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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)

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	C Name of organization <b>WISCONSIN STATE LODGE FRATERNAL ORDER OF POLICE</b>		D Employer identification number <b>33-0999789</b>
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) <b>1052 CTH A</b>		E Telephone number <b>262-384-1978</b>
<input type="checkbox"/> Name change	Room/suite		F Group Exemption Number <b>► 1199</b>
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 <b>WEST BEND WI 53090</b>		
<input type="checkbox"/> Termination			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

- 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  527

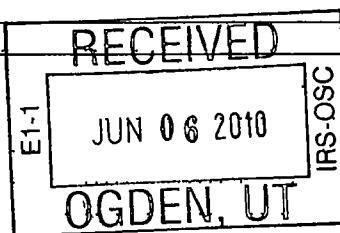
H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ► \$ **311,586**

## 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	303,594
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	259
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
a Gross revenue (not including \$ <b>300,506</b> of contributions reported on line 1)	6b	
b Less direct expenses other than fundraising expenses	6c	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less: cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	7,733
8 Other revenue (describe ► <b>SEE STATEMENT 1</b> )	9	311,586
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	
10 Grants and similar amounts paid (attach schedule)	11	
11 Benefits paid to or for members	12	
12 Salaries, other compensation, and employee benefits	13	255,710
13 Professional fees and other payments to independent contractors	14	218
14 Occupancy, rent, utilities, and maintenance	15	
15 Printing, publications, postage, and shipping	16	23,649
16 Other expenses (describe ► <b>SEE STATEMENT 2</b> )	17	279,577
17 Total expenses. Add lines 10 through 16	18	32,009
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	109,458
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)	20	
20 Other changes in net assets or fund balances (attach explanation)	21	141,467
21 Net assets or fund balances at end of year Combine lines 18 through 20		



## 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	109,132	22 140,811
23 Land and buildings		23
24 Other assets (describe ► <b>SEE STATEMENT 3</b> )	326	24 656
25 Total assets	109,458	25 141,467
26 Total liabilities (describe ► <b>SEE STATEMENT 4</b> )	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	109,458	27 141,467

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose?

TO PROMOTE AND FOSTER THE ENFORCEMENT OF LAW AND ORDER

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 SEE STATEMENT 4

(Grants \$

) If this amount includes foreign grants, check here

23,867

29

(Grants \$

) If this amount includes foreign grants, check here

29a

30

(Grants \$

) If this amount includes foreign grants, check here

30a

**31 Other program services (attach schedule)**

**(Grants \$)**

1) If this amount includes foreign grants, check here

31

**32 Total program service expenses (add lines 28a through 31a)**

111

23,867

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for 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 to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DONALD KAPLA 1052 CTH A	WEST BEND WI 53090	PRESIDENT 10.00	0	0
KEVIN WARYWICH 1052 CTH A	WEST BEND WI 53090	VICE PRESIDENT 5.00	0	0
AMY MEHLING 1052 CTH A	WEST BEND WI 53090	SECRETARY 20.00	0	0
CLARK MITCHELL 1052 CTH A	WEST BEND WI 53090	TREASURER 15.00	0	0
ANDREW OPPERMANN 1052 CTH A	WEST BEND WI 53090	2ND VICE PRESIDENT 5.00	0	0
JAMES BITTICK 1052 CTH A	WEST BEND WI 53090	SERGEANT AT ARMS 5.00	0	0
JERRY JOHNSON 1052 CTH A	WEST BEND WI 53090	NATIONAL TRUSTEE 10.00	0	0

## 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 33  Yes  No
- 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34  Yes  No
- 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  Yes  No
- 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  Yes  No
- b If "Yes," has it filed a tax return on Form 990-T for this year? 36  Yes  No
- 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 ► 37a  Yes  No
- 37a Enter amount of political expenditures, direct or indirect, as described in the instr 37b  Yes  No
- b Did the organization file Form 1120-POL for this year? 38a  Yes  No
- 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  Yes  No
- b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a  Yes  No
- 39 Section 501(c)(7) organizations Enter 39b  Yes  No
- a Initiation fees and capital contributions included on line 9 40a  Yes  No
- b Gross receipts, included on line 9, for public use of club facilities 40b  Yes  No
- 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ 40c  Yes  No
- 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 40d  Yes  No
- 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 40e  Yes  No
- d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40f  Yes  No
- 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 40g  Yes  No

- 41 List the states with which a copy of this return is filed ► WI 41  Yes  No
- 42a The organization's books are in care of ► CLARK MITCHELL Telephone no ► 262-707-2660  
1320 CHESTNUT ST. ZIP + 4 ► 53095  
Located at ► WEST BEND, WI 42b  Yes  No
- 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  Yes  No  
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.? 42d  Yes  No  
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  Yes  No

- 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44  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-EZ 45  Yes  No

**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	<input type="checkbox"/> Yes <input type="checkbox"/> No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 46 <input type="checkbox"/> 47
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 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 ► \_\_\_\_\_

<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
	Clark D. Piravone, Treasurer	
	06-30-10	
	Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature	06/28/10	Check if self-employed	Preparer's Identifying Number (See instr)
	► James W. Saarwig CPA	►	<input type="checkbox"/>	P00151912
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ► 39-0843014	
	► KIECKHAFER, DIETZLER, HAUSER, LLP PO BOX 637 WEST BEND, WI 53095-0637		Phone no ► 262-334-2341	
	► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
MISCELLANEOUS	\$ 7,733
TOTAL	\$ 7,733

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
EXPENSES	\$
OFFICE	748
CONFERENCES/MEETINGS	8,162
INSURANCE	2,568
INFORMATION TECHNOLOGY	2,273
MEMBERSHIP SUPPORT	8,246
PROGRAM EXPENSES	1,652
TOTAL	\$ 23,649

**Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
PREPAID EXPENSES AND DEFERRED CHARGES	\$	548
EQUIPMENT	9,143	9,143
LESS ACCUMULATED DEPRECIATION	8,817	9,035
	<u>326</u>	<u>656</u>

**Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments****Description**

TO PROMOTE AND FOSTER THE ENFORCEMENT OF LAW AND ORDER; TO IMPROVE THE INDIVIDUAL AND COLLECTIVE PROFICIENCY OF OUR MEMBERS IN THE PERFORMANCE OF THEIR DUTIES AND TO ENCOURAGE FRATERNAL, EDUCATIONAL, CHARITABLE, AND SOCIAL ACTIVITIES AMONG LAW ENFORCEMENT OFFICERS.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
  - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

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

Type or print	Name of Exempt Organization <b>WISCONSIN STATE LODGE FRATERNAL ORDER OF POLICE</b>	Employer identification number <b>33-0999789</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>1052 CTH A</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WEST BEND, WI 53090</b>	

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

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

**CLARK MITCHELL**

• The books are in the care of ► **1320 CHESTNUT ST - WEST BEND, WI 53095**  
Telephone No ► **262-707-2660** 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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year **2009** or

►  tax year beginning , and ending

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

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)