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990

Return of Organization Exempt From Income Tax 1003

2009

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

The organization may have to use a copy of this return to satisfy state reporting requirements Department of the Treasury Internal Revenue Service

Open to Public inspection

<u>A:</u>	For the 200	9 calendar ye	ar, or tax year beginning 04/01/09, and ending 03	31/10		
B Check # applicable Please C Name of organization						er identification number
-	Address change label of BLUEFIELD FRATERNAL ORDER OF POLICE				1	
1	Name change	print or	Doing Business As		23-	7586216
ı	Initial return	type. See	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	ne number
		Specific	P.O. BOX 4272		<u> </u>	
- 1	Termination	Instruc	City or town state or country and ZIP + 4		G Gross receip	13.5 40,209
1 /	Amended retur	n tions.	BLUEFIELD WV 24701		1	
[1	Application per	nding F Name	and address of principal officer		H(a) Isthisa	group return for
•		1			affiliales	
		ì			H(b) Are all a	
						attach a list (see mistructions)
1_	Tax-exempt	statusX	501(c) (10) ◀ (insert no.) 4947(a)(1) or 527	10	}	
J	Website: D	N/A			H(c) Group e	xemption number
K	Type of organ	zation X Con	poration Trust Association Other	L Year of formation		Stare of legal domicrie
P	art I	Summar	у			
	1 Brie	fly describe th	ne organization's mission or most significant activities			
_	F	RATERNAI	ORGANIZATION ASSOCIATED WITH STATE AND	NATIONAL ORGANI	ZATIONS	
2			INE PURPOSE AND PROVIDE GUIDELINES OF OF		ITABLE	•
Governance		• • • • •	IVITIES CONDUCTED ON LOCAL LEVEL.			
Ø .	l .	ck this box	• • •	o than 75% of de not occo		
હ	l.			e inan 25% of as hel asse		
≪ 5		-	members of the governing body (Part VI, line 1a)		3	
Ş <u>ə</u>			indent voting members of the governing body (Part VI, line 1b)		4	
4ACLIVILIBS	5 Tota	a) number of e	mployees (Part V, line 2a)		5	
3	6 Tota	a) number of v	olunteers (estimate if necessary) RECEIV	ED	6	
7			ated business revenue from Part VIII, column (C) line 12	18	70	
	b Net	unrelated bus	iness taxable income from Form 990-T, line 34 8 ADD	181	76	0
			iness taxable income from Form 990-T, line 34 8 APR. 2 6 2	Prior Yi		Current Year
2	8 Con	itributions and	grants (Part VIII, line 1h)		0,000	34,865
Ę.	9 Pro	gram service i	revenue (Part VIII, line 2g) OGDEN,	U* 7	7,044	• 5,344
ONUAAA	10 Inve	stment incom	e (Part VIII, column (A), lines 3, 4, and 7d)			
- 1	11 Othe	er revenue (P	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Tota	l revenue – a	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	7,044	40,209
			r amounts paid (Part IX, column (A), lines 1-3)			
- 1		4 Benefits paid to or for members (Part IX, column (A), line 4)				
۰		-	mpensation, employee benefits (Part IX, column (A), lines 5-10)			
Ехрепѕез			raising fees (Part IX, column (A), line 11e)			24,133
8	b Tota	l fundraising	expenses (Part IX, column (D), line 25) > 24, 13	3		
ŭ			Part IX, column (A), lines 11a-11d, 11f-24f)		7,712	15,997
			dd lines 13-17 (must equal Part IX column (A), line 25)		7,712	40,130
1			enses. Subtract line 18 from line 12	·	-668	79
8			Croop. Gasaba mas 10 worr mile 12	Ведилліпд of Cu		End of Year
Assets	20 Tota	il assets (Part	X, line 16)		2,002	2,081
\ E E		il liabilities (Pa				
ॅंड्रेड्ड			balances Subtract line 21 from line 20	·	2,002	2,081
P	art II	Signatur				
					14-45-5-4-4	
_		and belief, it i	es of perjury, I declare that I have examined this return, including accompanying is tiple, correct, and complete. Declaration of preparer (other than other) is based	scriedules and statements, and I on all information of which pre	parer has any i	ny knowleage
Sig	_		Dennis m Nuly 119 Becr.		1 4	10.51.
			N. Company of the Com			20110
Her	е	Signatus	of officer		Date	4/20/2010
S			Denais M. Dillow Jr. Vice Fres.de	M / Decretory		1/20/2010
<u>``</u>		Type or	orint name and title	/ _		اسسسا
P ai		Preparer's		Date Check	d]	Preparer's identifying number (see instructions)
-,		signature	V Kun Stat To	04/15/10 self-	yed ►	
	parer's		RAYMOND FROY CPA PC		EIN >	54-1449656
Ųse	Only	Firm's name (or yours			
ٺ	[if self-employ.			Phone	276-322-3444
	/				no P	
			urn with the preparer shown above? (see instructions)			Yes No
For DAA	Privacy A	or and haber	work Reduction Act Notice, see the separate instructions.			Form 990 (2009)

