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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**, 2011**B** Check if applicable:

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

**C**  
**OMAHA METRO POLICE WELFARE & BENEFIT ASSOCIATION**  
**505 SOUTH 15TH STREET**  
**OMAHA, NE 68102-2701**

**D** Employer identification number

47-6040789

**E** Telephone number

(402) 980-0863

**F** Group Exemption Number**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_**I** Website: ► WWW.POLICEWELFARE.COM**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) ( 9 ) ◀(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. ► \$ 128,415.**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 ☒

|           |                                                                                                                                                                                                                  |           |          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>  | Contributions, gifts, grants, and similar amounts received                                                                                                                                                       | <b>1</b>  | 15,912.  |
| <b>2</b>  | Program service revenue including government fees and contracts                                                                                                                                                  | <b>2</b>  |          |
| <b>3</b>  | Membership dues and assessments                                                                                                                                                                                  | <b>3</b>  | 111,210. |
| <b>4</b>  | Investment income                                                                                                                                                                                                | <b>4</b>  | 1,293.   |
| <b>5a</b> | Gross amount from sale of assets other than inventory                                                                                                                                                            | <b>5a</b> |          |
| <b>5b</b> | Less cost or other basis and sales expenses                                                                                                                                                                      | <b>5b</b> |          |
| <b>5c</b> | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                          | <b>5c</b> |          |
| <b>6</b>  | Gaming and fundraising events                                                                                                                                                                                    |           |          |
| <b>6a</b> | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                            | <b>6a</b> |          |
| <b>6b</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) | <b>6b</b> |          |
| <b>6c</b> | Less direct expenses from gaming and fundraising events                                                                                                                                                          | <b>6c</b> |          |
| <b>6d</b> | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                               | <b>6d</b> |          |
| <b>7a</b> | Gross sales of inventory, less returns and allowances                                                                                                                                                            | <b>7a</b> |          |
| <b>7b</b> | Less cost of goods sold                                                                                                                                                                                          | <b>7b</b> |          |
| <b>7c</b> | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                                   | <b>7c</b> |          |
| <b>8</b>  | Other revenue (describe in Schedule O)                                                                                                                                                                           | <b>8</b>  |          |
| <b>9</b>  | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                                    | <b>9</b>  | 128,415. |
| <b>10</b> | Grants and similar amounts paid (list in Schedule O)                                                                                                                                                             | <b>10</b> | 32,922.  |
| <b>11</b> | Benefits paid to or for members                                                                                                                                                                                  | <b>11</b> |          |
| <b>12</b> | Salaries, other compensation, and employee benefits                                                                                                                                                              | <b>12</b> |          |
| <b>13</b> | Professional fees and other payments to independent contractors                                                                                                                                                  | <b>13</b> | 300.     |
| <b>14</b> | Occupancy, rent, utilities, and maintenance                                                                                                                                                                      | <b>14</b> | 1,838.   |
| <b>15</b> | Printing, publications, postage, and shipping                                                                                                                                                                    | <b>15</b> |          |
| <b>16</b> | Other expenses (describe in Schedule O)                                                                                                                                                                          | <b>16</b> | 33,052.  |
| <b>17</b> | <b>Total expenses.</b> Add lines 10 through 16                                                                                                                                                                   | <b>17</b> | 68,112.  |
| <b>18</b> | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                                  | <b>18</b> | 60,303.  |
| <b>19</b> | 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)                                                                 | <b>19</b> | 337,569. |
| <b>20</b> | Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                             | <b>20</b> | -7,993.  |
| <b>21</b> | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                                                                                          | <b>21</b> | 389,879. |

**SA For Paperwork Reduction Act Notice, see the separate instructions.**

Form 990-EZ (2011)

SCANNED  
DEC 18 2012  
FEB 28 2013

8



**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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>33</b> 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                                                                                                                                                               |     | X  |
| <b>34</b> 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)                                                            |     | X  |
| <b>35a</b> 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)?                                                                                                                                 |     | X  |
| <b>35b</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                                                                                                                                                                                           |     |    |
| <b>35c</b> 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                                                                                                     |     | X  |
| <b>36</b> 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                                                                                                                                     |     | X  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions                                                                                                                                                                                                                         | 0.  |    |
| <b>37b</b> Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                               |     |    |
| <b>38a</b> 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?                                                                                         |     | X  |
| <b>38b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved                                                                                                                                                                                                                                           | N/A |    |
| <b>39</b> Section 501(c)(7) organizations Enter                                                                                                                                                                                                                                                                                 |     |    |
| <b>39a</b> Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                         | N/A |    |
| <b>39b</b> Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                | N/A |    |
| <b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>                                                                                                                                    |     |    |
| <b>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 |     |    |
| <b>40c</b> 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.  |    |
| <b>40d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization                                                                                                                                                                                                         | 0.  |    |
| <b>40e</b> 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                                                                                                                                                              |     | X  |
| <b>41</b> List the states with which a copy of this return is filed <u>NONE</u>                                                                                                                                                                                                                                                 |     |    |

**42a** The organization's books are in care of MARK MCKENNA Telephone no. (402) 980-0863  
 Located at 505 SOUTH 15TH STREET OMAHA NE ZIP + 4 68102-2701

|                                                                                                                                                                                                                                                                                                     | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>42b</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)? If 'Yes,' enter the name of the foreign country |     | X  |
| <b>42c</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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     |     | X  |

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

|                                                                                                                                                                                                                                                               | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ                                                                                                                 |     | X  |
| <b>44b</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                                                                                                          |     | X  |
| <b>44c</b> Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                             |     | X  |
| <b>44d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O                                                                                                                |     |    |
| <b>45a</b> Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?                                                                                                                                        |     | X  |
| <b>45b</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) |     | X  |

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 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 |
|----------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |

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'


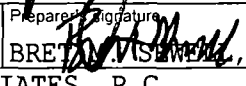
| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
|                                                       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

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                                                                                                    |                         |
|                               | JIM MURPHY  |  | 11.14.12<br>PRESIDENT                                                                                   |                         |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                                                     |  | Preparer's signature                                                                                    | Date                    |
|                               | BRET M. SEWELL, CPA                                                                            |  | BRET M. SEWELL, CPA  | 11/13/12                |
|                               | Firm's name ▶ GORACKE & ASSOCIATES, P.C.                                                       |  | Check <input type="checkbox"/> if self-employed                                                         | PTIN P01013454          |
|                               | Firm's address ▶ 12110 PORT GRACE BLVD, SUITE 200<br>LA VISTA, NE 68128                        |  | Firm's EIN ▶ 47-0700692                                                                                 | Phone no (402) 330-1200 |

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

☒ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

**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

Name of the organization **OMAHA METRO POLICE WELFARE & BENEFIT  
ASSOCIATION**

Employer identification number  
**47-6040789**

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE CHIEF GOAL OF THE ASSOCIATION IS TO PROVIDE EMERGENCY FINANCIAL AID TO MEMBERS  
ON OCCASIONS OF UNEXPECTED, UNBUDGETABLE EXPENSE.

**FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE PURPOSE OF THE ASSOCIATION IS TO RAISE, RECEIVE, AND MAINTAIN FUNDS TO  
PRESERVE A HIGH STANDARD OF INTEGRITY; TO CULTIVATE A SPIRIT OF HARMONIOUS  
COOPERATION WITH THE OMAHA POLICE DEPARTMENT; TO PROMOTE AND ENCOURAGE  
RECREATIONAL AND SOCIAL ACTIVITIES; TO SERVE THE BEST INTERESTS AND WELFARE OF ALL  
ASSOCIATION MEMBERS AND THEIR FAMILIES AND TO PROMOTE BETTER PUBLIC RELATIONS.

2011

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 6864

OMAHA METRO POLICE WELFARE & BENEFIT  
ASSOCIATION

47-6040789

11/13/12

04 26PM

FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

CASH AMOUNT GIVEN: \$ 32,922.

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

|                            |                   |
|----------------------------|-------------------|
| CONTRIBUTIONS/SPONSORSHIPS | \$ 1,501.         |
| MEMBER PICNIC              | 15,460.           |
| MERCHANDISE                | 14,569.           |
| OFFICE EXPENSES            | 1,045.            |
| VOTING EXPENSE             | 300.              |
| WEB DEVELOPMENT            | 177.              |
| <b>TOTAL</b>               | <b>\$ 33,052.</b> |

FORM 990-EZ, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

|                                   |                   |
|-----------------------------------|-------------------|
| DECREASE IN VALUE OF MUTUAL FUNDS | \$ -7,993.        |
| <b>TOTAL</b>                      | <b>\$ -7,993.</b> |

FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS                                         | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | HEALTH<br>BENEFITS &<br>CONTRIB-<br>UTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT &<br>OTHER<br>ALLOWANCES |
|----------------------------------------------------------|------------------------------------------------|-------------------|----------------------------------------------------------|---------------------------------------------|
| JIM MURPHY<br>505 SOUTH 15TH STREET<br>OMAHA, NE 68102   | PRESIDENT<br>0.5                               | \$ 0.             | \$ 0.                                                    | 0.                                          |
| MARK MCKENNA<br>505 SOUTH 15TH STREET<br>OMAHA, NE 68102 | TREASURER<br>0.5                               | 0.                | 0.                                                       | 0.                                          |
| BRIAN HEATH<br>505 SOUTH 15TH STREET<br>OMAHA, NE 68102  | SECRETARY<br>0.5                               | 0.                | 0.                                                       | 0.                                          |
| JEFF CHUBB<br>505 SOUTH 15TH STREET<br>OMAHA, NE 68102   | BOARD MEMBER<br>0                              | 0.                | 0.                                                       | 0.                                          |
| CONNIE GARRO<br>505 SOUTH 15TH STREET<br>OMAHA, NE 68102 | BOARD MEMBER<br>0                              | 0.                | 0.                                                       | 0.                                          |

2011

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

CLIENT 6864

OMAHA METRO POLICE WELFARE & BENEFIT  
ASSOCIATION

47-6040789

11/13/12

04 26PM

## FORM 990-EZ, PART IV (CONTINUED)

## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS                                          | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | HEALTH<br>BENEFITS &<br>CONTRIB-<br>UTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT &<br>OTHER<br>ALLOWANCES |
|-----------------------------------------------------------|------------------------------------------------|-------------------|----------------------------------------------------------|---------------------------------------------|
| MATT MANHART<br>505 SOUTH 15TH STREET<br>OMAHA, NE 68102  | BOARD MEMBER<br>0                              | \$ 0.             | \$ 0.                                                    | \$ 0.                                       |
| TOM MCCASLIN<br>505 SOUTH 15TH STREET<br>OMAHA, NE 68102  | BOARD MEMBER<br>0                              | 0.                | 0.                                                       | 0.                                          |
| TIM RHOADES<br>505 SOUTH 15TH STREET<br>OMAHA, NE 68102   | BOARD MEMBER<br>0                              | 0.                | 0.                                                       | 0.                                          |
| CASEY SHANNON<br>505 SOUTH 15TH STREET<br>OMAHA, NE 68102 | BOARD MEMBER<br>0                              | 0.                | 0.                                                       | 0.                                          |
| MARCUS TAYLOR<br>505 SOUTH 15TH STREET<br>OMAHA, NE 68102 | BOARD MEMBER<br>0                              | 0.                | 0.                                                       | 0.                                          |
| PAM VOLK<br>505 SOUTH 15TH STREET<br>OMAHA, NE 68102      | BOARD MEMBER<br>0                              | 0.                | 0.                                                       | 0.                                          |
|                                                           | TOTAL                                          | \$ 0.             | \$ 0.                                                    | \$ 0.                                       |



**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ **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

|                                                                                            |                                                                                         |                                                |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions                            | Employer identification number (EIN) or        |
|                                                                                            | OMAHA METRO POLICE WELFARE & BENEFIT ASSOCIATION                                        | <input checked="" type="checkbox"/> 47-6040789 |
|                                                                                            | Number, street, and room or suite number. If a P.O. box, see instructions               | Social security number (SSN)                   |
|                                                                                            | 505 SOUTH 15TH STREET                                                                   | <input type="checkbox"/>                       |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions |                                                |
|                                                                                            | OMAHA, NE 68102-2701                                                                    |                                                |

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

**01**

| 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 (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 ▶ **MARK MCKENNA**

Telephone No ▶ **(402) 980-0863**

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 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

|                                                                                                                                                                                              |           |    |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| <b>3a</b> 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.                                   | <b>3a</b> | \$ | 0. |
| <b>b</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. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | <b>3c</b> | \$ | 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. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

|                                                                                            |                                                                                         |                                                |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------|
| Type or print<br><br>File by the extended due date for filing the return. See instructions | Name of exempt organization or other filer, see instructions                            | Employer identification number (EIN) or        |
|                                                                                            | OMAHA METRO POLICE WELFARE & BENEFIT ASSOCIATION                                        | <input checked="" type="checkbox"/> 47-6040789 |
|                                                                                            | Number, street, and room or suite number. If a P.O. box, see instructions               | Social security number (SSN)                   |
|                                                                                            | GORACKE & ASSOCIATES, P.C.<br>12110 PORT GRACE BLVD, SUITE 200                          | <input type="checkbox"/>                       |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions |                                                |
|                                                                                            | LA VISTA, NE 68128                                                                      |                                                |

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

**01**

| Application Is For                          | Return Code | Application Is For | Return Code |
|---------------------------------------------|-------------|--------------------|-------------|
| Form 990                                    | 01          |                    |             |
| 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 (section 401(a) or 408(a) trust) | 05          | Form 6069          | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870          | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of MARK MCKENNA

Telephone No (402) 980-0863

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.

4 I request an additional 3-month extension of time until 11/15, 20 12

5 For calendar year 2011, or other tax year beginning , 20 , and ending , 20

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

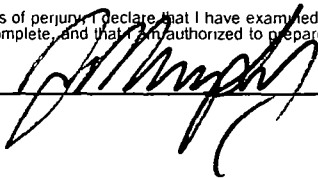
7 State in detail why you need the extension MORE TIME IS NEEDED TO ACQUIRE ALL INFORMATION NEEDED TO COMPLETE AND FILE AN ACCURATE RETURN.

|                                                                                                                                                                                                                                     |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 8a 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                                                                                  | 8a \$ |
| 8b 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 and any amount paid previously with Form 8868 | 8b \$ |
| 8c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions                                                    | 8c \$ |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature



Title PRESIDENT

Date

11/14/12

BAA

FIFZ0502L 07/29/11

Form 8868 (Rev 1-2012)