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Short Form  
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)

OMB No 1545-1150

2009

Open to Public  
Inspection

► 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

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>LOUISVILLE CORRECTIONS FRATERNAL ORDER OF POLICE LODGE 77, INC.</b>	D Employer identification number <b>20-3677801</b>
	Number and street (or P O box, if mail is not delivered to street address) <b>3556 TAYLOR BLVD</b>	Room/suite <b>502-442-3098</b>
	City or town, state or country, and ZIP + 4 <b>LOUISVILLE, KY 40215</b>	F Group Exemption Number ► <b>1199</b>

- 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 ► **N/A**J Tax-exempt status (check only one) —  501(c) ( 8 ) ◀ (insert no)  4947(a)(1) or  527K 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 returnL 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 ► **\$ 236,559.****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 29,207.
	Revenue	2 Program service revenue including government fees and contracts	2
	Revenue	3 Membership dues and assessments	3 206,531.
	Revenue	4 Investment income	4 821.
	Revenue	5a Gross amount from sale of assets other than inventory	5a
	Revenue	b Less cost or other basis and sales expenses	5b
	Revenue	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	Revenue	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6
	Revenue	a Gross revenue (not including \$ <b>OSC</b> ) of contributions reported on line <b>MAY 21 2010</b>	6a
	Revenue	b Less direct expenses other than fundraising expenses	6b
	Revenue	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	Revenue	7a Gross sales of inventory, less returns and allowances	7a
	Revenue	b Less cost of goods sold	7b
	Revenue	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	Revenue	8 Other revenue (describe ► )	8
	Revenue	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 236,559.
	Expenses	10 Grants and similar amounts paid (attach schedule)	10
	Expenses	11 Benefits paid to or for members	11 85,378.
	Expenses	12 Salaries, other compensation, and employee benefits	12 6,000.
	Expenses	13 Professional fees and other payments to independent contractors	13 28,444.
	Expenses	14 Occupancy, rent, utilities, and maintenance	14 15,107.
	Expenses	15 Printing, publications, postage, and shipping	15 1,648.
	Expenses	16 Other expenses (describe ► )	16 73,085.
	Expenses	17 Total expenses Add lines 10 through 16	17 209,662.
	Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 26,897.
	Net Assets	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)	19 102,652.
	Net Assets	20 Other changes in net assets or fund balances (attach explanation)	20
	Net Assets	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 129,549.
		SEE STATEMENT 2	
		SEE STATEMENT 1	

**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	102,652.	84,067.
23	Land and buildings	0.	120,289.
24	Other assets (describe ► <b>OTHER DEPRECIABLE ASSETS</b> )	0.	20,628.
25	Total assets	102,652.	224,984.
26	Total liabilities (describe ► <b>BUILDING MORTGAGE</b> )	0.	95,435.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,652.	129,549.

14P



LOUISVILLE CORRECTIONS FRATERNAL ORDER  
OF POLICE LODGE 77, INC.

Form 990-EZ (2009)

20-3677801

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  
 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  
 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?  
 b If "Yes," has it filed a tax return on Form 990-T for this year?

	Yes	No
33	X	
34	X	
35a	X	
35b	N/A	
36	X	
37b	X	
38a	X	

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N  
 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a | 0.

37a	0.
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b Did the organization file Form 1120-POL for this year?  
 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 outstanding at the end of the period covered by this return?  
 b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b	N/A
39a	N/A
39b	N/A

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9  
 b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A

40b	N/A
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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

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 ► N/A

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► N/A

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 ► N/A

40e	X
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41 List the states with which a copy of this return is filed ► NONE

42a The organization's books are in care of ► LOUISVILLE CORRECTIONS FOP L Telephone no ► 502-442-3098  
 Located at ► 3556 TAYLOR BLVD, LOUISVILLE, KY ZIP + 4 ► 40215

42b	X
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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)?

