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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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

B Check if applicable

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

C

MISSOURI VALLEY LODGE #3
FRATERNAL ORDER OF POLICE
700 S 9TH STREET
BISMARCK, ND 58504

D Employer identification number

45-0449444

E Telephone number

701-426-4243

F Group Exemption Number

G Accounting Method. Cash Accrual Other (specify) ►

I Website: ► N/A

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (8) ▶ (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 143,621.

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

Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	1,380.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	41,790.
	4 Investment income	4	222.
	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 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	100,229.
	c Less direct expenses from gaming and fundraising events	6c	83,143.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	17,086.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	60,478.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	41,481.
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	2,390.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	6.
	16 Other expenses (describe in Schedule O)	16	15,948.
	17 Total expenses. Add lines 10 through 16	17	59,825.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	653.
NET ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	35,880.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	1,595.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	38,128.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	36,002.22	36,370.
23 Land and buildings	23	
24 Other assets (describe in Schedule O) <u>See Schedule O</u>	24	1,889.
25 Total assets	36,002.25	38,259.
26 Total liabilities (describe in Schedule O) <u>See Schedule O</u>	122.26	131.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,880.27	38,128.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses

What is the organization's primary exempt purpose? See Schedule O

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, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	Holiday activites for Children - Cops & Kids and Christmas in the Hospital programs to promote confidence in our youth towards the service that is dedicated to the protection of life and property.	<input type="checkbox"/>	28a	3,285.
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
29	-----	<input type="checkbox"/>	29a	
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
30	-----	<input type="checkbox"/>	30a	
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
31	Other program services (describe in Schedule O)	<input type="checkbox"/>	31a	
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32	3,285.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV).

Check if the organization used Schedule O to respond to any question in this Part IV

Part V Other Information (Note the statement requirements in the instructions for Part V.) See Schedule O
 Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O Yes No

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 33 34

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, explain in Schedule O why the organization did not report the income on Form 990-T 35a 35b

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 36 37a 0.

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)? 37b

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 38a 38b N/A

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0. b Did the organization file **Form 1120-POL** for this year? 37b

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 tax year covered by this return? 38a 38b N/A

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 39a 39b N/A

39 Section 501(c)(7) organizations Enter 39a 39b N/A

a Initiation fees and capital contributions included on line 9 39a 39b N/A

b Gross receipts, included on line 9, for public use of club facilities 39a 39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► **N/A**, section 4912 ► **N/A**, section 4955 ► **N/A** 40b 40c 0.

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40d 40e 0.

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d 40e 0.

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d 40e 0.

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 40d 40e X

41 List the states with which a copy of this return is filed ► **None** 42a 42b 42c 42d 42e 42f 42g 42h 42i 42j 42k 42l 42m 42n 42o 42p 42q 42r 42s 42t 42u 42v 42w 42x 42y 42z

42a The organization's books are in care of ► **STEVE KENNER** 42b 42c 42d 42e 42f 42g 42h 42i 42j 42k 42l 42m 42n 42o 42p 42q 42r 42s 42t 42u 42v 42w 42x 42y 42z

Located at ► **700 S 9TH STREET BISMARCK ND** 42b 42c 42d 42e 42f 42g 42h 42i 42j 42k 42l 42m 42n 42o 42p 42q 42r 42s 42t 42u 42v 42w 42x 42y 42z

Telephone no ► **701-426-4243** 42b 42c 42d 42e 42f 42g 42h 42i 42j 42k 42l 42m 42n 42o 42p 42q 42r 42s 42t 42u 42v 42w 42x 42y 42z

ZIP + 4 ► **58504** 42b 42c 42d 42e 42f 42g 42h 42i 42j 42k 42l 42m 42n 42o 42p 42q 42r 42s 42t 42u 42v 42w 42x 42y 42z

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)? 42b 42c 42d 42e 42f 42g 42h 42i 42j 42k 42l 42m 42n 42o 42p 42q 42r 42s 42t 42u 42v 42w 42x 42y 42z

If 'Yes,' enter the name of the foreign country ► 42b 42c 42d 42e 42f 42g 42h 42i 42j 42k 42l 42m 42n 42o 42p 42q 42r 42s 42t 42u 42v 42w 42x 42y 42z

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**. 42b 42c 42d 42e 42f 42g 42h 42i 42j 42k 42l 42m 42n 42o 42p 42q 42r 42s 42t 42u 42v 42w 42x 42y 42z

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42b 42c 42d 42e 42f 42g 42h 42i 42j 42k 42l 42m 42n 42o 42p 42q 42r 42s 42t 42u 42v 42w 42x 42y 42z

If 'Yes,' enter the name of the foreign country ► 42b 42c 42d 42e 42f 42g 42h 42i 42j 42k 42l 42m 42n 42o 42p 42q 42r 42s 42t 42u 42v 42w 42x 42y 42z

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 43 N/A N/A

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a 44b 44c 44d

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b 44c 44d

c Did the organization receive any payments for indoor tanning services during the year? 44c 44d

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44c 44d

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

Part VI. Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

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

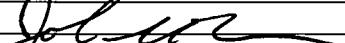
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

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

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes No

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

Sign Here	► Signature of officer 	Date 8/5/11			
	► Type or print name and title <u>JOHN C. BROCKER</u>				
Paid Preparer Use Only	Print/Type preparer's name <u>Daniel W. Raak</u>	Preparer's signature 	Date 8-4-11	Check <input type="checkbox"/> if self-employed	PTIN N/A
	Firm's name ► <u>Raak & Associates PC</u>				
	Firm's address ► <u>1929 N WASHINGTON ST</u> <u>BISMARCK, ND 58501-1616</u>	Firm's EIN	►	<u>N/A</u>	
	Phone no	(701) 530-9351			

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

► Yes No

BAA

Form 990-EZ (2010)

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 CONCERT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	100,229.			100,229.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	100,229.			100,229.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	10,971.			10,971.
	7 Food and beverages	275.			275.
	8 Entertainment	18,320.			18,320.
	9 Other direct expenses	53,577.			53,577.
	10 Direct expense summary Add lines 4- through 9 in column (d)				83,143.
	11 Net income summary Combine line 3, column (d), and line 10				17,086.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

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

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility

b An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If 'Yes,' enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2010**Open to Public
Inspection**

Name of the organization	MISSOURI VALLEY LODGE #3 FRATERNAL ORDER OF POLICE	Employer identification number
		45-0449444

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Improve individual and collective proficiency of our member's performance of their duties. Establish public confidence in the service that is dedicated to the protection of life and property through charitable and educational activities.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

Form 990-EZ, Part I, Line 16
Other Expenses

Conferences, Conventions, and Meetings	\$ 184.
COPS&KIDS GIFT CERTIFICATES	3,285.
Depreciation	210.
FOP FED/TATE MEMBERSHIP DUES	1,765.
FOP LICENSES/FEES	25.
FOP PUBLIC SUPPORT DONATIONS	782.
FOP TRAINING	100.
Insurance	100.
MVL FOUNDATION	3,250.
Office Expenses	2,040.
Travel	4,207.
Total	<u>\$ 15,948.</u>

Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Net Unrealized Gains and Losses on Investments	\$ 1,595.
Total	<u>\$ 1,595.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	Beginning	Ending
Machinery and Equipment	\$ 0.	\$ 1,889.
Total	<u>\$ 0.</u>	<u>\$ 1,889.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
Accounts Payable and Accrued Expenses	\$ 122.	\$ 131.
Total	<u>\$ 122.</u>	<u>\$ 131.</u>

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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

Type or print File by the due date for filing your return. See instructions	Name of exempt organization MISSOURI VALLEY LODGE #3 FRATERNAL ORDER OF POLICE Number, street, and room or suite number. If a P O box, see instructions 700 S 9TH STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions BISMARCK, ND 58504	Employer identification number 45-0449444
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Enter the Return code for the return that this application is for (file a separate application for each return)

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► STEVE KENNER

Telephone No ► 701-426-4243

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year 20 10 or
► tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 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 \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$	0.

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.

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)