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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning , and ending**B** Check if applicable

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

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**FRATERNAL ORDER OF POLICE LODGE #5**

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

PO BOX 2212

Room/suite

City or town, state or country, and ZIP + 4

LONG BEACH TOWNSHIP NJ 08008**D** Employer identification number**23-7586043****E** Telephone number**609-492-0505****F** Group Exemption

Number

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual

Other (specify) ►

I Website: ► **N/A****J** Tax-exempt status (check only one) — ☒ 501(c) (**10**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **3,751****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	1,605
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	850
	4	Investment income	4	1,296
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ►)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	3,751	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	13,040
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	8,921
	14	Occupancy, rent, utilities, and maintenance	14	2,408
	15	Printing, publications, postage, and shipping	15	252
	16	Other expenses (describe ► SEE STATEMENT 3)	16	18,523
	17	Total expenses. Add lines 10 through 16	17	43,144
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-39,393
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	151,460
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	112,067	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	151,460	112,067
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	151,460	112,067
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	151,460	112,067

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

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

SEE STATEMENT 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts, optional
for others)

28 N/A

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

28a

29

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

29a

30

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

30a

31 Other program services (attach schedule)

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

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed NJ		
42a The organization's books are in care of MICHAEL MCCAFFREY Telephone no 609-492-8766 300 JEFFERIES AVENUE Located at BEACH HAVEN, NJ ZIP + 4 08008		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

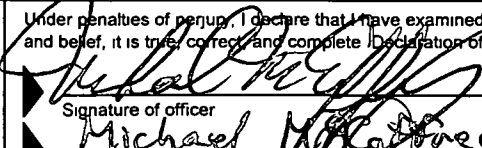
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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

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

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

Sign Here	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.			
	 Signature of officer Michael McCaffrey, Treasurer Type or print name and title		Date 3-3-10	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instr)
	Firm's name (or yours if self-employed), address, and ZIP + 4 RAYMOND S. NEVEIL, CPA 265 CAUSEWAY WEST SHIP BOTTOM, NJ 08008	03/02/10		EIN 22-3481093 Phone no 609-494-7474

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

Yes No

FRA7586 FRATERNAL ORDER OF POLICE LODGE #5

23-7586043

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
DUES	\$ 850
TOTAL	\$ 850

FRA7586 FRATERNAL ORDER OF POLICE LODGE #5

23-7586043

FYE: 12/31/2009

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Individuals

Relationship to Organization	Date of Gift	Class of Activity	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
				13,040				
				13,040				
TOTAL								

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
LICENCE AND PERMITS	85
TRAVEL	448
CONVENTION	7,772
BANK SERVICE CHARGES	105
DUES	1,432
GIFTS	4,971
SUPPLIES	3,710
TOTAL	\$ <u>18,523</u>

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

THE LONG BEACH ISLAND, FRATERNAL ORDER OF POLICE LODGE #5 WAS CREATED FOR THE BENEFIT OF THE LOCAL POLICE OFFICERS, COMMUNITY MEMBERS AND OTHER ORGANIZATIONS THAT MAY NEED ASSISTANCE. THE LODGE USES FUND RAISING PROCEEDS FOR A VARIETY OF CHARITABLE CAUSES, AS WELL AS PROVIDING BENEFITS FOR LONG BEACH ISLAND POLICE OFFICERS.

5:20 PM

03/02/10

Cash Basis

LONG BEACH ISLAND F.O.P. LODGE # 5**Transaction Detail By Account**

January through December 2009

Type	Date	Num	Name	Memo	Split	Debit
Program Services						
Scholarships						
Check	7/2/2009	1200	Michele McMenamin	scholarship	F O P Checking	1,000 00
Check	7/2/2009	1201	Thomas Grady	Scholarship	F O P Checking	1,000 00
Check	8/31/2009	1211	Kayla E Walker	Scholarship	F O P Checking ..	1,000 00
Check	8/31/2009	1212	JAMES M Duff	Scholarship	F O P Checking ..	1,000 00
Check	9/22/2009	1217	Megan Sharkey	Scholarship	F O P Checking .	1,000 00
Total Scholarships						5,000 00
Sponsor						
Check	1/26/2009	1158	BEACH HAVEN FI	turkey dinner	F O P Checking.	110 00
Check	3/12/2009	1168	Hammer Track Club	sponsor (SR)	F O P Checking	500 00
Check	3/19/2009	1171	BEACH HAVEN CO	CONCERTS ON T	F O P Checking .	750 00
Check	4/3/2009	1174	SPIRITS OF LBI	MAKE A WISH	F O P Checking .	80 00
Check	4/22/2009	1176	SPECIAL OLYMPIC	torch run	F O P Checking.	500 00
Check	4/24/2009	1179	NATIONAL M S S .	MS BIKE A THON	F O P Checking	500 00
Check	4/24/2009	1180	stafford township m. .	project graduation	F O P Checking	500 00
Check	5/4/2009	1182	STAFFORD WRES	golf tourney	F O P Checking .	650 00
Check	5/4/2009	1183	George Bowman Su	golf outing	F O P Checking	950 00
Check	5/4/2009	1185	BEACH HAVEN EX	GOLF TOURNAME	F O P Checking	500 00
Check	5/20/2009	1187	SOUTHERN REGI	SCHOLARSHIP	F O P Checking	300 00
Check	5/29/2009	1188	SEXTANT LODGE .	golf hole sponsor	F O P Checking .	50 00
Check	6/5/2009	1193	ANTHONY DEELY	National Cancer Su	F O P Checking	200 00
Check	6/16/2009	1195	BOROUGH OF BE ..	bike rodeo	F O P Checking	450 00
Check	7/21/2009	1204	SOUTHERN REGI..	BOYS BASKETBALL	F O P Checking .	500 00
Check	10/26/2009	1225	Ocean Of Love	donation	F O P Checking	1,000 00
Check	10/26/2009	1226	DQ events		F O P Checking	500 00
Total Sponsor						8,040 00
Total Program Services						13,040 00
TOTAL						13,040.00