42c	X
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If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of 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 ►

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 | N/A

43	N/A
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44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

44	X
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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
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Form 990-EZ (2009)

LOUISVILLE CORRECTIONS FRATERNAL ORDER  
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**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

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 Yes  No   
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

49a 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" 50

(a) Name and address of each employee paid more than \$100,000 N/A	(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

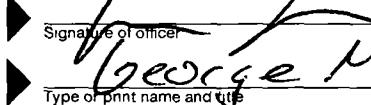
f Total number of other employees paid over \$100,000 ►

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" 51

N/A

(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 ►

<b>Sign Here</b>	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 15-16-10	Type of print name and title George Maaley treasurer	
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 5-12-10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instr) P00075274
	Firm's name (or yours if self-employed) address and ZIP + 4 ► P.O. BOX 22039 LOUISVILLE, KY 40252	EIN ► 35-1515068		Phone ► no (502) 423-0311

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

►  Yes  No

Form 990-EZ (2009)

## LOUISVILLE CORRECTIONS FRATERNAL ORDER O

20-3677801

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	AMOUNT
PER CAPITA TAX	9,395.
DONATIONS AND FLOWERS	4,772.
LODGE SOCIAL FUNCTIONS	5,456.
LODGE MEMORABILIA	4,672.
MEALS AND ENTERTAINMENT	120.
ADMINISTRATIVE EXPENSES	54.
MISCELLANEOUS EXPENSE	89.
SUPPLIES	7,844.
CONFERENCES, CONVENTIONS, MEETINGS	24,006.
TELEPHONE	6,860.
TRAVEL	171.
MISCELLANEOUS TAXES AND FEES	2,389.
ADVERTISING	627.
INSURANCE	3,795.
REPAIRS	2,835.
TOTAL TO FORM 990-EZ, LINE 16	73,085.

FORM 990-EZ

OCCUPANCY, RENT, UTILITIES AND MAINTENANCE

STATEMENT 2

DESCRIPTION	AMOUNT
DEPRECIATION	2,293.
OTHER EXPENSES	12,814.
TOTAL TO FORM 990-EZ, LINE 14	15,107.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

THE ORGANIZATION'S EXEMPT PURPOSE IS TO PROVIDE MEMBERS WITH LABOR  
RELATIONS, INSURANCE, AND FRATERNAL FUNCTIONS.

Form 4562

OMB No 1545-0172

# Depreciation and Amortization 990-EZ

(Including Information on Listed Property)

2009

Attachment  
Sequence No 67Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

LOUISVILLE CORRECTIONS FRATERNAL ORDER  
OF POLICE LODGE 77, INC.

Business or activity to which this form relates

FORM 990-EZ PAGE 1

Identifying number  
20-3677801

► See separate instructions. ► Attach to your tax return.

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	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 <b>smaller</b> 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	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	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)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	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
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
19a 3-year property						
b 5-year property		1,187.	5 YRS.	MQ	SL	30.
c 7-year property		20,192.	7 YRS.	MQ	SL	721.
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	05/09	92,731.	39 yrs	MM	S/L	1,486.
	10/09	10,500.	39.0 YRS	MM	S/L	56.

## Section C - Assets Placed in Service During 2009 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 instr	22 2,293.
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

LOUISVILLE CORRECTIONS FRATERNAL ORDER  
OF POLICE LODGE 77, INC.

Form 4562 (2009)

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**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
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**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 **25**

**26** Property used more than 50% in a qualified business use:

	%							
	%							
	%							

**27** Property used 50% or less in a qualified business use:

	%				S/L -			
	%				S/L -			
	%				S/L -			

**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)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
		Yes	No										
31													
32													
33													
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?												

**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

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39	Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41	Do you meet the requirements concerning qualified automobile demonstration use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**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
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**42** Amortization of costs that begins during your 2009 tax year

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**43** Amortization of costs that began before your 2009 tax year

**43**

**44** Total. Add amounts in column (f). See the instructions for where to report

**44**