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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

OMB No 1545-1150

2011

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(1) 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

**A For the 2011 calendar year, or tax year beginning**

, 2011, and ending

, 20

**B Check if applicable**

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization****INTERNATIONAL BROTHERHOOD OF POLICE**

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO BOX 8006

City or town, state or country, and ZIP + 4

CRANSTON, RI 02920

**D Employer identification number**

05-0310881

**E Telephone number**

(401) 942-2211

**F Group Exemption  
Number****G Accounting Method**  Cash  Accrual Other (specify) ►**I Website:** ►**J Tax-exempt status (check only one)** -  501(c) (3)  501(c) (5) (insert no)  4947(e)(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 or section 527 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 ► \$ 113,868****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 

1	Contributions, gifts, grants, and similar amounts received	160	1	
	Program service revenue including government fees and contracts		2	
3	Membership dues and assessments		3	50,283
4	Investment income		4	460
5a	Gross amount from sale of assets other than inventory	5a	5c	160
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)			
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 \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
c	Less direct expenses from gaming and fundraising events	6b	6d	62,965
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6c		
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	113,868
10	Grants and similar amounts paid (list in Schedule O)		10	
11	Benefits paid to or for members		11	
12	Salaries, other compensation (and employee benefits)		12	
13	Professional fees and other payments to independent contractors		13	44,785
14	Occupancy, rent, utilities, and maintenance		14	4,952
15	Printing, publications, postage, and shipping		15	3,952
16	Other expenses (describe in Schedule O)		16	56,648
17	<b>Total expenses.</b> Add lines 10 through 16		17	110,337
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	3,531
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	95,847
20	Other changes in net assets or fund balances (explain in Schedule O)		20	
21	Net assets or fund balances at end of year Combine lines 18 through 20		21	99,378

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2011)

SCANNED SEP 18 2012 Revenue

Expenses

Assets

**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 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	43,561	22 34,472
23 Land and buildings	176,268	23 184,031
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	219,829	25 218,503
26 Total liabilities (describe in Schedule O)	123,982	26 119,125
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	95,847	27 99,378

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose? IMPROVE WORKING CONDITIONS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

## Expenses

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

**28 THE PRIMARY PURPOSE OF THIS EXEMPT ORGANIZATION****IS TO IMPROVE CONDITIONS OF THE WORKPLACE AND****IMPROVE EFFICIENCY**

(Grants \$	) If this amount includes foreign grants, check here <input type="checkbox"/>	►	28a
------------	---	---	-----

29

(Grants \$	) If this amount includes foreign grants, check here <input type="checkbox"/>	►	29a
------------	---	---	-----

30

(Grants \$	) If this amount includes foreign grants, check here <input type="checkbox"/>	►	30a
------------	---	---	-----

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
------------	---	---	----

32 Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32
---	--------------------------	----

**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 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
STEPHEN ANTONUCCI PO BOX 8006, CRANSTON RI 02920	PRESIDENT 0	0	0	0
MARK PETRELLA PO BOX 8006, CRANSTON RI 02920	VICE PRESIDENT 0	0	0	0
RUSSELL HENRY PO BOX 8006, CRANSTON RI 02920	MASTER AT ARMS 0	0	0	0
BRANDON BARTH PO BOX 8006, CRANSTON RI 02920	BUSINESS AGENT 0	0	0	0
ROBERT SANTAGATA PO BOX 8006, CRANSTON RI 02920	TREASURER 0	0	0	0
MATHEW DAVIS PO BOX 8006, CRANSTON RI 02920	THREE YEAR TRUSTEE 0	0	0	0
LEE SOHN PO BOX 8006, CRANSTON RI 02920	TWO YEAR TRUSTEE 0	0	0	0
MICHAEL CARAMANTE PO BOX 8006, CRANSTON RI 02920	ONE YEAR TRUSTEE 0	0	0	0
DANIEL NUEY PO BOX 8006, CRANSTON RI 02920	SECRETARY 0	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V 

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
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)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <span style="border: 1px solid black; padding: 2px;">37a</span> 2,200	37a	2,200
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	
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	40c	
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	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40e	
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	40e	X
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► ROBERT SANTAGATA Located at ► PO BOX 8006 CRANSTON, RI	Telephone no ► 401-942-2211	
	ZIP + 4 ► 02920	
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	X
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.	42c	
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	X
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 ► <span style="border: 1px solid black; padding: 2px;">43</span> <input type="checkbox"/>		
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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 instructions)	45b	X

48 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 . . . . .  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 . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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" . . . . .

