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OMB No 1545-1150

2013

Open to Public Inspection

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990

Form 990-EZ

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01/01/2013, 2013, and ending 12/31/2013, 20

B Check if applicable

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

C Name of organization

WISCONSIN PROFESSIONAL POLICE ASSOCIATION LOCAL NUMBER NINE, INC.

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

740 2ND AVENUE

City or town, state or province, country, and ZIP or foreign postal code

EAU CLAIRE, WI 54701

D Employer identification number

39-1849384

E Telephone number

715-456-4471

F Group Exemption

Number

G Accounting Method X Cash Accrual Other (specify)

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

I Website: N/A

J Tax-exempt status (check only one) 501(c)(3) X 501(c)(5) 4947(a)(1) or 527

K Form of organization Corporation Trust X Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 50,721.00

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

X

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	50,602.00
4	Investment income	4	119.00
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)		
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)		
c	Less direct expenses from gaming and fundraising events		
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	50,721.00
10	Grants and similar amounts paid (list in Schedule O)	10	300.00
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	39,932.00
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	11,432.00
17	Total expenses. Add lines 10 through 16	17	51,664.00
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-943.00
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	4,466.00
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Complete lines 18 through 20	21	3,523.00

For Paperwork Reduction Act Notice, see the separate instructions.

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CINCINNATI
SERVICE CENTER

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

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

Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III . . . ☒	Expenses (Required for section
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☒		(Required for section 501(c)(3) and 501(c)(4))
What is the organization's primary exempt purpose? SEE SCHEDULE O		

Check if the organization used Schedule O to respond to any question in this Part III . . .	☒	(Required for section 501(c)(3) and 501(c)(4))
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.	organizations and section 4947(a)(1) trusts, optional for others.)
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(Grants \$	300.00) If this amount includes foreign grants, check here	☐	28a 51,664.00

29 _____

 (Grants \$ _____) If this amount includes foreign grants, check here ☐ 29a

30				
	(Grants \$	) If this amount includes foreign grants, check here	☐	30a

31	Other program services (describe in Schedule O)			
	(Grants \$) If this amount includes foreign grants, check here	☐	31a	
32	Total program service expenses (add lines 28a through 31a)	☐	32	51,664.00

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 ☐

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

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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)		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)?		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		
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		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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.00		
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 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		
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		
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 ▶ N/A		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
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		X
41	List the states with which a copy of this return is filed ▶ NONE		
42a	The organization's books are in care of ▶ JOSH MILLER Telephone no ▶ 715-456-4471 Located at ▶ 740 2ND AVENUE, EAU CLAIRE, WI ZIP + 4 ▶ 54701		
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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside 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. ▶ and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
44a	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	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
c	Did the organization receive any payments for indoor tanning services during the year?		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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

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 only

All section 501(c)(3) organizations 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 title of each employee	(b) 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
N/A				

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

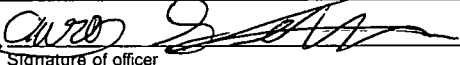
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 12/1/2019
	Type or print name and title Aaron Schiefelbein Treasurer	

Paid Preparer Use Only	Print/Type preparer's name MICHAEL J PETERSON	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01833529
	Firm's name ▶ WIPFLI LLP	Firm's EIN ▶ 39-0758449			
	Firm's address ▶ 1502 LONDON ROAD, SUITE 200	Phone no			
	DULUTH, MN 55812			218.722.4705	

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

WISCONSIN PROFESSIONAL POLICE ASSOCIATION LOACL NUMBER NINE, INC.

Employer identification number

39-1849384

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

119.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: SPECIAL OLYMPICS

AMOUNT GIVEN:

300

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

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

AWARDS EXPENSE

1,896

CONVENTION EXPENSE

3,512

LICENSE & TAXES

10

MISCELLANEOUS EXPENSES

6,014

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE WISCONSIN PROFESSIONAL POLICE

ASSOCIATION LOCAL NUMBER 9 (LOCAL #9) IS A GROUP OF SWORN EAU CLAIRE CITY POLICE

ASSOCIATED WITH WISCONSIN PROFESSIONAL POLICE ASSOCIATION. ONGOING, THE LOCAL #9

PROVIDES REPRESENTATION FOR THE PROMOTION OF THE ECONOMIC AND SOCIAL WELFARE OF ITS

MEMBERS. IT IS A LABOR ORGANIZATION FORMED FOR THE PURPOSE OF CONDUCTING ACTIVITIES

TO IMPROVE WAGES, HOURS, WORKING CONDITIONS, WELFARE AND SAFETY OF LAW ENFORCEMENT,

INCLUDING CONTRACT NEGOTIATION AND DISCIPLINE REPRESENTATION.

Name of the organization

WISCONSIN PROFESSIONAL POLICE ASSOCIATION LOCAL NUMBER NINE

Employer identification number

39-1849384

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE WISCONSIN PROFESSIONAL POLICE ASSOCIATION LOCAL NUMBER 9 (LOCAL #9) IS A GROUP OF SWORN EAU CLAIRE CITY POLICE ASSOCIATED WITH WISCONSIN PROFESSIONAL POLICE ASSOCIATION. ONGOING, THE LOCAL #9 PROVIDES REPRESENTATION FOR THE PROMOTION OF THE ECONOMIC AND SOCIAL WELFARE OF ITS MEMBERS. IT IS A LABOR ORGANIZATION FORMED FOR THE PURPOSE OF CONDUCTING ACTIVITIES TO IMPROVE WAGES, HOURS, WORKING CONDITIONS, WELFARE AND SAFETY OF LAW ENFORCEMENT, INCLUDING CONTRACT NEGOTIATION AND DISCIPLINE REPRESENTATION.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.