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DLN: 93492319038350

2009

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

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) ▶ 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

			r year, or	tax year beginning 01-01-2009	, and ending	12-31-2009			
_		applicable	Please	C Name of organization FRATERNAL ORDER OF POLICE 89			D Emplo	yer ic	dentification number
		change	use IRS	EARL L BROWN MEMORIAL LODGE			23-71	43594	
	ame ch	-	label or print or	Number and street (or P O box, if mail is no PO BOX 204	t delivered to stree	t address) Room/suite	E Teleph	one nu	umber
	nitial re		type.	FO BOX 204				(812) 376-2600
_	emina		See Specific	City or town, state or country, and ZIP + 4			F Group	Evemr	ntion
		d return on pending	Instruc- tions.	COLUMBUS, IN 47202			Numbe		-
· A	ррисац	ion penaing	tions.						
♦ Se	ection			ns and 4947(a)(1) nonexempt charita mpleted Schedule A (Form 990 or 990-		G Accounting me Other (specify		Cas	sh FAccrual
T 14/	ahait a	NONE				H Check ► 🔽	ıfthe	organ	ızatıon
			ack only on	e)— 501(c) (8) ◀(insert no) 4947(a	a)(1) or Γ 527	— is not require			0.57
		-			· · ·				0-EZ, or 990-PF)
		_		s not a section 509(a)(3) supporting or n 990 return is not required, but if the o	=	•		•	
				etermine gross receipts, if \$500,000 or more, file			▶ \$		90,521
Pa	art I	Revenue	, Exper	ses, and Changes in Net Asset	s or Fund Ba	alances (See the I	nstructio	ns fo	r Part I)
	1		•	ants, and similar amounts received				1	150
	2	Program serv	ice rever	nue including government fees and conti	acts			2	
	3			assessments			⊢	3	8,189
	_	•		assessments			` ⊦	_	· · · · · · · · · · · · · · · · · · ·
	4	Investmentır					. ト	4	13,402
	5a	Gross amoun	t from sa	le of assets other than inventory .		5a	102		
9	ь	Less cost or	other ba	sıs and sales expenses		5b			
Revenue	c	Gain or (loss)) from sal	e of assets other than inventory (Subtra	ct line 5b from	line 5a)	<u>L</u>	5c	102
å	6	Special event	_	tivities (complete applicable parts of Sc	hedule G) If an	y amount is from ga	ming,		
	а	Gross revenu	e (not ind	cluding \$ _of contributions					
		reported on li	ne 1) 💯			6a 6	57,676		
	ь			other than fundraising expenses .			36,196		
	_		•	• •	acting 6h from		70,230	ا ۔ ،	21 490
	C			om special events and activities (Subtr	act line ob irom	T I	. ⊦	6с	31,480
	7a	Gross sales o	ofinvento	ry, less returns and allowances .		7a			
	Ь	Less cost of	goods so	old		7b			
	С	Gross profit o	r (loss) f	rom sales of inventory (Subtract line 7 b	from line 7a)		· L	7c	
	8	O ther revenu	e (descri	be ► 25			, L	8	1,002
	9						.	9	54,325
	10	Grants and si	mılar am	ounts paid (attach schedule)				10	3,000
	11	Benefits paid	to or for	members			.	11	838
	12	·		nsation, and employee benefits			—	12	6,600
en.		,	•	other payments to independent contract	tors		⊢		898
350	13						F	13	
Expenses	14		•	ies, and maintenance			—	14	836
ũ	15		•	postage, and shipping			⊢	15	
	16	Other expens	es (desc	ribe 🚩 🍱			\	16	22,217
	17	Total expense	es. Add lı	nes 10 through 16		!	-	17	34,389
B	18	Excess or (de	eficit) for	the year (Subtract line 17 from line 9)				18	19,936
NetAssets	19	Net assets or	r fund bal	ances at beginning of year (from line 27	, column (A)) (n	nust agree with	Γ		
3		end-of-year fi	igure rep	orted on prior year's return)				19	541,981
Ž	20	Other change	s in net a	assets or fund balances (attach explana	tion) 📆		.	20	93,476
	21			ances at end of year Combine lines 18				21	655,393
Рa	rt III			─If Total assets on line 25, column (B)		Or more file Form			
ن س		_ Jaiance 3	JC. 13	2. Foto: 455et5 on fine 25, Column (D)	GIC \$1,230,000	o or more, me rounts	, , o miste	.44 0	OIIII 330-LZ
			(See th	ne instructions for Part II)	Γ	(A) Beginning of year	ar	(B)) End of year
22	Cash	n, savings, and	ınvestme	ents	🕇	536,	843 22		650,301
		and buildings			🖯	- ,	23		<u>, – </u>
24		rassets (desc	ribe 🍑 📆		· ,	5	138 24		5,092
24 25		rassets (desc lassets .	пре — <u>се</u>			541,			655,393
26		i assets . I liabilities (des	cribo 🟲		· · · ·	541,	26		055,393
		•		(line 27 of column (P) marsh a second little	——— ⁾ -	F 4 4			655 303
21	net a	assets of Land I	vaiances	(line 27 of column (B) must agree with li	me∠⊥) •	541,	981 27	I	655,393

