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Short Form
Return of Organization Exempt From Income Tax

OMB NO 1545-1150

2009

Open to Public
Inspection

► 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 **APR 1, 2009** and ending **MAR 31, 2010**

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	C Name of organization FRATERNAL ORDER OF POLICE LODGE #4 SAN JUAN COUNTY Number and street (or P.O. box, if mail is not delivered to street address) 6750 PECOS ST City or town, state or country, and ZIP + 4 FARMINGTON, NM 87402	D Employer identification number 23-7585657 E Telephone number 5058603300 F Group Exemption Number ►
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• 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) — <input checked="" type="checkbox"/> 501(c)(5) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
K Check ► <input type="checkbox"/> 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 ► **\$ 26,995.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	STATUTE UNIT RECEIVED	1 1,576.
2 Program service revenue including government fees and contracts		2 3,468.
3 Membership dues and assessments		3 21,951.
4 Investment income		4
5a Gross amount from sale of assets other than inventory	5a APR 14 2014	
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)		
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	TPR BRANCH OGDEN	5c
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)		
7a Gross sales of inventory, less returns and allowances	7a	6c
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe ►)		7c
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		8
10 Grants and similar amounts paid (attach schedule)	STMT 5	9 26,995.
11 Benefits paid to or for members	STMT 2	10 3,586.
12 Salaries, other compensation, and employee benefits		11 342.
13 Professional fees and other payments to independent contractors		12
14 Occupancy, rent, utilities, and maintenance	RECEIVED OSC 208 APR 10 2014	13
15 Printing, publications, postage, and shipping	SEE STATEMENT 4	14 50,976.
16 Other expenses (describe ►)	SEE STATEMENT 1	15 88.
17 Total expenses Add lines 10 through 16		16 7,652.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17 62,644.
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)		18 -35,649.
20 Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 3	19 1,165,856.
21 Net assets or fund balances at end of year. Combine lines 18 through 20		20 118,139.
		21 1,248,346.

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.)

22 Cash, savings, and investments	(A) Beginning of year	(B) End of year
23 Land and buildings	141,779.	22 79,559.
24 Other assets (describe ►)	580,192.	23 567,016.
25 Total assets	443,885.	24 601,771.
26 Total liabilities (describe ►)	1,165,856.	25 1,248,346.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	26 0.
	1,165,856.	27 1,248,346.

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

Expenses

What is the organization's primary exempt purpose? **SEE STATEMENT 8**

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

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, and other relevant information for each program title

28 PROVISION OF FACILITIES FOR TRAINING

28a

52, 484.

29 **MAKE CHARITABLE DONATIONS TO OTHER ENTITIES TO FURTHER FOP GOALS**

29a

30 FUND RAISING EVENTS TARGETING LAW ENFORCEMENT MEMBERS
SPECIAL NEEDS

30a 1,250.

31 Other program services (attach schedule) SEE STATEMENT 9

31a

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

32 53,734.

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

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34

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. 35a

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? 35b N/A

b If "Yes," has it filed a tax return on Form 990-T for this year? 36

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 37a 0.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37b

b Did the organization file Form 1120-POL for this year? 38a

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? 38b N/A

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a N/A

39 Section 501(c)(7) organizations. Enter: 39b N/A

a Initiation fees and capital contributions included on line 9 40a

b Gross receipts, included on line 9, for public use of club facilities 40b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 40c N/A

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or 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 40d N/A

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 40e N/A

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40f N/A

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40g N/A

41 List the states with which a copy of this return is filed. ► NM

42a The organization's books are in care of ► JACK RICHARDS Telephone no. ► 505-860-3300
Located at ► 6750 PECOS STREET, FARMINGTON, NM ZIP + 4 ► 87402

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.