4e Total program service expenses ▶

(Expenses \$

4d Other program services. (Describe in Schedule O.)

including grants of \$

Form 990 (2009)	BLUEFIELD	FRATERNAL	ORDER	OF POLICE	23-7586216
Part IV	Checklist of Red	uired Schedule			
	,,				

GO Page 3

					Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"					
	complete Schedule A		Į	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		1	2		X
3	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	•	}	3		X
4	Section 501(c)(1) organizations. Did the organization engage in lobbying activities? If "Yes," complete		}		•	1
_	Schedule C, Part II		}	4_		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		- 1		1	{
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		- 1			[
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		- 1			
-	complete Schedule D, Part I		ł	_6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.		}	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		}	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		1	_		.,
9	complete Schedule D, Part III	•	. }	8		X
3	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		1			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." complete Schedule D, Part IV		- 1			v
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		•	9_		X
••	quasi-endowments? If "Yes," complete Schedule D, Part V			40		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D. Parts VI.	••	ł	10		 -
• •	VII, VIII, IX, or X as applicable		ĺ	11		x
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	• •	· ł	<u></u>		 7
_	Schedule D, Part VI.		ĺ			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more]		
	of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII		Ì]
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		1)		1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		1			}
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		1	- 1		
	reported in Part X, line 167 if "Yes," complete Schedule D, Part IX		}	ŀ	1	· 1
	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X		}	1		1
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 1	- {	· I	}
	the organization's liability for uncertain tax positions under FIN 48? If "Yes" complete Schedule D, Part X			- 1	- {	}
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					ليب
	Schedule D, Parts XI, XII, and XIII		 	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No.	- 1	(
43	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X		(v
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		1	13		$\frac{x}{x}$
) 40 b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10 000 from grantmaking, fundraising,		· }	140		
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		1	146	}	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		1	130		 -
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		1	15	ì	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance					
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		ľ	16	i	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	'	ſ	$\neg \neg$		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		Ĺ	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	•	<u> </u>			_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		. <u>L</u>	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	·			- {	
	If "Yes," complete Schedule G. Part III		L	19		X
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H			20	لي	X
				Form	990	(2009)

197 Note. All Form 990 filers are required to complete Schedule O

<u> </u>	irt V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
ta			(l
_	U.S. Information Returns. Enter -0- if not applicable	18	-{		l
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 <u>b</u>	{ }		1
·	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling) winnings to prize winners?	table	.]		} •
2a		1 1 1 1	16		X
•	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1 1		ì
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns:		2ь		ì
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				<u> </u>
	instructions)		} }	'	ĺ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered to	· y	1		1
	this return?	•	3a		x
ъ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	honty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		((
	account)?		48		х
b	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 Bal	nk .))		}
	and Financial Accounts.		1 1		}
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
Ъ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?	5b		X
C	If "Yes." to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ing			
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		{ }		
	organization solicit any contributions that were not tax deductible?		68		<u>X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions	or	(ı	
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		1 1	j	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds	1 1		
	and services provided to the payor?		78		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		76		
С	Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was			}	
_	required to file Form 8282?	1 1	76		
ď	If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	7d	1	ŀ	
•	benefit contract?	Ullai	78	}	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	•	71		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		79		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				
	required?		7h	l	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		(- l	
	organization, have excess business holdings at any time during the year?		8	1	
9	Sponsoring organizations maintaining donor advised funds.	•			
8	Did the organization make any taxable distributions under section 4966?		9a		
Þ	Did the organization make a distribution to a donor, donor advisor, or related person?	l l	9b		
10	Section 501(c)(7) organizations. Enter				
8	Initiation fees and capital contributions included on Part VIII, line 12	10a		- (
Þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		J	
11	Section 501(c)(12) organizations. Enter.			ļ	
8	Gross income from members or shareholders	118		Į	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	Į	
	amounts due or received from them.)	11b	İ	1	
12#	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	· · · · · ·	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
			Care	npp	120001