Part III Statement of Program S	Service Accomplishn	nents (See the instruction	s for Part III)		Expenses
What is the organization's primary exempt processes to improve the working condition we serve through education, legional employee representation		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts,			
Describe what was achieved in carrying out describe the services provided, the number program title			•	option	nal for others)
28 TO IMPROVE THE WORKING CONDIT THOSE WE SERVE THROUGH EDUCATIO AND EMPLOYEE REPRESENTATION					
(Grants \$) If this	s amount includes foreign (grants, check here .	▶┌	28a	
29					
	s amount includes foreign (grants, check here .	▶┌	29a	
30					
<u></u>	s amount includes foreign (grants, check here .	▶┌	30a	
31 O ther program services (attach schedul (Grants \$) If this	e)	grants, check here	▶ ┌	31a	
32 Total program service expenses (add line	es 28a through 31a) .		▶	32	
Part IV List of Officers, Directors, Trus	stees, and Key Employees.	List each one even if not co	mpensated (See the ins	structions f	or Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit p deferred compens	lans &	(e) Expense account and other allowances

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 is ported on Form 990-T, attach a statement explaning why the organization did not report the income on from 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 tex requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? D Did the organization of potical cipendiuses, direct or indirect, as described in the institutions 37a 35b 37b 37b	Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No	
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes as the ch	33					
shapes and the proposed on Form 90-T, attach a statement explaining why the organization did not report the income on Form 90-T, attach a statement explaining why the organization did not report the income on Form 90-T. Did the organization have unrelated business grass income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? Did the organization undergo a liquidation, dissibilition, termination, or significant disposition of net assets during the year? If "thes," complete applicable parts of Schedule N. Follow the organization of the form 1120-PDL for this year? Did the organization of file form 1120-PDL for this year? Did the organization of file form 1120-PDL for this year? The programization of file form 1120-PDL for this year? The programization of file form 1120-PDL for this year? The programization of file form 1120-PDL for this year? The programization of file form 1120-PDL for this year? The programization of file form 1120-PDL for this year? The programization of file form 1120-PDL for this year? The programization of file form 1120-PDL for this year? The programization of file form 1120-PDL for this year? The programization of file form 1120-PDL for this year? The programization of file form 1120-PDL for this year? The programization of file form 1120-PDL for this year? The programization of file form 1120-PDL for this year? The programization of file form 1120-PDL for this year? The programization of file form 1120-PDL for this year? The programization of file form 1120-PDL for this year? The programization of this year under sections 4912, 4955, and 4958 The programization is books are in care of PDL PLINIS KINULIP (File file file file file file file file f			33		No	
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) indice, reporting, and proxy tax requirements? b If "Yes," has it filled at sex feuron or Form 990-T for this year? 35b	34		34		Νο	
(e) notice, reporting, and proxy tax requirements? b if "Yes," has it filed a tax return on Form 990-T for this year? 7 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 7 Did the organization file Form 1120-POL for this year? 8 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? 8 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? 8 Did Tyes," complete Schedule L, Part II and enter the total amount involved as the period covered by this return? 8 Section 501(c/17) organizations. Enter amount of tax imposed on the organization during the year under section 4915 section 501(c/3) organizations. Enter amount of tax imposed on the organization during the year under section 4915 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 persons during the year under sections 4912, 4955, and 4958 1 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 2 Section 501(c/3) and 501(c/4) organizations. Enter amount of tax on line 40c reimbursed by the organization books are in care of behavior and a section should be a 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 2 Section 501(c/3) and 501(c/4) organizations. Enter amount of tax imposed on organization ma	35	others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the				
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. 37a 37b 3	а		35a		Νο	
the year? If "Yes," complete applicable parts of Schedule N 37a inter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b Did the organization file Form 1120-POL for this year?	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
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? 38b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 . 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 5 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 I aware that it engaged in an excess benefit transaction with a disqualified persons in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 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 4 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 4 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 4 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. 4 In the states with which a copy of this return is filed by IN 4 In the states with which a copy of this return is filed by IN 4 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 by Interest the organization maintain an office outside of the U S? 5 Section 4947(a)(1) nonexempt te directly form 99	36		36		No	
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	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨				
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b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were				
a Intiation fees and capital contributions included on line 9		any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Νo	
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 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 priory year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 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. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. d 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 1 Ust the states with which a copy of this return is filed ■ IN 121	Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				
b Gross receipts, included on line 9, for public use of club facilities	39	Section 501(c)(7) organizations. Enter				
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶	а	Initiation fees and capital contributions included on line 9				
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-EZ7 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 d 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 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. 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 1 List the states with which a copy of this return is filed No. 1 The organization's books are in care of DENNIS KNULF Telephone no (812) 372-65 P O BOX 204 Located at COLUMBUS, IN ZIP + 4 47202 47202 47202 47202 The 47202 T	b	Gross receipts, included on line 9, for public use of club facilities 39b				
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. d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. 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. 1 List the states with which a copy of this return is filed ▶ № 1 Located at ▶ COLUMBUS, IN 2 IP + 4 47202 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 ▶ 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 ▶ 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. 42 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. 44 Did the 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.**	40a					
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-E27 If "Yes," complete Schedule L, Part I						
disqualified persons during the year under sections 4912, 4955, and 4958	Ь	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				
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 IN 42a The organization's books are in care of DENNIS KNULF POBOX 204 Located at COLUMBUS, IN 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 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 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 In	c					
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed IN The organization's books are in care of POENNIS KNULF Tolephone no POBOX 204 Located at COLUMBUS, IN ZIP + 4 A7202 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 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 If "Yes," enter the name of the foreign country In the account of the foreign country In the organization maintain any denor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. 43 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. 44 Did the 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.	d					
Telephone no No. No	е		40e		Νο	
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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)? 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 42c	42a		► <u>(81</u>	2) 372	6536	
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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		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and				
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	c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νo	
and enter the amount of tax-exempt interest received or accrued during the tax year		If "Yes," enter the name of the foreign country 🕨				
Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. 44 N Uses "Form 990 must be completed instead of Form 990-EZ."					▶ Г	
Form 990-EZ. 44 N 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	14	Did the organization maintain any denor adviced funds? If "Ves" Form 900 must be completed instead of		Yes	No	
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-F7					Νο	
"Ves." Form 990 must be completed instead of Form 990-F7	45				140	
			45	00 ==	No	

