SCANNED FEB 0 5 2018

Fgm **990**

Department of the Treasury

Internal Revenue Service

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 and its instructions is at www.irs.gov/form990. Open to Public Inspection

A	For the	e 2016 calendar year, or tax year beginning a	ind ending		
В	Check if applicable	C Name of organization		D Employer identi	fication number
	Addre chang	LINCOLN POLICE UNION LOCAL 544]	
	Name chang	Doing business as		47-	0588585
	linitial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er
	Final	6211 O STREET		402	-486-1040
	termin			G Gross receipts \$	125,271.
	Amen			H(a) Is this a group	
Ε	return Applic			for subordinate	
_	ltion pendii	5757 NW 12TH, LINCOLN, NE 68521		H(b) Are all subordinates	
_			(1) 0 7527	1 ' '	
_	-		(1) 0102 _2 321	4	a list. (see instructions)
		te: ► N/A organization: Corporation Trust Association X Other ► UI	TTONI V	H(c) Group exempt	
	art I	organization: Corporation Trust Association X Officer ► UT Summary	N I OIN L Year	or formation: 1970	M State of legal domicile: NE
a	1	Briefly describe the organization's mission or most significant activities: UN	ION ORGA	NIZATION R	EPRESENTING
Activities & Governance		THE LOCAL UNION IN CONTRACT NEGOTIATION	NS AND I	ROVIDING A	SSISTANCE TO
Ë	2	Check this box if the organization discontinued its operations or dis	sposed of more	e than 25% of its net	assets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3
Ğ		Number of independent voting members of the governing body (Part VI, line 1	b)	4	. 0
ຜ	1	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	,	. 5	0
iŧie	6	Total number of volunteers (estimate if necessary)	• • •	. 6	
휹	72	Total unrelated business revenue from Part VIII, column (C), line 12		7:	
ĕ		Net unrelated business taxable income from Form 990-T, line 34	• ••		
	-	The difficulties business taxable mounts from our firm our firm our firms of firms o		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	-	122,220	
Ē				122,220	
Revenue	9	Program service revenue (Part VIII, line 2g)	···	10	
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·	0	• 6.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>		125 271
_		Total revenue - add lines 8 through 11 (must equal Part VIII) column (A), line 1	2)	122,230	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	∮ ⊢	10,750	
	14	Benefits paid to or for members (Part IX, column A), line 4 2 9 2017		5,300	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	¹⁰⁾ · ·	24,734	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line (19)	* } _	0	· <u>0.</u>
Š	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>. 0.</u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		77,872	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>118,656</u>	
	19	Revenue less expenses. Subtract line 18 from line 12		3,574	. 15,807.
20.0	3		Ве	ginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		743,750	. 759,557.
A B	21	Total liabilities (Part X, line 26)	. [0	. 0.
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20		743,750	. 759,557.
P	art II	Signature Block			
Und	ier pena	lities of perjury, I deplare that I have examined this return, uncluding accompanying sche	dules and staten	nents, and to the best of	my knowledge and belief, it is
true	e, correc	ct, and complete, Declaration of preparer (ether-than officer) is based on all information (of which prepare	r has any knowledge.	_
		X WWW II ASOM		X //	-15-17
Sig	ın	Signature of officer		Ďate	
He		CHRIS MILISITIS, PRESIDENT			
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	ROBERT L. BRYANT, CPA	-	L1/09/17 rt self-empl	 }
	parer	Firm's name BRYANT, KATT & ASSOCIATES, P.		Firm's EIN	47-0725073
	only	Firm's address 6211 O ST	<u> </u>	FILITI S EIN	<u> </u>
USE	UIIIY			Dhara /	102\ 106 1040
_		LINCOLN, NE 68510-2256		Phone no. (
_		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
632	001 11-	11-16 LHA For Paperwork Reduction Act Notice, see the separate instru	uctions.		Form 990 (2016)