Forn	1990 (2009) BLUEFIELD FRATERNAL ORDER OF POLICE 23-7586216		F	age 6
Pa	irt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b bel			
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or ch	anges ii	1	
	Schedule O. See instructions.			
Sec	tion A. Governing Body and Management		,	
			Yes	No
1a	Enter the number of voting members of the governing body		l	l
ь 2	Enter the number of voting members that are independent Determine display trustee as less applicant beautiful and the second se	 -	1	ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	}	
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct	12_		X
,	supervision of officers, directors or trustees, or key employees to a management company or other person?	_		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	3	 -	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	4	├	X
6	Does the organization have members or stockholders?	5		X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members	6_		X
	of the governing body?		i	.
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	76	-	 ^ -
•	the year by the following	- 1	1	ĺ
а	The governing body?	l Pa	x	Ì
ь	Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached	100	<u> </u>	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal		ــــــــــا	
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	126		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."		. 1	
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by	1 1	1	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- {	}	
a	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	, and the state of	15b		X
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)))	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	} }	- 1	
	with a taxable entity during the year?	16a		<u>x</u>
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1 1	- 1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	} }	1	
<u> </u>	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WV			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection, Indicate how you make these available. Check all that apply			
	, Own website Another's website Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
30	State the name, physical address, and telephone number of the person who possesses the books and records of the			

WV 24701

BLUEFIELD

organization > BLUEFIELD FRATERNAL ORDER OF POLICE

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of
 the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
 List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest
 compensated employees, and former such persons

X Check this box if the organization did not compensate any current officer, director, or trustee (C) (E) (F) Name and Title Average Position (check all that apply) Reportable Reportable Estimated hours per Highest compensated employee compensation compensation amount of week from from retated other stitutional vidual trustee organizations the compensation employee organization (W-2/1099-MISC) from the (W-2/1099-MISC) bustee herelen bos organizations MATTHEW BECK PRESIDENT 0 0 0 DENNIS M. DILLOW V/P 0 0 0 B.L. HAMM 0 0

23-7586216

Form 990 (2009) BLUEFIELD FRATERNAL ORDER OF POLICE

5,344

40,209

0

Total. Add lines 11a-11d

Total Revenue. See instructions

54.50

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	and include amounts and and ince 6h	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expanses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	'			
	the U.S. See Part IV, tine 22		·		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,				1
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	ì			
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	· · · · · · · · · · · · · · · · · · ·			
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
c	Accounting	300		300	
d	Lobbying		 	300	
	Professional fundraising services. See Part IV, line 17	24,133			24,133
8	-	24,133			24,133
f -	Investment management fees		 		
9	Other				
12	Advertising and promotion	200		290	
13	Office expenses	290		290	
14	Information technology				
15	Royalties	4 177		4 197	
16	Occupancy	4,177		4,177	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	946		946	
22	Depreciation, depletion, and amortization			4 2 2	·
23	Insurance	1,010		1,010	
24	Other expenses illemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed			ļ	
	5% of total expenses shown on line 25 below)				
8	ALL OTHER EXPENDITURES	4,532		4,532	
Þ	SHOP WITH A COP & CONTRIB	3,306	3,306		
Ç	FALLEN OFFICER EXP & DONA	1,371	1,371		
d	STATE REGISTRATION & LICE	65		65	
ø					
f	All other expenses				
25_	Total functional expenses. Add lines 1 through 24!	40,130	4,677	11,320	24,133
26	Joint costs. Check here ▶ , if following				
	SOP 98-2. Complete this line only if the		ŀ		
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