Part \	VI Section 501(c)(3) orga All section 501(c)(3) orga 46-49b and complete the	nizations and section	4947(a)(1) nonexei					stions
46 Di	ıd the organızatıon engage ın dırect	or indirect political cam	paign activities on beh	alf of or in opp	osition to		Yes	No
c a	andidates for public office? If "Yes,"	complete Schedule C, P	art I			46		
47 Di	ıd the organızatıon engage ın lobbyı	ng activities? If "Yes," c	omplete Schedule C, P	Part II		47		
48 Is	the organization a school describe	d ın section 170(b)(1)(A	(II)? If "Yes," complete	e Schedule E		48		
49a Di	ıd the organization make any transfo	ers to an exempt non-ch	arıtable related organız	zation?		49a		
b If	"Yes," was the related organization	ı a section 527 organiza	tion?			49b		
	omplete this table for the organizati mployees) who each received more							
(a) Na	me and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	n employee	tributions to benefit plans & compensation	ac	Exper count a rallowa	and
51 Co	Total number of other employees pa omplete this table for the organizati compensation from the organizatio	on's five highest comper n Ifthere is none, enter	"None"	•		nore th	an \$10	0,000
(a) Name and address of each indepe	ndent contractor paid m	ore than \$100,000	(b) Туре	e of service	(c) C	ompen	sation
51(d)		that I have examined this retu	ırn, ıncludıng accompanyıng					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer Please Sign Here Dennis Knulf Treasurer Dennis Knulf Treasurer Dennis Knulf Treasurer Type or print name and title								
	Type or print name and title							
Paid	Type or print name and title Preparer's		2010-11-15	self-	Preparer's identify (See instructions)		nber	
Paid Prepare Use Onl	Preparer's signature STEPHEN C HAWORTH Firm's name (or yours STEPHEN C	C HAWORTH ACCOUNTANTS PO	2010-11-15	self-			nber	

Additional Data

Software ID: Software Version:

EIN: 23-7143594

Name: FRATERNAL ORDER OF POLICE 89

EARL L BROWN MEMORIAL LODGE

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RICHARD HOWELL PO BOX 204 COLUMBUS, IN 472020204	PAST PRESIDE 0	0		
DENNIS KNULF DO BOX 204 COLUMBUS, IN 472020204	SEC/TREAS 0	3,600		
ALAN TRISLER 2900 W 200 S COLUMBUS,IN 47201	PRESIDENT 0	2,400		
STEVE NORMAN® PO BOX 204 COLUMBUS, IN 472020204	V PRESIDENT 0	600		

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DLN: 93492319038350

OMB No. 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization Employer identification number FRATERNAL ORDER OF POLICE 89 EARL L BROWN MEMORIAL LODGE Part I 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 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 activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

