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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

OMB No 1545-1150

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

, 2011, 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  
PO BOX 2537  
BISMARCK, ND 58502

D Employer identification number

45-0449444

E Telephone number

(701) 721-5618

F Group Exemption  
NumberG Accounting Method  Cash  Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (ck only one) —  501(c)(3)  501(c) ( 8 )  (insert no)  4947(a)(1) or  527H 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 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 ► \$ 160,625.

## 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	135.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	53,229.
	4 Investment income	4	1,614.
	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	
EXPENSES	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	105,647.
	c Less direct expenses from gaming and fundraising events	6c	89,327.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	16,320.
	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	71,298.
	10 Grants and similar amounts paid (list in Schedule O)	10	
ASSETS	11 Benefits paid to or for members	11	41,975.
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,944.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	72.
	16 Other expenses (describe in Schedule O)	16	18,540.
	17 Total expenses. Add lines 10 through 16	17	62,531.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,767.
	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	38,128.
NET ASSETS	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	46,895.

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

Form 990-EZ (2011)

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

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

X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	36,370.	45,426.
23 Land and buildings	22	23
24 Other assets (describe in Schedule O)	1,889.	1,469.
<b>25 Total assets</b>	<b>38,259.</b>	<b>46,895.</b>
26 Total liabilities (describe in Schedule O)	131.	0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	<b>38,128.</b>	<b>46,895.</b>

**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.

What is the organization's primary exempt purpose? SEE SCHEDULE O

What is the organization's primary exempt purpose? See Schedule O  
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	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.		
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a 57,333.
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)		
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)		32 57,333.

**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 Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V) 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
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
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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
-----	---

35b	
-----	--

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 ► **37a** 0.

37b	X
-----	---

b Did the organization file Form 1120-POL for this year?

38a	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?

38b	N/A
-----	-----

39 Section 501(c)(7) organizations Enter

39a	N/A
-----	-----

a Initiation fees and capital contributions included on line 9

39b	N/A
-----	-----

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under

40b	
-----	--

section 4911 ► **N/A**; section 4912 ► **N/A**, section 4955 ► **N/A**

40c	
-----	--

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	
-----	--

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 ► **0.**

40e	
-----	--

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

41 List the states with which a copy of this return is filed ► **NONE**

42a The organization's books are in care of ► **MATTHEW FULLERTON, TREASURER** Telephone no. ► **(701) 721-5618**  
Located at ► **PO BOX 2537 BISMARCK ND** ZIP + 4 ► **58502**

42b	X
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b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42c	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.

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 ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here

43	N/A
----	-----

and enter the amount of tax-exempt interest received or accrued during the tax year

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 of the organization within the meaning of section 512(b)(13)?

45a	X
-----	---

b 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
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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		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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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
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e 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'

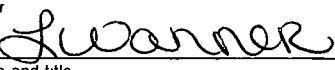
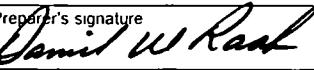
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

e 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

<b>Sign Here</b>	Signature of officer	Date		
		8-14-12		
<b>Paid Preparer Use Only</b>	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	DANIEL W. RAAK		8-13-12	PTIN
	Firm's name ► RAAK & ASSOCIATES PC	P00990314		
Firm's address ► 1929 N WASHINGTON ST	Firm's EIN ► 27-1140207			
BISMARCK, ND 58501-1616	Phone no (701) 530-9351			

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

►  Yes  No



**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 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	105,647.			105,647.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	105,647.			105,647.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	10,396.			10,396.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	78,931.			78,931.
	10 Direct expense summary Add lines 4 through 9 in column (d)				89,327.
	11 Net income summary Combine line 3, column (d), and line 10				16,320.

**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	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 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 ► \_\_\_\_\_

## 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

**2011**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**

2011

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

MISSOURI VALLEY LODGE #3  
FRATERNAL ORDER OF POLICE

45-0449444

FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS	\$ 807.
COPS&KIDS GIFT CERTIFICATES	150.
DEPRECIATION	420.
FOP FED/TATE MEMBERSHIP DUES	3,069.
FOP LICENSES/FEES	30.
FOP PUBLIC SUPPORT DONATIONS	2,075.
OFFICE EXPENSES	1,227.
TRAVEL	10,762.
<b>TOTAL</b>	<b>\$ 18,540.</b>

FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 1,889.	\$ 1,469.
<b>TOTAL</b>	<b>\$ 1,889.</b>	<b>\$ 1,469.</b>

FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 131.	\$ 0.
<b>TOTAL</b>	<b>\$ 131.</b>	<b>\$ 0.</b>