•	rt X	Balance Sheet	(A)		(B)
		· · · · · · · · · · · · · · · · · · ·	Beginning of year		End of year
- }	1	Cash—non-interest bearing	2,002	_1_	2,081
	2	Savings and temporary cash investments		2	
- }	3	Pledges and grants receivable, net	L	3	
	4	Accounts receivable, net		4	
- 1	5	Receivables from current and former officers, directors, trustees, key	· 1	ł	
ĺ		employees, and highest compensated employees. Complete Part II of	i		
1		Schedule L	<u> </u>	5	
- 1	6	Receivables from other disqualified persons (as defined under section			
- }		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete) 1	- 1	
<u>"</u>		Pert II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventones for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
- (-	10a	Land, buildings, and equipment, cost or			
- 1		other basis Complete Part VI of Schedule D 10a	i	- 1	
- t	ь	Less: accumulated depreciation 10b		10c	
- 1	11	Investments—publicly traded securities		11	
- [.	12	Investments—other securities See Part IV, line 11		12	
- 1	13	Investments—program-related See Part IV, line 11		13	
- 1	14	Intangible assets		14	
- 1.	15	Other assets. See Part IV, line 11		15	
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,002	16	2,081
_	17	Accounts payable and accrued expenses		17	
_ i.	18	Grants payable		18	<u> </u>
- 1.	19	Deferred revenue		19	· · · · · · · · · · · · · · · · · · ·
	20	Tax-exempt bond fiabilities		20	
1	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
.≌ ।	22	Payables to current and former officers, directors, trustees, key			
<u> </u>		employees, highest compensated employees, and disqualified		1	
.면		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1:	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ဖွ		Organizations that follow SFAS 117, check here ▶ X and		-	
alances		complete lines 27 through 29, and lines 33 and 34.			
<u>ē</u> :	27	Unrestricted net assets	2,002	27	2,081
	28	Temporarily restricted net assets		28	
밀	29	Permanently restricted net assets		29	
Fund B		Organizations that do not follow SFAS 117, check here ▶		$\neg \vdash$	
7		and complete lines 30 through 34.]]	
s :		Capital stock or trust principal, or current funds		30	
Ħ :		Pard-in or capital surplus, or land, building, or equipment fund		31	
% I		Retained earnings, endowment, accumulated income, or other funds		32	
⊋1:		Total net assets or fund balances	2,002	33	2,081
ш і .			2,002		2,081

Form 990 (2009) BLUEFIELD FRATERNAL ORDER OF POLICE 23-7586216

Part XI Financial Statements and Reporting

Page 12

	III XI I III III O CALCINO III SAIG KODOI III S					
•			Yes	No		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	b Were the organization's financial statements audited by an independent accountant?					
C	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	if the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on a consolidated basis, separate basis, or both.		}			
	Separate basis Consolidated basis Both consolidated and separate basis	İ				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		l			
	the Single Audit Act and OMB Circular A-133?					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	_			

SCHEDULE G (Form 990 or 990-EZ)

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

Open To Public

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		FRAILMIAL	UKUEK	UE	PULLE

Employer identification number 23-7586216

		22021202 114121212 0.001. 01 102102
		Fundralsing 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 v	whether the organization raised funds through any of the following activities. Check all that apply.

- Mail solicitations
- Solicitation of non-government grants
- Internet and email solicitations
- Solicitation of government grants

X. Phone solicitations

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?