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

			(a) Event #1 SHOP WITH A COP	(b) Event #2	(c) O ther Events	(d) Tot (Add col		
٠.			(event type)	(event type)	(total number)			
Kevelkle	1 2	Gross receipts Less Charitable	35,712	2			3!	5,712
ž	3	contributions Gross income (line 1 minus line 2)	35,712	2			3!	5,71
	4	Cash prizes						
	5	Non-cash prizes						
ŠÉ L	6	Rent/facility costs						
Expenses	7	Food and beverages						
DI GO	8	Entertainment						
5	9	Other direct expenses .	24,618	3			24	4,618
	10	Direct expense summary Add lir	es 4 through 9 in column	(d)			24	4,618
	11	Net income summary Combine I	•					1,094
ar	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor		
Kevenkle			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
_	1	Gross revenue						
— თ	2	Cash prizes						
Expenses		Non-cash prizes						
	4	Rent/facility costs						
<u> ۲</u> ۰	_							
<u> </u>	5	Other direct expenses						
Telega —		Volunteer labor		┌────────────────────────────────────	Yes			
품	6	Volunteer labor Direct expense summary Add line	S 2 through 5 in column (d)	V No ▶			
	6	Volunteer labor	S 2 through 5 in column (d)	V No ▶		Ves	No.
9	6 7 8 Ent	Volunteer labor Direct expense summary Add line Net gaming income summary Con er the state(s) in which the organiz	s 2 through 5 in column (abine lines 1, column d, a	(d)	V No ▶		Yes	No
	6 7 8 Ent	Volunteer labor Direct expense summary Add line Net gaming income summary Com	s 2 through 5 in column (abine lines 1, column d, a	(d)	V No ▶	· 9a	Yes	
9 a	6 7 8 Ent	Volunteer labor Direct expense summary Add line Net gaming income summary Con er the state(s) in which the organiz the organization licensed to operate	s 2 through 5 in column (abine lines 1, column d, a	(d)	V No ▶	· 9a	Yes	
9 a	6 7 8 Ent Is t	Volunteer labor Direct expense summary Add line Net gaming income summary Con er the state(s) in which the organiz the organization licensed to operate	s 2 through 5 in column (ibine lines 1, column d, a ation operates gaming ac gaming activities in eac	Id)	No N	· 9a	Yes	No
a b	6 7 8 Ent Is t	Volunteer labor Direct expense summary Add line Net gaming income summary Com er the state(s) in which the organiz the organization licensed to operate No," Explain	s 2 through 5 in column (ibine lines 1, column d, a ation operates gaming ac gaming activities in eac	Id)	No N		Yes	No No

		Yes	No	
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b An outside facility				
L 4	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name DENNIS KNULF			
	Address ► POBOX 204			
	COLUMBUS, IN 47202			
.5a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	<u>a</u>	Νo	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the			
	amount of gaming revenue retained by the third party 🟲 \$			
С	If "Yes," enter name and address			
	Name 🕨			
	Name F			
	Address ►			
_				
.6	Gaming manager information			
	Name 🕨			
	Gaming manager compensation 🟲 \$			
	Description of services provided 🕨			
	Description of services provided P			
	□ Director/officer □ Employee □ Independent contractor			
7	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	a	No	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			

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DLN: 93492319038350

