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## Return of Organization Exempt From Income Tax

2009

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

For the 2009 calendar year, or tax year beginning

, 2009, and ending

<b>B</b> Check if applicable		<b>C</b> Name of organization		<b>D</b> Employer Identification Number	
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	BALTIMORE COUNTY LODGE #4 OF THE FRATERNAL ORDER OF POLICE, INC		23-7140447	
<input type="checkbox"/> Initial return	<input type="checkbox"/> Termination	Number and street (or P O box if mail is not delivered to street addr)		Room/suite	<b>E</b> Telephone number
<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending	9304 HARFORD RD			(410) 668-0004
		City, town or country		State ZIP code + 4	
		BALTIMORE		MD 21234-3109	<b>G</b> Gross receipts \$ 1,292,305.
		<b>F</b> Name and address of principal officer		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Cole Weston 118 Eastford Ct Baltimore MD 21234		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) (5) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>H(c)</b> Group exemption number ►	
<b>J</b> Website: ► N/A					
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				<b>L</b> Year of Formation 1970	<b>M</b> State of legal domicile MD

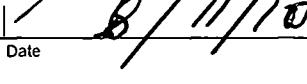
**Part I** Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities <u>The lodge provides educational, social, fraternal and labor related services to members</u>
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a) <u>3</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u>
<b>Expenses</b>	5 Total number of employees (Part V, line 2a) <u>5</u>
	6 Total number of volunteers (estimate if necessary) <u>6</u>
<b>Net Assets or Fund Balances</b>	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 <u>7a</u>
	b Net unrelated business taxable income from Form 990-T, line 34 <u>7b</u>

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<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) <u>062</u>	AUG 17 2010	IRS-OSC	<b>Prior Year</b>	<b>Current Year</b>
	9 Program service revenue (Part VIII, line 2g) <u>000</u>			987,175.	1,171,289.
<b>Expenses</b>	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>000</u>			84,208.	79,603.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, and 11e) <u>000</u>			5,522.	16,299.
<b>Net Assets or Fund Balances</b>	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>1,076,905.</u>			1,076,905.	1,267,191.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>000</u>			40,006.	18,375.
	14 Benefits paid to or for members (Part IX, column (A), line 4) <u>000</u>			48,869.	55,467.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>000</u>			124,005.	112,971.
	16a Professional fundraising fees (Part IX, column (A), line 11e) <u>000</u>				
	b Total fundraising expenses (Part IX, column (D), line 25) <u>000</u>			598,586.	466,070.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <u>000</u>			811,466.	652,883.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <u>000</u>			265,439.	614,308.
	19 Revenue less expenses Subtract line 18 from line 12 <u>000</u>			<b>Beginning of Year</b>	<b>End of Year</b>
	20 Total assets (Part X, line 16) <u>2,370,052.</u>			2,370,052.	2,980,044.
	21 Total liabilities (Part X, line 26) <u>1,827.</u>			1,827.	830.
	22 Net assets or fund balances Subtract line 21 from line 20 <u>2,368,225.</u>			2,368,225.	2,979,214.

**Part II** Signature Block

<b>Sign Here</b>	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				
			Date		
	Signature of officer				
	► Cole Weston				
	Type or print name and title				

<b>Paid Preparer's Use Only</b>	Preparer's signature ► 	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Ryan, Madairy Financial, PA 106 Old Padonia Rd, Ste 3 Hunt Valley MD 21030	08/04/10		900173827
	EIN ►			
	Phone no ► (410) 252-5871			

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

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

TEEA0101 07/20/09 Form 990 (2009)

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission

The lodge provides educational, social, fraternal and labor related services to members

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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  No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

The Lodge is Sub-ordinate to both State & Nat'l organizations designed to provide educational, social, fraternal & labor related services to members who are full time or retired

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

law enforcement officers employed by Baltimore County, Maryland. No person is denied membership due to race, sex, creed, color or national origin. There are currently approximately

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

2815 members (active & retired)

