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Short Form Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue ServiceUnder 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 \$500,000 and total assets less than \$1,250,000 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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

INTERNATIONAL BROTHERHOOD OF POLICE

Please use IRS label or print or type. See Specific Instructions.	Number and street (or P O box, if mail is not delivered to street address)	Room/suite
P. O. BOX 8006		
City or town, state or country, and ZIP + 4		
CRANSTON, RI 02920		

D Employer identification number

05-0310881

E Telephone number

(401) 942-2211

F Group Exemption Number ►

- 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: ►

J Tax-exempt status (check only one) - 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

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

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

Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 189,546

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

1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3 48,164
4	Investment income	4 769
5a	Gross amount from sale of assets other than inventory	5a 70,500
b	Less cost or other basis and sales expenses	5b 112,360
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c (41,860)
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 70,113
b	Less direct expenses other than fundraising expenses	6b
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 70,113
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)	
8	Other revenue (describe ►)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 77,186
10	Grants and similar amounts paid (attach schedule)	10
11	Benefits paid to or for members	11
12	Salaries, other compensation, and employee benefits	12
13	Professional fees and other payments to independent contractors	13 85,910
14	Occupancy, rent, utilities, and maintenance	14 3,300
15	Printing, publications, postage, and shipping	15 12,659
16	Other expenses (describe ► STM130)	16 50,241
17	Total expenses. Add lines 10 through 16	17 152,110
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (74,924)
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)	19 118,096
20	Other changes in net assets or fund balances (attach explanation)	20 49,113
21	Net assets or fund balances at end of year Combine lines 18 through 20	21 92,285

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	70,564 22	44,902
23 Land and buildings	179,229 23	174,799
24 Other assets (describe ►)	24	
25 Total assets	249,793 25	219,701
26 Total liabilities (describe ► STM132)	131,697 26	127,416
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	118,096 27	92,285

38

Part V Other Information (Note the statement requirements in the instructions for Part V)

	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? If "Yes," attach a conformed copy of the changes	34	X
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 why the organization did not report the income on Form 990-T	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	3,250
b Did the organization file Form 1120-POL for this year?	37b	X
38 a 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 outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40c	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40d	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40e	X
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		
41 List the states with which a copy of this return is filed ► _____		
42 a The organization's books are in care of ► ROBERT SANTAGATA Located at ► P.O. BOX 8006 CRANSTON, RI	Telephone no	401-942-2211
	ZIP + 4	02920
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 ► _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	X
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 ► _____		
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	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	45	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's 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 & deferred compensation	(e) Expense account and other allowances

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

51 Complete this table for the organization's 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

d Total number of other independent contractors each receiving over \$100,000 . . . ► _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	Signature of officer	Date
ROBERT SANTAGATA, TREASURER		
Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's Identifying No (See inst)
	GLEN W STEVENSON	8/9/10	<input type="checkbox"/>	POO1218605
	Firm's name (or yours if self-employed), address, and ZIP + 4	16 CHARCALEE DRIVE	EIN	Phone no
	Cranston, RI 02921		401-943-6161	

May the IRS discuss this return with the preparer shown above? See instructions . . . ► Yes No

Political Campaign and Lobbying Activities

2009

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization

INTERNATIONAL BROTHERHOOD OF POLICE

Employer identification number

05-0310881

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ► \$ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No4a Was a correction made? Yes No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ 3,250

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ 3,250

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
FRIENDS OF WILLIAM MURPHY	Cranston, RI 02920	-		1,000
FRIENDS OF CAPRIO	Cranston, RI 02920	-		1,000
FRIENDS OF MATTIELLO	Cranston, RI 02920	-		750
FRIENDS OF PAUL ARCHETTO	Cranston, RI 02920	-		500

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		
g	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is : 20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
h	Grassroots nontaxable amount (enter 25% of line 1f)		
i	Subtract line 1g from line 1a If zero or less, enter -0-		
j	Subtract line 1f from line 1c If zero or less, enter -0-		
	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total Add lines 1c through 1i	125.00	300.00	425.00
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4
5 Taxable amount of lobbying and political expenditures (see instructions)		5

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.

Also, complete this part for any additional information

Direct and indirect political campaign activities (Part I-A, line 1)

THE ORGANIZATION PARTICIPATES IN POLITICAL ACTIVITY TO INSURE REPRESENTATION FOR ITS

MEMBERSHIP.

**Department of the Treasury
Internal Revenue Service**

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

THE BIRDS OF

Employer identification number

INTERNATIONAL BROTHERHOOD OF POLICE

05-0310881

Part 1 **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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 Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2a Did the organization have a 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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			
TCI AMERICA	FUNDRAISING		X	70,113	44,114	25,999
Total				70,113	44,114	25,999

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

		(a) Event #1 SOLICITATION (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events Add col (a) through col (c))
Revenue	1 Gross receipts	70,113			70,113
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	70,113			70,113
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	44,114			44,114
	10 Direct expense summary Add lines 4 through 9 in column (d)				► (44,114)
	11 Net income summary Combine line 3, column (d), and line 10				► 25,999

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))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				► ()
	8 Net gaming income summary Combine line 1, column (d), and line 7				►

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

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain _____

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

b If "Yes," Explain. _____

11 Does the organization operate gaming activities with nonmembers?

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?

Yes	No
9a	
10a	
11	
12	

	Yes	No
13 Indicate the percentage of gaming activity operated in	13a	%
a The organization's facility		
b An outside facility	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 contract 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 ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> 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?		
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)

Department of the Treasury
Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

2009

Attachment
Sequence No 67

Name(s) shown on return

INTERNATIONAL BROTHERHOOD OF POL

Business or activity to which this form relates

FORM 990 - 1

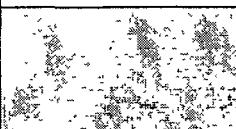
Identifying number

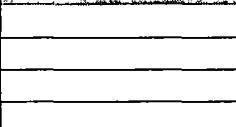
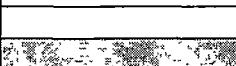
05-0310881

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
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
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

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			

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 2008 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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 2010 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 2009	17	4,430
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 2009 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
19 a 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 2009 Tax Year Using the Alternative Depreciation System

20 a 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
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

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2009)

Federal Supporting Statements**2009**

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 16
Other Expenses Schedule 2

<u>Description</u>	<u>Amount</u>
CHARITABLE DONATIONS	2,600
DUES REIMBURSEMENT	14,401
BANK CHARGES	591
TELEPHONE	1,708
INTEREST EXPENSE	9,209
DEPRECIATION	4,430
GREVIANCE	8,138
TAXES	1,108
INSURANCE	542
POLITICAL CONTRIBUTIONS	3,250
MISCELLANEOUS	300
SOCIAL EVENTS	3,964
 Total	 <u>50,241</u>

Form 990EZ, Part II, Line 26
Other Liabilities Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
MORTGAGE PAYABLE	<u>131,697</u>	<u>127,416</u>
 Total	 <u>131,697</u>	 <u>127,416</u>

Form 990EZ, Part I, Line 20
Other Changes in Net Assets Schedule

<u>Description</u>	<u>Amount</u>
ADJUSTMENT TO REPORT ASSETS AT COST	<u>49,113</u>
 Total	 <u>49,113</u>