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service	•	See separate instruction	s. 🕨 Attach	to your tax retur	n.		Attachment Sequence No 67
Name(s) shown on return FRATERNAL ORDER OF F			•	this form relates		number	
Part I Election		Certain Property Ui	EPRECIATION		23-	714359	14
	•	sted property, comple			ete Part I.		
1 Maximum amount See						1	250,000
2 Total cost of section 1	.79 property plac	ed in service (see instri	uctions) .			2	788
3 Threshold cost of sect	ion 179 property	before reduction in limit	tatıon (see ınstr	uctions) .		3	800,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	ss, enter -0-			4	
5 Dollar limitation for ta	x year Subtract	line 4 from line 1 If zero	or less, enter - 0	0- If married filir	ng		
separately, see instru	ctions					5	250,000
6 (a)	Description of pr	operty	' '	(business use only)	(c) Elected	cost	
6				,,			
7 Listed property Enter	the amount from	line 29		. 7			I
8 Total elected cost of s	ection 179 prop	erty Add amounts in col	umn (c), lines 6	and 7		8	
9 Tentative deduction E	nter the smaller	of line 5 or line 8 .				. 9	
10 Carryover of disallowe	d deduction from	line 13 of your 2008 Fo	rm 4562 .			10	520
11 Business income limitation	Enter the smaller of	business income (not less that	in zero) or line 5 (se	ee instructions)		11	
12 Section 179 expense	deduction Add li	nes 9 and 10, but do not	t enter more tha	n line 11 •		12	
13 Carryover of disallowe	d deduction to 2	010 Add lines 9 and 10,	less line 12	.▶ 13		520	
Note: Do not use Part	II or Part III b	elow for listed prope	rty. Instead, u	se Part V.			
		Allowance and Othe) (See instructions)
14 Special depreciation a		lified property (other tha	n listed property) placed in servi	ce during the	1 1	
tax year (see instructi						14	
15 Property subject to se	,	election				15	210
16 Other depreciation (in		On not include listed	nroporty \ (Co	o instructions	· · ·	16	219
Pattern MACKS De	preciation (i	Do not include listed	ection A	ee msu ucuons.)		
17 MACRS deductions fo	r assets placed ı					17	459
18 If you are electing general asset accou	to group any a	ssets placed in servic	e during the t	ax year ınto or	ne or more		
		<u>e </u>				reciat	ion System
		(c) Basis for				T C C.I.C.	
(a) Classification of property	(b) Month and year placed in service	depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Meth	od	(g)Depreciation deduction
19a 3-year property		,					
b 5-year property		788	5 0	HY	200 DE	3	158
c 7 - year property							
d 10-year property							
e 15-year property							
f 20-year property			25		C //		
g 25-year property h Residential rental			25 yrs 27 5 yrs	MM	S/L S/L		
property			27 5 yrs	мм	S/L		
i Nonresidential real			39 yrs	мм	S/L		
property			·	мм	S/L		
Section	on C—Assets Plac	ed in Service During 200	9 Tax Year Using	g the Alternative	Depreciat io	n Syste	m
20a Class life	_				S/L		
b 12-year			12 yrs		S/L		
c 40-year		tions)	40 yrs	ММ	S/L		
	r y (see instruc	•				74	
21 Listed property Enter22 Total. Add amounts from			and 20 in colum	on (a) and line ?	• • • 1 Enterhera	21	
and on the appropriate	lines of your ret	urn Partnerships and S	corporations—se	ee instructions		22	836
23 For assets shown above portion of the basis at:		service during the currer tion 263A costs		e 23			