Yas Nο

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

(lii) Did fund-(i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) Yes No ROSEWOOD PRODUCTIONS, INC. x 34,865 24,133 10,732 24,133 Total 34,865 10,732

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

	ule G (Form 990 or 990-EZ) 2		FRATERNAL ORDER O		
Part			ganization answered "Yes" to e 6a. List events with gross		
j	more man \$15	(a) Event #1	(b) Event #2	(c) Other events	55,000.
		, ,	(4) 214	101 0 110 0 000	(d) Total events
		990PTVIIIC		NONE	(add col (a) through
<u>.</u>		(event type)	(event type)	(total number)	col (c))
Hevenue	1 Gross receipts	34,86	5		24 055
ž '	1 Gross receipts 2 Less Chantable	34,00			34,865
1	contributions	34,86	5		34,865
3	3 Gross revenue (line 1			Ţ	
-	minus line 2)		 		
۱ ۵	4 Cash prizes			j	
	,			 	
5	5 Noncash prizes			<u> </u>	<u> </u>
.	Danilla ta as s				
Oired Expenses	6 Rent/facility costs		 	 	
Ž,	7 Food and beverages				
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓					
E 8	8 Entertainment		_		
١.	Othor direct average			1	
8	Other direct expenses	L			+
10	O Direct expense summary	Add lines 4 through 9 in column	(d) .	>	
11	1 Net income summary. Co	imbine line 3, column (d), and line	10	<u> </u>	
Part			nswered "Yes" to Form 990,	Part IV, line 19, or rep	orted more
	tnan \$15,000 C	on Form 990-EZ, line 6a.	(b) Puli tabs/instant		(d) Total gaming (Add
an a constant	Ì	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
, L					
1	Gross revenue				
	Cash prizes				
<u> </u>	Coan pieces		 		
Jurect expenses	Noncash prizes			L	
ž					
4	Rent/facility costs		 	 	
5	Other direct expenses				
<u> </u>		Yes %	Yes %	Yes %	
6	Volunteer labor	No	No	No	
,	/ Dread evenens	Add lines 2 through 5 in 1	741	>	
'	Direct expense summary	Add lines 2 through 5 in column ((0)	•	
8	Net gaming income summ	nary. Combine line 1, column d, ar	nd line 7		
	. — 				Yes No
		organization operates gaming ac			
	s the organization licensed to f "No." Explain:	operate gaming activities in each	of these states?		9a
. II	•				
					.] []
		s gaming licenses revoked, suspe	nded or terminated during the tax ye	ar?	10a
b If	f "Yes," Explain				
	• •		•		
	Opes the organization operate	gaming activities with nonmember	ers?	•	11
ı D					
		•	a member of a partnership or other e	entity	
2 ls		peneficiary or trustee of a trust or	a member of a partnership or other e		12 Form 990 or 990-EZ) 2089

Sche	dule G (Form 990 or 990-EZ) 2009	BLUEFIELD	FRATERNAL	ORDER	OF_	POLICE	23-7586	216	F	age 3
			_						Yes	No
13 -	Indicate the percentage of gaming act	tivity operated in:				}	Ì		}	
8	The organization's facility					. 13a	<u> </u>	%		
þ	An outside facility					13b	<u> </u>	%	1	l
14	Provide the name and address of the	person who prepares the	ė organization's gam	ing/special e	vents b	DOK\$				(
	and records.								ł	
	Name •									
	Address ▶									
15a	Does the organization have a contract revenue?	t with a third party from t	whom the organizatio	n receives gi	eming			450		
ь	If "Yes," enter the amount of gaming in	evenue received by the	Organization 🕨 🦠	S		and t	ha	15a	 	
-	amount of gaming revenue retained by		=	•		a1101	ine	- 1		
c	If "Yes," enter name and address of the		•					1		
	Name ▶ .									
	Address ►									
16	Gaming manager information.									
	Name ▶									
	Gaming manager compensation	\$,
	Description of services provided ▶									
	Director/officer Er	mployee	Independent contract	ctor						
17	Mandalory distributions									
8	is the organization required under stat	e law to make charitable	distributions from the	e gaming pro	ceeds	io				
	retain the state gaming license?			,				17a		
b	Enter the amount of distributions requi	red under state law distr	ibuted to other exem	pt organizatio	ons or s	pent				
_	in the organization's own exempt activ	ities during the tax year	▶ \$					j '		

SCHEDULE O

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization

BLUEFIELD FRATERNAL ORDER OF POLICE

Employer Identification number

23-7586216

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC