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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545 1150

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

2011

Open to Public
Inspection

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
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
NumberG 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: ► WWW.POLICEWELFARE.COM

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (9) ►(insert no) 4947(a)(1) or 527K 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.

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	15,912.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	111,210.
	4 Investment income	4	1,293.
	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	6d	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	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	128,415.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	32,922.
	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	300.
	14 Occupancy, rent, utilities, and maintenance	14	1,838.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	33,052.
	17 Total expenses. Add lines 10 through 16	17	68,112.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	60,303.
	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	337,569.
DECEMBER 2012	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-7,993.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	389,879.

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

Form 990-EZ (2011)

SCANNED DECEMBER 2012

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

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

33	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	
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	
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	X	
35b	X	

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	
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	
36	X	

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** **0.**

37b	X	
37b	X	

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

38a	X	
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	
38b	N/A	

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39a	N/A	
39a	N/A	

39 Section 501(c)(7) organizations Enter

39b	N/A	
39b	N/A	

a Initiation fees and capital contributions included on line 9

39a	N/A	
39a	N/A	

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

39b	N/A	
39b	N/A	

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

40b	X	
40b	X	

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	X	
40c	X	

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.**

40d	X	
40d	X	

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

40e	X	
40e	X	

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

40f	X	
40f	X	

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

42a The organization's books are in care of ► **MARK MCKENNA**

42b	X	
42b	X	

Located at ► **505 SOUTH 15TH STREET OMAHA NE** Telephone no. ► **(402) 980-0863** ZIP + 4 ► **68102-2701**

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	
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.?

42d	X	
42d	X	

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 and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** **N/A** **N/A**

43	X	
43	X	

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	
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	
44b	X	

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

44c	X	
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	X	
44d	X	

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

45a	X	
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	
45b	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.

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'.

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'.

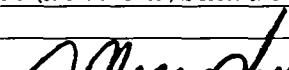
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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.

Sign Here	Signature of officer JIM MURPHY Type or print name and title	Date 11/14/12			
	PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name BRET M. SEWELL, CPA	Preparer's signature 	Date 11/13/12	Check <input type="checkbox"/> if self-employed	PTIN P01013454
	Firm's name ► GORACKE & ASSOCIATES, P.C.				
	Firm's address ► 12110 PORT GRACE BLVD, SUITE 200 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

Form 990-EZ (2011)

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.
TOTAL	\$ 33,052.

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

DECREASE IN VALUE OF MUTUAL FUNDS	\$ -7,993.
TOTAL	\$ -7,993.

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
JIM MURPHY 505 SOUTH 15TH STREET OMAHA, NE 68102	PRESIDENT 0.5	\$ 0. \$	0. \$	0.
MARK MCKENNA 505 SOUTH 15TH STREET OMAHA, NE 68102	TREASURER 0.5	0.	0.	0.
BRIAN HEATH 505 SOUTH 15TH STREET OMAHA, NE 68102	SECRETARY 0.5	0.	0.	0.
JEFF CHUBB 505 SOUTH 15TH STREET OMAHA, NE 68102	BOARD MEMBER 0	0.	0.	0.
CONNIE GARRO 505 SOUTH 15TH STREET OMAHA, NE 68102	BOARD MEMBER 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 AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
MATT MANHART 505 SOUTH 15TH STREET OMAHA, NE 68102	BOARD MEMBER 0	0. \$	0. \$	0.
TOM MCCASLIN 505 SOUTH 15TH STREET OMAHA, NE 68102	BOARD MEMBER 0	0.	0.	0.
TIM RHOADES 505 SOUTH 15TH STREET OMAHA, NE 68102	BOARD MEMBER 0	0.	0.	0.
CASEY SHANNON 505 SOUTH 15TH STREET OMAHA, NE 68102	BOARD MEMBER 0	0.	0.	0.
MARCUS TAYLOR 505 SOUTH 15TH STREET OMAHA, NE 68102	BOARD MEMBER 0	0.	0.	0.
PAM VOLK 505 SOUTH 15TH STREET OMAHA, NE 68102	BOARD MEMBER 0	0.	0.	0.
TOTAL		\$ 0. \$ 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 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 OMAHA METRO POLICE WELFARE & BENEFIT ASSOCIATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 47-6040789
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions 505 SOUTH 15TH STREET	Social security number (SSN) <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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Paperwork Reduction Act Notice, see Instructions.

FIFZ0501L 01/04/12

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 File by the extended due date for filing the return. See instructions	Name of exempt organization or other filer, see instructions OMAHA METRO POLICE WELFARE & BENEFIT ASSOCIATION	Employer identification number (EIN) or 47-6040789
	Number, street, and room or suite number If a P O box, see instructions GORACKE & ASSOCIATES, P.C. 12110 PORT GRACE BLVD, SUITE 200	Social security number (SSN) <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

- I request an additional 3-month extension of time until 11/15, 20 12
- For calendar year 2011, or other tax year beginning _____, 20 ___, and ending _____, 20 ___,
- If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period
- 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 \$ _____
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 and any amount paid previously with Form 8868	8b \$ _____
c Balance due. 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**

BAA

FIFZ0502L 07/29/11

Date ► **11/14/12**

Form 8868 (Rev 1-2012)