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

compl	ete only	24a, 24b, colui	mns (a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectioi	n B, a	nd Se	ction (C if ap	oplicat	ole.
Section A—Deprec																
24a Do you have evidenc	e to support	the business/investi	ment use	claime	d? ┌ Yes	. ⊢ _{No}			24b If	"Yes," ı	s the ev	/ idence	written?		sГNo)
										1						
(a) Type of property (list Distorbicles first)	(b) Pate placed II service	(c) Business/ In investment use percentage	(d) Cost or ot basıs	ther	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		(g) Method/ conventio		(h Deprec deduc	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busine			olaced in s	service (during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	ıness u:	s e							- 1					
		%														
		%									_					
	orless in a		ss use													
		%							S/L	-						
		%							S/L]		
20 0 dd		%	7 5-4			21		4	S/L		_			+-		
28 Add amounts in col		_				ne 21,	page .	1 .	•		8		20	+		
29 Add amounts in col	umn (I), IIr				mation	·	· ·	• Va	· biol	•			29			
Complete this section f	or vehicle:										r relat	ed per	son			
f you provided vehicles to y	our employe	es, first answer the q	uestions	ın Sectio	on C to see	ıf you n	neet ar	exce	otion t	o comple	ting this	section	for thos			
30 Total business/inve		-	the _	-	a) icle 1	V e hı	•	V	(c) ehic		V e h i	d) cle 4	V ehı	-	V e hı	f) cle 6
31 Total commuting m	ıles drıven	during the year	. -													
32 Total other persona	ıl(noncomr	muting) miles driv	en													
33 Total miles driven o	during the	year Add lines 3	。													
through 32			· _													
34 Was the vehicle ava	aılable for	personal use		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .													<u> </u>		<u> </u>
35 Was the vehicle use owner or related pe	rson?	· · · · ·	5%													
36 Is another vehicle a	avaılable f	or personal use?														
Section Answer these questions 5% owners or related p	s to detern										-				not moi	re tha
37 Do you maintain a vemployees?		•	t prohib	ıts all	personal •	use of	vehic	les,ı	nclud	ling cor	nmutir	ig, by y	our •	Y	es	No
38 Do you maintain a vemployees? See the																
39 Do you treat all use	ofvehicle	s by employees a	as perso	nal us	e? .											
40 Do you provide mor vehicles, and retain	e than five	vehicles to your	•			rmatio	n fron	n your	r emp	loyees	about	the us	e of the	e 🗀		
41 Do you meet the red			· Ified aut	 tomobı	le demor	- nstratio	n use	? (Se	e ins	tructio	ns)		·		-+	
Note: If your answe	r to 37, 38	3, 39, 40, or 41 is	s "Yes,"	do no	t comple	te Sect	ion B	for th	ne co	vered v	ehicle:	S				
Part VI Amortiz		<u> </u>													I	
		(b)		(0	-)			(d)		(e	:)			(f)		
(a)		Date		A mort	-			ode		A morti			A mo	rtızatı	on for	
Description of co	STS	amortization begins		amo	unt		se	ction		perio percei			t	hıs yea	ar	
42 A mortization of cos	ts that be		2009 ta:	x year	(see ins	truction	ns)				<u> </u>					
43 A mortization of cos	ts that be	gan before your 2	009 tax	year						•	43					

