



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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.

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 404 Local
Number and street (or P O box, if mail is not delivered to street address) Room/suite
242 Clinton Street
City or town, state or country, and ZIP + 4
Woonsocket RI 02895-3215429

D Employer identification number
23-7586200

E Telephone number

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a 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. ▶ \$

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 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | | |
|---------|----|---|---|---|----|----|----|----|----|----|----|----|----|----|---|----|--------|-----------|----|----|----|----|----|----|----|----|----|----|--|--|--|--|--|
| Revenue | 1 | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | |
| | 2 | | | | | | | | | | | | | | | | 2 | | | | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | | | | 3 | 78,759.75 | | | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | | | | | 4 | | | | | | | | | | | | | | | | |
| | 5a | | | | | | | | | | | | | | | | 5a | | | | | | | | | | | | | | | | |
| | b | | | | | | | | | | | | | | | | 5b | | | | | | | | | | | | | | | | |
| | c | | | | | | | | | | | | | | | | 5c | | | | | | | | | | | | | | | | |
| | 6 | | | | | | | | | | | | | | | | 6 | | | | | | | | | | | | | | | | |
| | a | | | | | | | | | | | | | | | | 6a | | | | | | | | | | | | | | | | |
| | b | | | | | | | | | | | | | | | | 6b | 34,864 | | | | | | | | | | | | | | | |
| c | | | | | | | | | | | | | | | | 6c | 14,635 | | | | | | | | | | | | | | | | |
| d | | | | | | | | | | | | | | | | 6d | 20,229 | | | | | | | | | | | | | | | | |
| 7a | | | | | | | | | | | | | | | | 7a | | | | | | | | | | | | | | | | | |
| b | | | | | | | | | | | | | | | | 7b | | | | | | | | | | | | | | | | | |
| c | | | | | | | | | | | | | | | | 7c | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | 9 | 98,988 | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | 10 | 14,100 | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | 11 | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | 12 | 13,200 | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | 13 | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | 14 | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | 15 | 382 | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | 16 | 53,817 | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | 17 | 81,499 | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | 18 | 17,489 | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | 19 | 30,003 | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | 20 | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | 21 | 47,492 | | | | | | | | | | | | | | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2011)

SCANNED FEB 19 2013

p
10

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 | 30,003 | 22 47,492 |
| 23 | Land and buildings | | 23 |
| 24 | Other assets (describe in Schedule O) | | 24 |
| 25 | Total assets | | 25 |
| 26 | Total liabilities (describe in Schedule O) | | 26 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 30,003 | 27 47,492 |

Check if the organization used Schedule O to respond to any question in this Part III ☐ Expenses (Required for section

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

| | | | |
|----|---|--|-----|
| 28 | Sponsorship of Youth Activities | (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 28a |
| 29 | Sponsorship and Support of Concerns of Police Survivors (COPS.) | (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 29a |
| 30 | Contract Arbitration | (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 30a |
| 31 | Other program services (describe in Schedule O) | (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) | ▶ | 32 |

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

[illegible]

7

Form **990-EZ** (2011)

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 |
|-----------|-----|-------------------------------------|
| 46 | | <input checked="" type="checkbox"/> |

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

| | Yes | No |
|-----------|-----|----|
| 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 Signature of officer Mark Cabral Date 11/8/13
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

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 404 Local

Employer identification number

23-7586200

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> 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? ☐ 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 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

- 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.

| | | (a) Event #1 <u>Caps. Walk</u> (event type) | (b) Event #2 <u>Calendar</u> (event type) | (c) Other events (total number) | (d) Total events (add col (a) through col (c)) |
|--|--|---|---|------------------------------------|--|
| Revenue | 1 Gross receipts | 27,609 | 7,255 | | 34,864 |
| | 2 Less: Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 27,609 | 7,255 | | 34,864 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 13,735 | 900 | | 14,635 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | (14,635) |
| 11 Net income summary. Combine line 3, column (d), and line 10 ▶ | | | | 20,229 | |

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.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 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: _____

- | | | |
|----|---|--|
| 11 | Does the organization operate gaming activities with nonmembers? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity operated in: | |
| a | The organization's facility | 13a % |
| b | An outside facility | 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 contract 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)

[illegible]

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.

Name of the organization

Employer identification number

International Brotherhood of Police 404 Local

23-7586200

FORM 990-EZ Part I Line 10

Description of Grants and Similar amounts paid:

- Donation made to Concerns of Police Survivors : 14,100
(funds raised by cops walk event)

FORM 990-EZ Part I Line 16, OTHER Expenses

Description of Other Expenses:

charitable Gifts 5,530

Insurance 700

National Dues 45,320

Bank Fees 106

Sponsorships 1,450

Subscriptions 51

Flowers 100

Miscellaneous 560

Total to FORM 990-EZ

Line 16: 53,817

FORM 990-EZ, Part V Information Regarding Personal Benefit

Contracts: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.