. Check here ► 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				5 000

<u>P</u>	art)	Balance Sheet								
					(A) Beginning of year		(B) End of	-		
	<u> </u>	Cook non-interest houses			23,398	1		35,	103	
	1	Cash—non-interest bearing		-	1,189			<u>, , , , , , , , , , , , , , , , , , , </u>	193	
	2	Savings and temporary cash investments		-	1,109	3	-			
	3	Pledges and grants receivable, net		-		4				
	4	Accounts receivable, net	4	<u> </u>		4				
	5	Receivables from current and former officers, directors, tru		•		_				
	١,	employees, or other related parties. Complete Part II of Sc		-		5				
	6	Receivables from other disqualified persons (as defined un 4958(f)(1)) and persons described in section 4958(c)(3)(B		Ę.						
			Com	piete		6				
' A	_	Part II of Schedule L Notes and loans receivable, net		· -		7				
eţ	7	Inventories for sale or use		-		8				
Assets	8			-		9				
∢	9	Prepaid expenses and deferred charges	10a	185,490		-				
	10a	Land, buildings, and equipment cost basis Less accumulated depreciation Complete	IUa	105,450						
	"	Part VI of Schedule D	10ь	i	185,490	10c	1!	85,4	490	
	11	Investments—publicly traded securities	[100		105,450	11		55	150	
	12	Investments—other securities See Part IV, line 11		F		12				
	13	Investments—program-related See Part IV, line 11				13				
	14	Intangible assets		 		14				
	15	Other assets See Part IV. line 11			58,710	15		58,	710	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			268,787	16		79, (
	17	Accounts payable and accrued expenses		-	2007.01	17		<u> , , , , , , , , , , , , , , , , , ,</u>		
	18	Grants payable		<u> </u>		18				
	19	Deferred revenue								
Liabilities	19 Deferred revenue 19 20 Tax-exempt bond liabilities 20									
	21	Escrow account liability Complete Part IV of Schedule D				21				
	22	Payables to current and former officers, directors, trustees	kev	<u> </u>		-		-		
		employees, highest compensated employees, and disqual								
Ë		persons Complete Part II of Schedule L								
	23	Secured mortgages and notes payable to unrelated third p	arties			23				
	24	Unsecured notes and loans payable				24				
-	25	Other liabilities Complete Part X of Schedule D				25				
	26	Total liabilities. Add lines 17 through 25				26				
S		Organizations that follow SFAS 117, check here ▶	and							
Jces		complete lines 27 through 29, and lines 33 and 34.								
Balan	27	Unrestricted net assets				27				
B	28	Temporanly restricted net assets		<u>_</u>		28				
or Fund	29	Permanently restricted net assets				29				
E	l	Organizations that do not follow SFAS 117, check here	• ▶ [K						
5	1	and complete lines 30 through 34.				1				
ţ	30	Capital stock or trust principal, or current funds		_		30				
Assets	31	Paid-in or capital surplus, or land, building, or equipment for		<u> </u> _		31				
As	32	Retained earnings, endowment, accumulated income, or o	other fu	nds	268,787	32		79,0		
Net	33	Total net assets or fund balances		<u></u>	268,787	33		79,0		
*******	34	Total liabilities and net assets/fund balances			268,787	34	2	79,	<u> 593</u>	
_ <u>P</u>	art)	ि Financial Statements and Reporting								
	۸.	ti	· L	▼ A □ 005.				Yes	No	
1		• • • • • • • • • • • • • • • • • • • •	ash	X Accrual Othe			1 2	1	v	
2:		ere the organization's financial statements compiled or revie	-	•			2a		$\frac{\mathbf{x}}{\mathbf{x}}$	
		ere the organization's financial statements audited by an ind			worsight of		2b			
(Yes" to lines 2a or 2b, does the organization have a commit e audit, review, or compilation of its financial statements and		· · · · · · · · · · · · · · · · · · ·	=		2.		ı	
9.		a result of a federal award, was the organization required to		•			2c			
3		a result of a receral award, was the organization required to Single Audit Act and OMB Circular A-133?	J UITUE	go an audit or audits as set it	21 tr f 11 1		3a		ı	
		Yes," did the organization undergo the required audit or aud	lite?				3b			
	- 11	100, and the organization dindergo the required adult of add						990	(0000)	

SCHEDULE D (Form 990)

Department of the Treasury internal Revenue Service

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.

2008
Open to Public Inspection

Name of the organization

Employer identification number

	o dio ofganización		pioye	i identineation nu	
F	RATERNAL ORDER OF POLICE LODGE # 1	23-7	181129		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	art F Organizations Maintaining Donor Advised Fund				
	the organization answered "Yes" to Form 990, F				
		(a) Donor advised funds	(b)	Funds and other ac	counts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (dunng year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the			Π	П.,
_	funds are the organization's property, subject to the organization's exclus	-		∐ Yes	∐ No
6	Did the organization inform all grantees, donors, and donor advisors in wi	• •			
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor or other		П.,	П.,
	impermissible private benefit?	nization analysis of "Vac" to Form	000 D	Yes	No
	Conservation Easements. Complete if the orga		990, P	art iv, line 7.	
1	Purpose(s) of conservation easements held by the organization (check al				
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo		area	
	Protection of natural habitat	Preservation of certified historic str	ucture		
•	Preservation of open space	tabilitian in the form of a commission con-			
2	Complete lines 2a–2d if the organization held a qualified conservation cor on the last day of the tax year	ntibution in the form of a conservation ease	ment		
	on the last day of the tax year			Uald at the End	L of the Year
_	Total number of aggregation appropria		2a	Held at the End	or the Year
a	Total process restreted by conservation accompanies		2b		
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure include	ed in (a)	2c		
c d		, ,	2d		
_	Number of conservation easements modified, transferred, released, extin				·
. 3	the taxable year	guistied, or terminated by the organization t	Juling		
4	Number of states where property subject to conservation easement is loc	ated			
-5	Does the organization have a written policy regarding the penodic monitor				
•	enforcement of the conservation easements it holds?	ing, inspection, violations, and		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 eas				
8	Does each conservation easement reported on line 2(d) above satisfy the				
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	requirements or section		Yes	□ No
9	In Part XIV, describe how the organization reports conservation easemen	ts in its revenue and expense statement, ar	nd		
•	balance sheet, and include, if applicable, the text of the footnote to the org	· · · · · · · · · · · · · · · · · · ·			
	the organization's accounting for conservation easements	,			
Pa	ert III Organizations Maintaining Collections of Art, H	listorical Treasures, or Other Sin	nilar As	ssets.	
	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 w	orks of		
	art, historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	lic service	э,	
	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 r	evenue statement and balance sheet works	of art,		
	historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of public se	ervice,		
	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		>	\$ <u> </u>	
2	If the organization received or held works of art, historical treasures, or of	her similar assets for financial gain, provide	the		-
	following amounts required to be reported under SFAS 116 relating to the				
а	Revenues included in Form 990, Part VIII, line 1		•	\$_	
b	Assets included in Form 990, Part X		>	s	
					_

		ORDER OF POL			23-71				Page 2
Pa	rt III Organizations Maintaining						ets (continu	ıed)
3	Using the organization's accession and other items (check all that apply).	records, check any of the fo	llowing that are a sig	gnificant u	se of its coll	ection			
а	Public exhibition	d Loan o	r exchange program	าร					
b	Scholarly research	e Other							
С	Preservation for future generations						_		
4	Provide a description of the organization's coll Part XIV	ections and explain how the	y further the organiz	ation's ex	cempt purpo	se in			
5	Dunng the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of the	organization's colle	ction?	,			Yes	No
Pa	rt IV Trust, Escrow and Custodi				answere	d "Yes" to	Form	990,	
	Part IV, line 9, or reported a	an amount on Form 9	90, Part X, line	21.					.,,
1a	Is the organization an agent, trustee, custodia	n or other intermediary for o	ontributions or other	assets n	ot				
	included on Form 990, Part X?							Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following to	able						
								Amoun	<u>t</u>
C	Beginning balance					1c			
d	Additions during the year					1d			
8	Distributions during the year					1е			
f	Ending balance					1f			
2a	Did the organization include an amount on For	m 990, Part X, line 21?						Yes	∐ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Comp	ete if organization an	swered "Yes" to			IV, line 10	<u>). </u>		
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three yea	rs back	(e) Four	r years back
1a	Beginning of year balance								
þ	Contributions			<u> </u>					
	Investment earnings or losses		·						
	Grants or scholarships			ļ					
0	Other expenditures for facilities								
	and programs								
	Administrative expenses			ļ				ļ	
-	End of year balance	l		<u> </u>				<u> </u>	
. 2	Provide the estimated percentage of the year	end balance held as:							
	Board designated or quasi-endowment	%							
	Permanent endowment %								
	Term endowment > %								
Ja	Are there endowment funds not in the possess	sion of the organization that	are neid and admini	stered for	tne			ſ	,, ,,
	organization by:							(a //)	Yes No
	(i) unrelated organizations (ii) related organizations							3a(i)	-
	If "Yes" to 3a(ii), are the related organizations	listed as recovered an Cabadi	ula DO					3a(ii)	-+-
	Describe in Part XIV the intended uses of the							3b	
	ert VI Investments—Land, Buildi			Dort \	Line 10				
1.0	Description of investment	(a) Cost or other basis	(b) Cost or oth			reciation		(d) Book	value
	Seed space of investment	(investment)	basis (other		(0) 505	-redaudii		(u) book	value
12	Land			,379			+		46,379
	Buildings		1 39	, , , , , 			+		-0,519
	Leasehold improvements		†	 			+-		
	Equipment		1				+		
	Other		139	,111		· .	+	1.	39,111
	I. Add lines 1a–1e (Column (d) should equal Fo	rm 990, Part X, column (R)		,		<u> </u>	.+		35,490
	, min /->	,,							

Schedule D (Form 990) 2008 FRATERNAL ORDER OF POI		23-7181129	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of valua	
(including name of security)		Cost or end-of-year mark	ret value
Financial denyatives and other financial products			
Closely-held equity interests			
Other			
		·····	
		······································	
	ļ		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	LL		
Part VIII Investments—Program Related. See Form 990), Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valua	ion
		Cost or end-of-year mark	tet value
	† †		
	 		, , , , , , , , , , , , , , , , , , ,
	· · · · · · · · · · · · · · · · · · ·	* **	· · · · · ·
· · · · · · · · · · · · · · · · · · ·			
Total. (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
FURNITURE & EQUIPMENT			46,264
COMPUTER EQUIPMENT			12,446
-			
F			

T. (-) (0.) (1) 1 1 15 000 D (1) 1 (0.)	·		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)			58,710
Part X Other Liabilities. See Form 990, Part X, line 25		·	
(a) Description of liability	(b) Amount		
Federal income taxes			
	<u> </u>		
······································	 		
	 		
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			····
In Part XIV, provide the text of the footnote to the organization's financial statem	nents that reports the organization	ation's liability for	
uncertain tax positions under FIN 48	· · · · · · · · · · · · · · · · · · ·		

cha	Jule D (Form 990) 2008 FRATERNAL ORDER OF POLICE LODG	E 3	1 23-718112	a	Does 4
777	rt Xt Reconciliation of Change in Net Assets from Form 990 to Fi			<u> </u>	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Pnor 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	
Pa	t XII Reconciliation of Revenue per Audited Financial Statement	s Wit	th Revenue per Retu	rn	
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	1 1	Ì		
	Net unrealized gains on investments	2a			
	Donated services and use of facilities	2b			
	Recovenes of prior year grants	2c	, -		
	Other (Describe in Part XIV)	2d	· · · · · ·	1	
	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1		ſ	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	· · · · · · · · · · · · · · · · · · ·		
	Other (Describe in Part XIV) Add lines 4a and 4b	4b		4-	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			4c 5	· · · · · · · · · · · · · · · · · ·
	t XIII Reconciliation of Expenses per Audited Financial Statemen	ts W	ith Expenses per Re		·
1	Total expenses and losses per audited financial statements		The second section of the second section secti	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	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			
0	Add lines 2a through 2d			2е	
`3	Subtract line 2e from line 1		•	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b			4c	***
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	·- <u>·</u>
	t XIV Supplemental Information				
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1		4, Part IV, lines 1b		
na 2	p; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and	4b			
_		_		– -	
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Page 5	9	23-7181129	1	E #	ODG	CE :	POL:	OF	DER	L OR	<u> TERNA</u>	<u>FRA</u>	008	990) 2	(Forn	le D	Schedu
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SCHEDULE O

(Form 990) `

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization FRATERNAL ORDER OF POLICE LODGE # 1

Employer identification number 23-7181129

Form 990, Part III, Line 4d - All Other Achievements

GENERAL MEMBERSHIP WELFARE - OFFICER MEMORIALS - AID TO

NEEDY FAMILIES

Form 9	90	Special Events Schedule							
Pom Ju		For calendar year 2008, o	r tax year beginning	11/01/08	, and ending	10	/31/09	2008	
ime	,						Employer Ide	ntification Numl	
FRATERN	IAL OR	DER OF POLICE	LODGE # 1				23-7183	1129	
	_	(A)	(B) O	(C)		thers	0	Total	
Gross receipts		0	0		0		$\frac{0}{0}$		
Less contrib	•	<u>0</u>	0		-		 6		
Gross revenue		3,767	- 0		$\frac{0}{0}$ —		$-\frac{0}{0}$ —	3,7	
Less direct on Net income (lo		$\frac{3,767}{-3,767}$	0		- 0		$\frac{\circ}{\circ}$ $-$	-3,7	
Net income (ic	:	3,707			<u> </u>		<u> </u>	<u> </u>	
_		CANTON CATT	201						
Description	(A)	SANTA-CALI-	GON						
	(B)								
	(C)								
	Others								
									
									
									
									
									

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