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

44

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TY 2009 Compensation Explanation

Name: FRATERNAL ORDER OF POLICE 89

EARL L BROWN MEMORIAL LODGE

Person Name	Explanation
RICHARD HOWELL	
DENNIS KNULF	
ALAN TRISLER	
STEVE NORMAN	

TY 2009 General Explanation Attachment

Name: FRATERNAL ORDER OF POLICE 89

EARL L BROWN MEMORIAL LODGE

ldentifier	Return Reference	Explanation
GENERAL ELECTIONS		YEAR ENDED DECEMBER 31, 2009 23-7143594 FRATERNAL ORDER OF POLICE 89 EARL L BROWN MEMORIAL LODGE PO BOX 204 COLUMBUS, IN 47202 ELECTING OUT OF THE 50% BONUS DEPRECIATION ALLOWANCE FOR ALL ELIGIBLE DEPRECIABLE PROPERTY THE TAXPAYER ELECTS OUT OF THE 50% FIRST-YEAR BONUS DEPRECIATION ALLOWANCE UNDER IRC SECTION 168(K) FOR ALL ELIGIBLE ASSET CLASSES OF DEPRECIABLE PROPERTY ACQUIRED AFTER DECEMBER 31, 2007 THIS ELECTION APPLIES TO ALL ELIGIBLE DEPRECIABLE PROPERTY PLACED IN SERVICE DURING THE TAX YEAR

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<u> </u>		

TY 2009 Other Assets Schedule

Name: FRATERNAL ORDER OF POLICE 89

EARL L BROWN MEMORIAL LODGE

Description	Beginning of Year Amount	End of Year Amount
	21,810	22,599
LESS ACCUMULATED DEPRECIATION	16,672	17,507
	5,138	5,092

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TY 2009 Other Changes in Net Assets Schedule

Name: FRATERNAL ORDER OF POLICE 89

EARL L BROWN MEMORIAL LODGE

Description	Amount
UNRECOGNIZED GAINS ON INVESTMENTS	90,515
PRIOR PERIOD CHECKS VOIDED	2,961

TY 2009 Other Expenses Schedule

Name: FRATERNAL ORDER OF POLICE 89

EARL L BROWN MEMORIAL LODGE

Description	Amount
EXPENSES	
CONVENTIONS/MEETINGS	2,378
SUPPLIES	1,912
POSTAGE	1,554
CONTRIBUTIONS	4,380
FLOWERS	33
GRAND LODGE DUES	1,355
INSURANCE	2,030
LICENSES & PERMITS	84
REPAIRS AND MAINTENANCE	165
STATE LODGE DUES	3,138
TEAM SPONSORSHIPS	3,294
UTILITIES	1,594
TELEPHONE	300



TY 2009 Other Revenues Schedule

Name: FRATERNAL ORDER OF POLICE 89

EARL L BROWN MEMORIAL LODGE

Description	Amount
MISCELLANEOUS	1,002