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

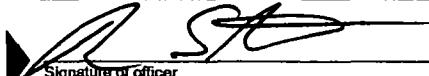
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" . . . . .

(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 . . . . . ►

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	 ROBERT SANTAGATA, TREASURER Type or print name and title	8-10-12		
		Date		

Paid Preparer Use Only	Print/Type preparer's name GLEN STEVENSON	Preparer's signature 	Date 06-17-2012	Check <input type="checkbox"/> if self-employed PTIN P00121865
	Firm's name ► Glen W Stevenson	Firm's EIN ► 33-1035762		
	Firm's address ► 16 Charcalee Drive Cranston RI 02921	Phone no 401-943-6161		

May the IRS discuss this return with the preparer shown above? See Instructions . . . . . ►  Yes  No

**Political Campaign and Lobbying Activities**

**2011**

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If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization <b>INTERNATIONAL BROTHERHOOD OF POLICE</b>	Employer identification number <b>05-0310881</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures . . . . . ► \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ► \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

**STM106**

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) FRIENDS OF ROBERT DESAILVA	Cranston , RI 02920	-		300
(2) FRIENDS OF MATTIELLO	Cranston , RI 02920	-		500
(3) FRIENDS OF PAUL ARCHETTO	Cranston , RI 02920	-		250
(4) FRIENDS OF JOHN CARNEVALE	Cranston , RI 02920	-		150
(5) NAGE - IBPO	Cranston , RI 02920	-		500
(6)				

**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .  
**b** Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .  
**c** Total lobbying expenditures (add lines 1a and 1b) . . . . .  
**d** Other exempt purpose expenditures . . . . .  
**e** Total exempt purpose expenditures (add lines 1c and 1d) . . . . .  
**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is :	(a) Filing organization's totals	(b) Affiliated group totals
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		

**g** Grassroots nontaxable amount (enter 25% of line 1f) . . . . .  
**h** Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .  
**i** Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .  
**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .  Yes  No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers? . . . . .				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .				
c Media advertisements? . . . . .				
d Mailings to members, legislators, or the public? . . . . .				
e Publications, or published or broadcast statements? . . . . .				
f Grants to other organizations for lobbying purposes? . . . . .				
g Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .				
i Other activities? . . . . .				
j Total Add lines 1c through 1i. . . . .				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .				
b If "Yes," enter the amount of any tax incurred under section 4912 . . . . .				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. . . . .				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .				

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? . . . . .	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	2	X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? . . . . .	3	X

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members. . . . .	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a
a Current year . . . . .	2b
b Carryover from last year . . . . .	2c
c Total . . . . .	3
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	4
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? . . . . .	5
5 Taxable amount of lobbying and political expenditures (see instructions). . . . .	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and Part II-B, line

1 Also, complete this part for any additional information

**Direct and indirect political campaign activities (Part I-A, line 1)**

THE ORGANIZATION PARTICIPATES IN POLITICAL ACTIVITY TO INSURE REPRESENTATION FOR ITS

MEMBERSHIP.