orm	990'(2016) LINCOLN FOLICE UNION LOCAL 544 47-0588585 Page 2
<u> Par</u>	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	REPRESENT POLICE OFFICRES IN UNION NEGOTIATIONS WITH CITY OF LINCOLN
	AND PROVIDE ASSITANCE TO COMMUNITY ORGANIZATIONS IN NEED.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$10 , 845 • including grants of \$) (Revenue \$)
	COSTS EXPENDED TO RUN ORGANIZATION INCLUDEING OFFICER WAGES, LEGAL FEES
	AND OTHER COSTS REPRESENTING THE MEMBERSHIP IN UNION RELATED ISSUES.
4b	(Code) (Expenses \$
	CONTRIBUTIONS TO VARIOUS COMMUNITY BASED ORGANIZATIONS THAT PROVIDE
	ASSISTANCE TO THOSE IN NEED.
4c	(Code) (Expenses \$
	SCHOLARSHIPS FUNDED TO PROVIDE ASSISTANCE TO STUDENTS (SELECTION IS
	BASED UPON REVIEW OF APPLICATIONS BY ORGANIZATION OFFICERS) AND TO
	INDIVIDUALS REQUIRING SPECIAL NEEDS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 13,451. Form 990 (2016)
	Form 350 (2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		{ }	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	L	<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	 	<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	\vdash \dashv	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	_	ĺ	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		ľ	
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		}	v
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		<u> </u>
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		X
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	116		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		T	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Ţ	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G, Part III	19		<u> X</u>
		E	aan "	2040

Yes No

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Form 990'(2016) LINCOLN FOLICE UNI
Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		}	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		 **
244	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			-
	Schedule K. If "No", go to line 25a	04-		.
	· · · · · · · · · · · · · · · · · · ·	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	- <u></u> -		
	instructions for applicable filing thresholds, conditions, and exceptions):			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<u> </u>
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		₹.
^^		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	l i		
	contributions? If "Yes," complete Schedule M	30		X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	i	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		l
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			$\overline{}$
-•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		
	Note. All Form 990 filers are required to complete Schedule O	38	X	
	140 Color of the C			(2016)
		LOLL	33U ((2016)

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Form 990 (2016) LINCOLN FOLICE UNION LOCAL 544

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response statement.

	Check if Schedule O contains a response or note to any line in this Part V			لبيل
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,	*	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			•
	filed for the calendar year ending with or within the year covered by this return	l i		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		_X_
b	If "Yes," enter the name of the foreign country:	,		!
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		
	any contributions that were not tax deductible as charitable contributions?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		i	
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
С		7.		X
	to file Form 8282?	7c		
a	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	
ŧ	Did the organization during the year, pay premiums, directly or indirectly, no a personal benefit contract?	7 f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
y h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		- 1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ļ		
11	Section 501(c)(12) organizations. Enter		1	
а	Gross income from members or shareholders		ļ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		ł	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization is licensed to issue qualified health plans 13b			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
_ <u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		r-orm	990 ((2016)

Form	990	<i>(</i> 201	6)

LINCOLN FOLICE UNION LOCAL 544

47-0588585

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	S[
	If there are material differences in voting rights among members of the governing body, or if the governing	Ī , `	ļ	ĺ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	,		
ь	Enter the number of voting members included in line 1a, above, who are independent	ol l	}	î î
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
~	officer, director, trustee, or key employee?	2	l	X
_	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
3	of officers, directors, or trustees, or key employees to a management company or other person?			
		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	——	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	17.	X
6	Did the organization have members or stockholders?	6_	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a_	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			-
	persons other than the governing body?	7b	Ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		İ	1
а	The governing body?	8a_	X	
ь	Each committee with authority to act on behalf of the governing body?	85	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	1.7		
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	150		¥
ä	Oil fra la surface of the surrameter	15a		X
D	Other officers or key employees of the organization	15b		
10-				
16a		40-		v
	taxable entity during the year?	16a		<u> </u>
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			,
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	BRYANT, KATT & ASSOCIATES, P.C 402-486-1040			
	6211 O STREET, LINCOLN, NE 68510-2256			

Form	qqn	(201	61

LINCOLN FOLICE UNION LOCAL 544

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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees, and former such persons.

