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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds 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

07-01, 2009, and ending

12-31, 2009

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS
label or
print or
type.
See
Specific
Instruc-
tions.C Name of organization
FRATERNAL ORDER OF POLICE 64 CABARR

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

Room/suite

P O BOX 5302

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

CONCORD, NC 28026

D Employer identification number

56-1896394

E Telephone number

(704) 791-8141

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: ►

J Tax-exempt status (check only one) - 501(c) (8) ◀ (insert no) 4947(a)(1) or 527K 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 ► \$ 42,905

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

R e v e n u e	1 Contributions, gifts, grants, and similar amounts received	1	33,232
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	9,600
	4 Investment income	4	73
	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"/>	6a	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
E x p e n s e s	7a Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7b 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	42,905
	10 Grants and similar amounts paid (attach schedule)	10	10,584
	11 Benefits paid to or for members	11	7,020
	12 Salaries, other compensation, and employee benefits	12	
A n s e t s	13 Professional fees and other payments to independent contractors	13	21,452
	14 Occupancy, rent, utilities, and maintenance	14	17,365
	15 Printing, publications, postage, and shipping	15	484
	16 Other expenses (describe ► STM130)	16	1,451
	17 Total expenses. Add lines 10 through 16	17	58,356
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(15,451)
	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	39,829
	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	24,378

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

167 RECEIVED OCTOBER 11, 2010	MAY 24 2010 See the instructions for Part II	(A) Beginning of year	(B) End of year
		39,248	22
		3,531	23
		24	
		42,779	25
		2,950	26
		39,829	27
			24,378
22 Cash, savings, and investments		39,248	22
23 Land and buildings		3,531	23
24 Other assets (describe ►)		24	
25 Total assets		42,779	25
26 Total liabilities (describe ► STM132)		2,950	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		39,829	27

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

EEA

Form 990-EZ (2009)

20

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	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	
38 a 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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
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	40b	
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	40c	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40d	
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	40e	X
41 List the states with which a copy of this return is filed ► NC		
42 a The organization's books are in care of ► JEFFREY WORTH Telephone no ► 704-791-8141 Located at ► 1717 COLONY DR KANNAPOLIS, NC ZIP + 4 ► 28081		
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 ► _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	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

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

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"

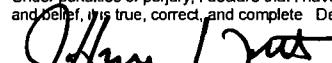
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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, this is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
		5-20-2010
	Signature of officer	Date
	JEFFREY WORTH, TREASURER	
	Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	STEWART L ALLISON	Date 02-17-2010	Check if self-employed <input checked="" type="checkbox"/> X	Preparer's Identifying No (See inst.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ALLISON BOOKKEEPING & TAX SERVI 48 MANOR AVE SW CONCORD, NC 28025	EIN 704-788-8232	Phone no	

May the IRS discuss this return with the preparer shown above? See instructions . . . ► Yes No

Federal Supporting Statements**2009 PG 01**

Name(s) as shown on return

Employer Identification Number

FRATERNAL ORDER OF POLICE 64 CABARR

56-1896394

**FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE**

STATEMENT #122

ACTIVITY	DISTRIBUTIONS FOR CHILDREN	AMOUNT	RELATIONSHIP
GRANTEE	CABARRUS FOP	10,584	
ADDRESS	P O BOX 5302 CONCORD	NC 28026	
		TOTAL	<u>10,584</u>

Federal Supporting Statements**2009 PG 01**

Name(s) as shown on return

FRATERNAL ORDER OF POLICE 64 CABARR

Employer Identification Number

56-1896394**FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2**

STATEMENT #130

DESCRIPTION	AMOUNT
CONFERENCES	130
INSURANCE	504
RETURN CHECKS	200
BANK FEES	57
DUES	<u>560</u>
 TOTAL	 <u>1,451</u>

Federal Supporting Statements**2009 PG 01**

Name(s) as shown on return

FRATERNAL ORDER OF POLICE 64 CABARR

Employer Identification Number

56-1896394**FORM 990EZ, PART II, LINE 26
OTHER LIABILITIES SCHEDULE 3**

STATEMENT #132

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	<u>2,950</u>	<u>2,165</u>
TOTAL	<u>2,950</u>	<u>2,165</u>