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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

**2011**

Open to Public  
Inspection

Name of the organization

**INTERNATIONAL BROTHERHOOD OF POLICE**

Employer identification number  
**05-0310881**

**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.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**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?  Yes  No

**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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 TCI AMERICA	FUNDRAISING	X		62,965	42,198	20,767
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				<b>62,965</b>	<b>42,198</b>	<b>20,767</b>

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 <b>SOLICITATION</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>None</b> (total number)	(d) Total events Add col (a) through col (c)
		62,965			62,965
1	Gross receipts . . . . .				
2	Less Charitable contributions . . . . .				
3	Gross income (line 1 minus line 2) . . . . .	62,965			62,965
4	Cash prizes. . . . .				
5	Noncash prizes . . . . .				
6	Rent/facility costs. . . . .				
7	Food and beverages . . . . .				
8	Entertainment. . . . .				
9	Other direct expenses . . . . .	42,198			42,198
10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .				► ( 42,198 )
11	Net income summary Combine line 3, column (d), and line 10. . . . .				► 20,767

**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 col (a) through col (c))
1	Gross revenue . . . . .				
2	Cash prizes. . . . .				
3	Noncash 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 line 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 \_\_\_\_\_

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service  
Name of the organization**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011****Open to Public  
Inspection****INTERNATIONAL BROTHERHOOD OF POLICE**Employer identification number  
**05-0310881****01. Description of other expenses (Part I, line 16)**

Description	Amount
CHARITABLE DONATIONS	5,345
DUES REIMBURSEMENT	15,713
SOCIAL ACTIVITIES	3,112
TELEPHONE	4,434
UNION EXPENSES	8,297
INTEREST EXPENSE	8,643
DEPRECIATION	4,737
GREVIANCE	450
TAXES	1,507
TRAVEL	2,210
POLITICAL CONTRIBUTIONS	2,200

**02. Description of total liabilities (Part II, line 26)**

Category	Beginning	
	of Year	End of Year
MORTGAGE PAYABLE	123,982	119,125

## Depreciation and Amortization

## (Including Information on Listed Property)

2011

Department of the Treasury  
Internal Revenue Service (99)Attachment  
Sequence No 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

INTERNATIONAL BROTHERHOOD OF POL

FORM 990 - 1

05-0310881

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount (see instructions) . . . . .	1	
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0 . . . . .	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0 If married filing separately, see instructions . . . . .	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 . . . . .	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ► 13		

Note: Do not use Part II or Part III below for listed property Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions )

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	

## Part III MACRS Depreciation (Do not include listed property ) (See instructions )

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011 . . . . .	17	4,430
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

## Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property	2011-01	12,500	39 yrs	MM	S/L	307
				MM	S/L	

## Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

## Part IV Summary (See instructions )

21 Listed property Enter amount from line 28 . . . . .	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions . . . . .	22	4,737
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2011)

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](http://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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions <b>INTERNATIONAL BROTHERHOOD OF POLICE</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> 05-0310881
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>PO BOX 8006</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>CRANSTON, RI 02920</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .  1

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	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 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 ► **ROBERT SANTAGATA PO BOX 8006 CRANSTON, RI 02920**

Telephone No ► **401-942-2211** 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 08-15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year 20 11 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	\$
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	\$
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	\$

**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.

Name(s) as shown on return

**Federal Supporting Statements**

**2011 PG01**

FEIN

**INTERNATIONAL BROTHERHOOD OF POLICE**

**05-0310881**

**Form 990EZ, Schedule C, Part I-C, Line 5  
Information about Section 527 Organizations**

<b>Name and Address</b>	<b>EIN</b>	<b>Internal Funds</b>	<b>Political Contributions</b>
<b>FRIENDS OF PETER KILMARTIN</b>	-	-	<b>200</b>
Cranston	RI 02920	-	
FRIENDS OF RICHARD SANTAMARIA	-		<b>300</b>
Cranston	RI 02920	-	

Name(s) as shown on return

**Federal Supporting Statements**

**2011 PG 01**

Employer Identification Number

INTERNATIONAL BROTHERHOOD OF POLICE

05-0310881

**Form 990EZ, Part I, Line 5(c)  
Gain(Loss) from Sale of Other Assets Schedule**

Statement #100

Name	MUTUAL FUND CAPITAL GAIN DISTR
Date Acquired	OUS -VA
How Acquired	PURCHASE
Date Sold	2011-12
Purchaser	MARKET
Gross Sales	\$160
Basis	\$
Accumulated Depreciation	\$
Sales Expense	\$
Total Net	\$160