4d Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ►

**Part IV Checklist of Required Schedules**

- 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  X
- 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? If 'Yes,' complete Schedule C, Part II 4
- 5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5  X
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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  X
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7  X
- 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, 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  X
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10  X
- 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11  X
  - Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 12
  - Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 13  X
  - Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 14a  X
  - 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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX 14b  X
  - Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 15  X
  - 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? If 'Yes,' complete Schedule D, Part XI 16  X
- 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 17  X
- 12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 18  X
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 19  X
- 14a Did the organization maintain an office, employees, or agents outside of the United States? 20  X
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 21  X
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 22  X
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 23  X
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 24  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 25  X
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 26  X
- 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 27  X

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22 X	
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 last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	
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	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? 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 instructions for applicable filing thresholds, conditions, and exceptions)		
a 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	
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	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 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, Parts II, III, IV, and V, line 1	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35 X	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38 X	

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Form 990 (2009)

## Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	268,338
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	2a	3
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to file this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' 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
4b	b 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	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a	X
6b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
7b	a 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?	7b	
7c	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7c	X
7d	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
7e	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7e	X
7f	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
7g	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
7h	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
7i	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7i	
8	<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	<b>9 Sponsoring organizations maintaining donor advised funds.</b>	9a	
9b	a Did the organization make any taxable distributions under section 4966?	9b	
9c	b Did the organization make any distribution to a donor, donor advisor, or related person?	9c	
10	<b>10 Section 501(c)(7) organizations.</b> Enter	10a	
10b	a Initiation fees and capital contributions included on Part VIII, line 12	10b	
11	<b>11 Section 501(c)(12) organizations.</b> Enter	11a	
11b	a Gross income from other members or shareholders	11b	
11c	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11c	
12a	<b>12a Section 4947(a)(1) nonexempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	

**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.

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body      **1a** 20  
 b Enter the number of voting members that are independent      **1b** 20

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?      **2** X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 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 organizational documents since the prior Form 990 was filed?      **4** X

5 Did the organization become aware during the year of a material diversion of the organization's assets?      **5** X

6 Does the organization have members or stockholders?      **6** X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?      **7a** X  
**7b** X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  
 a The governing body?      **8a** X  
 b Each committee with authority to act on behalf of the governing body?      **8b** X

9 Is there any officer, director or 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** X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

10a Does the organization have local chapters, branches, or affiliates?  
 b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?      **10a** X  
**10b**

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?      **11** X

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done      **12a** X  
**12b**  
**12c**  
**13** X  
**14** X

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
 a The organization's CEO, Executive Director, or top management official  
 b Other officers of key employees of the organization  
 If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)      **15a** X  
**15b**

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  
 b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?      **16a** X  
**16b**

**Section C. Disclosures**

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website       Another's website       Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 Cole Weston      9304 Harford Road      Baltimore      MD      21234-3109      (410) 668-0004

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of 'key employees'.
- 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.

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual or Director or Trustee	Institutional Trustee	Officer	Key Employee	Highly Compensated Employee			
Cole Weston President	40.00	X		X			9,600.	0.	0.
Timothy Caslin Past President	1.00	X					0.	0.	0.
Steven G. Comegna 1st V.P.	1.00	X		X			2,400.	0.	0.
David M. Rose 2nd V.P.	1.00	X		X			2,400.	0.	0.
David J. Folderauer Lodge Secretary	6.00	X		X			4,800.	0.	0.
Robert Caskey Treasurer	6.00	X		X			4,800.	0.	0.
William D. Patterson State Trustee	1.00	X					1,200.	0.	0.
Richard J. Bergin Sgt-At-Arms	1.00	X					1,200.	0.	0.
Paul Merkle Chaplain	1.00	X					1,200.	0.	0.
Kenneth F. Schubert Chairperson	1.00	X					1,200.	0.	0.
James P. Rommell, Jr Vice-chair	1.00	X					0.	0.	0.
Joseph A. Caskey Director	1.00	X					0.	0.	0.
Anthony J. Dicara Director	1.00	X					0.	0.	0.
Michael DiCara Director	1.00	X					0.	0.	0.
Louis J. Laqua Director	1.00	X					0.	0.	0.
Ryan M. Massey Director	1.00	X					0.	0.	0.
Donna Patterson Director	1.00	X					0.	0.	0.

**Part VII: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)**

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0	Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

---

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a			
	b Membership dues	1b	972,205.		
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	199,084.		
	g Noncash contribns included in lns 1a-1f:		\$		
	<b>h Total.</b> Add lines 1a-1f		► 1,171,289.		
PROGRAM SERVICE REVENUE	2a	Business Code			
	b				
	c				
	d				
	e				
	f All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f		►		
	3 Investment income (including dividends, interest and other similar amounts)		► 79,603.	79,603.	0.
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)		►			
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)		►			
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)					
See Part IV, line 18	a	39,283.			
b Less direct expenses	b	23,233.			
c Net income or (loss) from fundraising events		► 16,050.	16,050.	0.	0.
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities		►			
10a Gross sales of inventory, less returns and allowances	a	2,130.			
b Less cost of goods sold	b	1,881.			
c Net income or (loss) from sales of inventory		► 249.	249.	0.	0.
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e <b>Total.</b> Add lines 11a-11d		►	1,267,191.	95,902.	0.
<b>12 Total revenue.</b> See instructions		►			0.

**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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	18,375.	18,375.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	55,467.	55,467.		
5 Compensation of current officers, directors, trustees, and key employees	31,789.	31,789.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	74,848.	37,424.	37,424.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	6,334.	3,167.	3,167.	
11 Fees for services (non-employees)				
a Management				
b Legal	223,360.	223,360.		
c Accounting	16,164.		16,164.	
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other	6,105.	6,105.		
12 Advertising and promotion	6,318.	6,318.		
13 Office expenses	50,914.	25,457.	25,457.	
14 Information technology	8,025.		8,025.	
15 Royalties				
16 Occupancy	24,107.		24,107.	
17 Travel	29,429.	29,429.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,721.	3,721.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,330.	14,330.		
23 Insurance	6,974.	6,974.		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a Bank Charges	51.		51.	
b Tags and Merchandise	4,844.	4,844.		
c Casual Labor	1,963.	1,963.		
d Per Capita	43,156.	43,156.		
e Snow Removal	150.		150.	
f All other expenses	26,459.	26,459.		
25 Total functional expenses. Add lines 1 through 24f	652,883.	538,338.	114,545.	
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X | Balance Sheet

		(A) Beginning of year	(B) End of year
<b>ASSETS</b>	1 Cash – non-interest-bearing	170,915.	1 333,914.
	2 Savings and temporary cash investments	7,994.	2 85,070.
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net		4
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use	20,100.	8 18,219.
	9 Prepaid expenses and deferred charges	0.	9
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		
	<b>b</b> Less: accumulated depreciation		<b>10c</b>
	11 Investments – publicly-traded securities	1,832,388.	11 2,211,834.
	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	338,655.	15 331,007.
	<b>16 Total assets</b> Add lines 1 through 15 (must equal line 34)	2,370,052.	16 2,980,044.
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	1,827.	17 830.
	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
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 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. Complete Part X of Schedule D		25
	<b>26 Total liabilities</b> Add lines 17 through 25	1,827.	26 830.
<b>NET ASSETS OR FUND BALANCE</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>		
	27 Unrestricted net assets	2,347,225.	27 2,958,214.
	28 Temporarily restricted net assets	21,000.	28 21,000.
	29 Permanently restricted net assets		29
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, and equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	2,368,225.	33 2,979,214.
	<b>34 Total liabilities and net assets/fund balances</b>	2,370,052.	34 2,980,044.

BAA

Form 990 (2009)

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990  Cash  Accrual  Other

	Yes	No
2a	X	
2b		X
2c	X	

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

2a	X
2b	
2c	X

**b** Were the organization's financial statements audited by an independent accountant?

2a	X
2b	
2c	X

**c** 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?

2a	X
2b	
2c	X

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

2a	X
2b	
2c	X

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

2a	X
2b	
2c	X

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA

Form 990 (2009)

**Part VII Investments—Other Securities** See Form 990, Part X, line 12.

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation Cost or end-of-year market value</b>
Financial derivatives		
Closely-held equity interests		
Other _____		
_____		
_____		
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**Total.** (Column (b) must equal Form 990 Part X, col. (B) line 12.)

**Part VIII Investments—Program Related (See Form 990, Part X, line 13)**

**Total.** (Column (b) must equal Form 990, Part X, Col (B) line 13)

**Part IX Other Assets (See Form 990, Part X, line 15)**

**Total. (Column (b) must equal Form 990, Part X, col (B), line 15)**

► 331,007.

**Part X Other Liabilities (See Form 990, Part X, line 25)**

(a) Description of Liability	(b) Amount
Federal Income Taxes	

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25)** ►

**2. FIN 48 Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

## **Supplemental Information Regarding Fundraising or Gaming Activities**

2009

Department of the Treasury  
Internal Revenue Service

Name of the organization

BALTIMORE COUNTY LODGE #4 OF THE FRATERNAL ORDER OF POLICE, INC

Employer identification number  
23-7140447

**Open to Public  
Inspection**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**BALTIMORE COUNTY LODGE #4 OF THE FRATERNAL ORDER OF POLICE, INC** 2  
**Part I** **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17  
Form 990EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Indicate whether the organization raised funds through any of the following methods:

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>Bull Roast</u> (event type)	(b) Event #2 <u>Golf Tournament</u> (event type)	(c) Other Events <u>NONE</u> (total number)	(d) Total Events (Add col (a) through col. (c))
		23,144.	16,139.		39,283.
	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	23,144.	16,139.		39,283.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4- through 9 in column (d)				► 39,283.
	11 Net income summary Combine lines 3, column (d) and line 10				► 39,283.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary Combine lines 1, column (d) and line 7				►

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

YES	NO
9a	

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain

10a	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

11	

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

12	

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility
- b** An outside facility

YES	NO
13a	%
13b	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?

- b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.
- c** If 'Yes,' enter name and address of the third party.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided. ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

17a		
-----	--	--

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

Employer identification number \_\_\_\_\_

BALTIMORE COUNTY LODGE #4 OF THE FRATERNAL ORDER OF POLICE: INC

## General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part III Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule L-1 (Form 990) if additional space is needed

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

3 Enter total number of other organizations

תפקידים	התקנות	התקנות	התקנות	התקנות
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**Part IV** **Supplemental Information.** Complete this Part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 BOARD VOTE

Depreciation and Amortization  
(Including Information on Listed Property)

2009

Attachment  
Sequence No 67

Name(s) shown on return

BALTIMORE COUNTY LODGE #4 OF THE FRATERNAL ORDER OF POLICE, INC

Business or activity to which this form relates

Form 990 / Form 990EZ

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0.	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction. Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	0.

## Part III MACRS Depreciation (Do not include listed property) (See instructions)

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	12,655.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	18	<input type="checkbox"/>

## Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property		25 yrs			S/L	
h Residential rental property		27.5 yrs	MM	S/L		
i Nonresidential real property		27.5 yrs	MM	S/L		
		39 yrs	MM	S/L		
			MM	S/L		

## Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs		S/L	
c 40-year		40 yrs	MM	S/L	

## Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	1,675.
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	14,330.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, completely 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

24a Do you have evidence to support the business/investment use claimed?									<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost						
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25							
26 Property used more than 50% in a qualified business use														
2004 Mercury	03/29/04	100.00	26,524.	26,524.	5.00	200 DB-HY	1,675.							
MONITOR - 1997	01/01/97	100.00	225.	225.	5.00	SL-HY	0.							
See Additional Listed Property Statement														
27 Property used 50% or less in a qualified business use														
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	1,675.						
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29							

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<input type="checkbox"/>	<input type="checkbox"/>
39 Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Form 4562, line 26

### **Additional Listed Property Statement**

(a) Type of property	(b) Date placed in service	(c) Business/ investmtn use %	(d) Cost or other basis	(e) Basis for deprecia- tion	(f) Re- covery period	(g) Method/ Con- vention	(h) Deprecia- tion deduction	(i) Elected section 179 cost
TELEPHONE-2000	01/01/00	100.00	563.	563.	7.00	SL-HY	0.	
TELEPHONE-2000	01/01/00	100.00	601.	601.	7.00	SL-HY	0.	

Total

0.

**Supporting Statement of:**

Form 990 p 9/Gross income fundraising

Description	Amount
Bullroast	23,144.
Golf Tournament	16,139.
Total	<u>39,283.</u>

**Supporting Statement of:**

Form 990 p 9/Line 8b Direct Expenses

Description	Amount
Bull Roast Catering	14,194.
Bull Roast Band	1,000.
Golf Tournament Greens Fees	6,890.
Golf Trophies and Prizes	1,149.
Total	<u>23,233.</u>