INTERNATIONAL BROTHERHOOD OF POLICE OFFICERS #1
 ADDITIONAL SCHEDULES
 Form 990 - Line 5

December 31, 2009

05-0310881

Description	Acquired	Sold	Sales Price	Cost	Gain/Loss
AIM DEVEL MKT	3/24/2009	8/28/2009	210	138	72
AIM DEVEL MKT	3/24/2009	9/9/2009	16	10	6
AIM SMALL CAP	12/12/2008	3/23/2009	164	177	(13)
AIM SMALL CAP	12/12/2008	3/23/2009	65	70	(5)
BLACKROCK	3/24/2009	9/9/2009	22	21	1
BLACKROCK	3/24/2009	11/30/2009	2,987	2,790	197
BLACKROCK	3/24/2009	11/30/2009	2,499	2,275	224
GOLDMAN SACHS	3/24/2009	8/28/2009	68	55	13
GOLDMAN SACHS	3/24/2009	9/9/2009	9	7	2
GOLDMAN SACHS	3/24/2009	11/30/2009	502	379	123
HENDERSON	3/24/2009	8/28/2009	758	548	210
HENDERSON	3/24/2009	9/9/2009	60	42	18
HENDERSON	3/24/2009	11/30/2009	2,481	1,769	712
JP MORGAN	3/24/2009	8/28/2009	293	224	69
JP MORGAN	3/24/2009	11/30/2009	673	494	179
MAINSTAY	3/24/2009	8/28/2009	132	105	27
MAINSTAY	3/24/2009	9/9/2009	28	22	6
MAINSTAY	3/24/2009	11/30/2009	1,627	1,198	429
MFS VALUE	3/24/2009	8/28/2009	231	185	46
MFS VALUE	3/24/2009	11/30/2009	2,689	2,048	641
MSIF US REAL ESTATE	3/24/2009	8/28/2009	386	246	140
MSIF US REAL ESTATE	3/24/2009	11/30/2009	261	156	105
PRUDENTIAL	11/25/2008	3/23/2009	18	17	1
PRUDENTIAL	11/25/2008	3/23/2009	1,249	1,178	71
RS PARTNERS	3/24/2009	8/28/2009	326	231	95
RS PARTNERS	11/30/2009	11/30/2009	725	504	221
UNIT VK	1/27/2009	1/27/2009	4,902	10,063	(5,161)
UNIT VK	3/23/2009	3/23/2009	4,659	9,933	(5,274)
UNIT VK	3/23/2009	3/23/2009	14	24	(10)
UNIT VK	3/23/2009	3/23/2009	19	20	(1)
UNIT VK	6/25/2009	6/25/2009	18	13	5
SUBTOTAL - SHORT TERM			28,091	34,942	(6,851)
AIM SMALL CAP	3/4/2005	1/27/2009	10,000	18,228	(8,228)
AIM SMALL CAP	6/4/2005	3/23/2009	458	860	(402)
AIM SMALL CAP	12/16/2005	3/23/2009	2,405	4,332	(1,927)
AIM SMALL CAP	12/15/2006	3/23/2009	84	157	(73)
AIM SMALL CAP	12/15/2006	3/23/2009	151	284	(133)
AIM SMALL CAP	12/15/2006	3/23/2009	100	188	(88)
AIM SMALL CAP	4/19/2007	3/23/2009	204	381	(177)
AIM SMALL CAP	4/19/2007	3/23/2009	147	274	(127)
AIM SMALL CAP	12/14/2007	3/23/2009	244	409	(165)
AIM SMALL CAP	12/14/2007	3/23/2009	1,025	1,720	(695)
JENNISON	2/11/2002	3/23/2009	5,765	16,428	(10,663)
JENNISON	11/21/2007	3/23/2009	1,150	1,770	(620)
JENNISON	3/13/2008	3/23/2009	4	6	(2)
MS FOCUS	10/3/2003	3/23/2009	5,483	6,710	(1,227)
PRUDENTIAL	2/11/2002	1/27/2009	4,998	8,338	(3,340)
PRUDENTIAL	2/11/2002	1/27/2009	1	2	(1)
PRUDENTIAL	2/11/2002	3/23/2009	2,346	3,917	(1,571)
PRUDENTIAL	11/14/2002	3/23/2009	5	7	(2)
PRUDENTIAL	11/14/2002	3/23/2009	12	17	(5)
PRUDENTIAL	12/5/2003	3/23/2009	4	8	(4)
PRUDENTIAL	11/26/2004	3/23/2009	134	306	(172)
PRUDENTIAL	11/26/2004	3/23/2009	2	4	(2)
PRUDENTIAL	11/25/2005	3/23/2009	647	1,454	(807)
PRUDENTIAL	11/25/2005	3/23/2009	138	305	(169)
PRUDENTIAL	11/22/2006	3/23/2009	746	1,711	(965)
PRUDENTIAL	11/22/2006	3/23/2009	225	517	(292)
PRUDENTIAL	11/22/2006	3/23/2009	23	53	(30)
PRUDENTIAL	3/14/2007	3/23/2009	7	15	(8)
PRUDENTIAL	3/14/2007	3/23/2009	186	440	(244)
PRUDENTIAL	3/14/2007	3/23/2009	77	172	(95)
PRUDENTIAL	11/28/2007	3/23/2009	1,300	2,558	(1,258)
PRUDENTIAL	11/28/2007	3/23/2009	32	63	(31)
PRUDENTIAL	11/28/2007	3/23/2009	396	780	(384)
PBS ON S&P	8/24/2006	1/24/2009	3,902	5,004	(1,102)
TOTAL LONG TERM			42,409	77,418	(35,009)
TOTAL SHORT TERM & LONG TERM			70,500	112,360	(41,860)

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

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization INTERNATIONAL BROTHERHOOD OF POLICE	Employer identification number 05-0310881
	Number, street, and room or suite no. If a P O box, see instructions P.O. BOX 8006	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CRANSTON, RI 02920	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **ROBERT SANTAGATA**

Telephone No ► **401-942-2211** FAX No ► _____

- 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) _____ 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 is for

- 4 I request an additional 3-month extension of time until **11-15, 2010**
- 5 For calendar year **2009**, or other tax year beginning **20** and ending **20**
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

**INFORMATION NECESSARY TO COMPLETE THE RETURN
IS UNAVAILABLE AT THIS TIME**

8a 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	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a. 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	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►  Title ► **CPA** Date ► **7/30/10**
EEA Form 8868 (Rev. 4-2009)