(A)	(B)	any related organi						(D)	(E)	(F)					
Name and Title	Average	(do	Position (do not check more th							Position (do not check more than one		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	han i	compensation	compensation	amount of					
	week	-	Cer a	luau	110011	7/1/108	100)	from	from related	other					
	(list any	lect						the	organizations	compensation					
	hours for related	9 0	, g	l	1			organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the					
	organizations	ıste	# Ess		မ္မ	15 E		(VV-2/1099-IVIISC)		organization and related					
	below	<u> </u>	tona	_	를 (is as] _ [organizations					
	line)	Individual trustee or director	Institutional trustee	Office	Key employee	Highest compensated employee	Former			Organizations					
(1) CHAD BARRETT	3.00	$oxed{\top}$													
TREASURER		1_		X				7,700.	0.	0					
(2) CHRIS MILISITIS	20.00														
PRESIDENT		$oldsymbol{ol}}}}}}}}}}}}}}}}}$	L_	X	<u> </u>	<u> </u>		9,000.	0.	0					
(3) SHANNON KARL	3.00	4		1											
TREASURER		₩	<u> </u>	X	ļ	_	<u> </u>	7,380.	0.	0					
(4) PARKER RICE	20.00	4			ĺ					_					
ACTING PRESIDENT	20.00	₩	├~	X	 	┾-	 -	700.	0.	0.					
(5) JUSTIN ROACH	20.00	-						1 400	_	_					
ACTING PRESIDENT		+-	 	X	<u> </u>	\vdash		1,400.	0.	0.					
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Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	ompensated Employe	es (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos			one	Reportable	Reportable	F	stimat	ed
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	8	amount	
		week (list any			T	I	17000	1	from	from related		other	
		hours for	lirect				_		the organization	organizations (W-2/1099-MISC)		mpens: from th	
		related	eord	翼	1		sated	l	(W-2/1099-MISC)	(44-2/1099-141130)	ı	rganıza	-
		organizations	trustee or director	喜	İ	8	шрег		(** 25 1000 *********************************			nd rela	
		below	dual	Institutional trustee	<u>=</u>	튙	est co					ganızat	
		line)	Individual	ınst	Officer	Key employee	Highest compensated employee	Former				_	
			1										
						<u> </u>		L			١.,		_
			}	}			1	}					
		<u> </u>	├_	<u> </u>	<u> </u>	<u> </u>	<u> </u>						
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			1		[ĺ						
1b	Sub-total								26,180.	0			0
	Total from continuation sheets to Part V				-				0.	0			0
	Total (add lines 1b and 1c)	<u> </u>	<u></u>						26,180.	0			0
2	Total number of individuals (including but i	not limited to th	nose	liste	ed a	bove	e) wl	ho re	eceived more than \$100	0,000 of reportable			
	compensation from the organization											T	(
_	D. I. Harris and C. Lander and C. Lander	-1'	4_					1	h:_L			Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			е, к	ey er	npic	yee	, or i	nignest compensated e	mpioyee on		1	
4	For any individual listed on line 1a, is the s			amn	ene:	ation	nani	d oth	 ner compensation from	the organization	3	+-	X
7	and related organizations greater than \$15									the organization	4		х
5	Did any person listed on line 1a receive or									idual for services	1-3	1	
Ū	rendered to the organization? If "Yes," con					-					5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of comper	sation	from	
	the organization. Report compensation for	the calendar y	ear/	<u>end</u>	ing v	vith	or w	/ithir	the organization's tax	year.			
	(A)							- }	(B)	i		(C)	
	Name and business	s address	N	ON	E				Description of s	services	Comp	ensatio	n ——
								ļ					
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								$\neg \uparrow$	· · · · · · · · · · · · · · · · · ·				
								}					
		 _											
	Total number of independent contractors	(including but r	not li	imite	ed to	tho	se li	sted	l above) who received n	nore than			
	\$100,000 of compensation from the organ	-					0		·				

Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D)
Revenue excluded from tax under sections
512 - 514 Total revenue exempt function business revenue revenue 1 a Federated campaigns Membership dues 125,265. 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total, Add lines 1a-1f 125,265 **Business Code** f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties . (i) Real (ii) Personal 6 a Gross rents **b** Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . . . b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 6.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 606. 606. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 2,000 2,000. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 2,800. 2,800 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 26,180. 26,180. persons described in section 4958(c)(3)(B) Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 2,294. 2,294. Payroll taxes Fees for services (non-employees). Management 42,365. 42,365. Legal 1,320. 1,320. Accounting Lobbying . . . Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 3,578. 3,578. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 73. 73. Office expenses 13 Information technology 14 Royalties 15 7,806. 7,806. Occupancy 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4,467. 4,467 Conferences, conventions, and meetings 19 Payments to affiliates 21 22 Depreciation, depletion, and amortization 475. 475. 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 15,500 15,500. POLITICAL CONTRIBUTION All other expenses Total functional expenses. Add lines 1 through 24e 109,464. 13,451. 96,013. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here rf following SOP 98-2 (ASC 958-720)

Form 990 (2016)
Part X Balance Sheet

Fai	πX	Check if Schedule O contains a response or note to any line in this Part X			
		·	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	11,260.	1	10,335.
	2	Savings and temporary cash investments	730,890.	2	747,622.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	Į	trustees, key employees, and highest compensated employees. Complete	. ,	i	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			,
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	,		,
		employers and sponsoring organizations of section 501(c)(9) voluntary	1		
ξ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		_14	
	15	Other assets. See Part IV, line 11	1,600.	_15	1,600.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	743,750.	16	759,557.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,		ļ	
Ħ		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
	ł	Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	<u>0.</u>
	Ì	Organizations that follow SFAS 117 (ASC 958), check here and			•
es		complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets	- "	28	
2	29	Permanently restricted net assets		29	,
Ŧ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶			•
ō		and complete lines 30 through 34.	·		* * _*
iets	30	Capital stock or trust principal, or current funds	0.	30	<u> </u>
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	<u> </u>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	743,750.	32	759,557.
~	33	Total net assets or fund balances	743,750.	33	759,557.
	34	Total liabilities and net assets/fund balances	743,750.	34	759,557.

orm	990 (2016) LINCOLN FOLICE UNION LOCAL 544	47-0588	3585	Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	,				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12	5,2	71.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	9,4	64.
3	Revenue less expenses Subtract line 2 from line 1	3	1	5,8	07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74	3,7	50.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u>75</u>	9,5	<u>57.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Ш
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C)	} }		İ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	— —
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1	1	į
	separate basis, consolidated basis, or both:		1 1	ĺ	
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1	- 1	l
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1 [-
	consolidated basis, or both:		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	} {		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched			ĺ	ī
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit]	ı
	er audite, explain why in Schodule O and describe any etens taken to undergo such audite		1 aL	ı	

Form **990** (2016)

832012 11-11-16

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

Name of the organization

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

Open to Public Inspection Employer identification number

LINCOLN POLICE UNION	N LOCAL 544 47-0588585
FORM 990, PART I, LINE 1, DESCRIPTION	ON OF ORGANIZATION MISSION:
THE COMMUNITY ORGANIZATIONS IN NEED	•
FORM 990, PART VI, SECTION A, LINE	5:
THE ORGANIZATION HAS MEMBERS.	
FORM 990, PART VI, SECTION A, LINE	7A:
THE GOVERNING BODY IS ELECTED BY THE	E ENTIRE MEMBERSHIP.
FORM 990, PART VI, SECTION B, LINE 3	11B:
THE GOVERNING BODY REVIEWS THE TAX I	RETURN AT THE MONTHLY MEETING.
FORM 990, PART VI, SECTION C, LINE	19:
THE GOVERNING DOCUMENTS, CONFLICT OF STATEMENTS ARE REVIEWED BY THE BOARD	F INTEREST POLICY AND FINANCIAL D OF DIRECTORS. AFTER BOARD APPROVAL,
THESE DOCUMENTS ARE AVAILABLE UPON I	