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: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44

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

	Yes	No
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35b	<input type="checkbox"/> N/A	<input type="checkbox"/>
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38b	<input type="checkbox"/> N/A	<input type="checkbox"/>
39a	<input type="checkbox"/> N/A	<input type="checkbox"/>
39b	<input type="checkbox"/> N/A	<input type="checkbox"/>
40a	<input type="checkbox"/>	<input type="checkbox"/> N/A
40b	<input type="checkbox"/> N/A	<input type="checkbox"/>
40c	<input type="checkbox"/> N/A	<input type="checkbox"/>
40d	<input type="checkbox"/> N/A	<input type="checkbox"/>
40e	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/>

	Yes	No
42b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42c	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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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 Yes No
46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47

48 Is the organization 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?
b If "Yes," was the related organization a section 527 organization? 49a

49b 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 N/A	(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."

N/A

(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 ► <i>JACK RICHARDS</i>		
► JACK RICHARDS, TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ► <i>M. H.</i>	Date 11-6-12	Check if self-employed <input type="checkbox"/>
	Preparer's identifying number (See instr.)		EIN ►
Firm's name (or yours if self-employed), address, and ZIP + 4 ► THE ACCOUNTING FIRM, INC. 3300 N. BUTLER FARMINGTON, NM 87401		Phone no. ► 505-326-1401	

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

► Yes No

Form 990-EZ (2009)

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02-08-10

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION

AMOUNT

CONTINUING EDUCATION OFFERED TO MEMBERS	155.
MEALS	1,115.
OFFICE SUPPLIES	2,229.
BANK CHARGES	42.
LICENSES AND FEES	10.
TRAVEL FOR TRAINING	1,352.
MISCELLANEOUS	813.
EVENT EXPENSES	69.
EVENT PROMOTION EXPENSES	1,181.
DEPRECIATION	686.
 TOTAL TO FORM 990-EZ, LINE 16	 7,652.

FORM 990-EZ

PAYMENTS TO AFFILIATES

STATEMENT 2

AFFILIATE'S NAME

AFFILIATES ADDRESS

NEW MEXICO FRATERNAL ORDER OF POLICE

1420 CARLISLE BLVD, NE
ALBUQUERQUE, NM 87110

PURPOSE OF PAYMENT

AMOUNT

DUES TO STATE LODGE

1,531.

AFFILIATE'S NAME

AFFILIATES ADDRESS

FRATERNAL ORDER OF POLICE GRAND LODGE

701 MARRIOTT DRIVE
NASHVILLE, TN 37214

PURPOSE OF PAYMENT

AMOUNT

DUES TO NATIONAL LODGE

555.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

2,086.

FORM 990-EZ

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

STATEMENT 3

DESCRIPTION

AMOUNT

UNREALIZED GAINS ON INVESTMENTS

118,139.

TOTAL TO FORM 990-EZ, LINE 20

118,139.

FORM 990-EZ

OCCUPANCY, RENT, UTILITIES AND MAINTENANCE

STATEMENT 4

DESCRIPTION

AMOUNT

DEPRECIATION

19,493.

OTHER EXPENSES

31,483.

TOTAL TO FORM 990-EZ, LINE 14

50,976.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
DONATION NEW MEXICO FRATERNAL ORDER OF POLICE 701 MARRIOTT DR NASHVILLE, TN 37214	AFFILIATE	1,500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		1,500.

FORM 990-EZ

REASONABLE CAUSE FOR LATE FILING

STATEMENT 6

THERE WAS A LACK OF PROFESSIONAL KNOWLEDGE OF FILING REQUIREMENTS. THEREFORE, THE ORGANIZATION DID NOT FILE THE RETURN AS REQUIRED. THIS RESULTED IN THE AUTOMATIC REVOCATION OF EXEMPT STATUS OF THIS ORGANIZATION BECAUSE OF NON-FILING 3 YEARS IN A ROW.

ONCE THE ORGANIZATION WAS INFORMED ABOUT THE REVOCATION, IT VOTED ON AND ENGAGED A NEW PROFESSIONAL TAX PRACTITIONER TO RE-INSTITUTE THE TAX-EXEMPT STATUS. THEREFORE, THIS RETURN ALONG WITH OTHER

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

THE PURPOSES FOR WHICH THIS NON-PROFIT IS ORGANIZED ARE: TO SERVE LAW ENFORCEMENT OFFICERS THROUGH IMPROVEMENT OF THE PROFESSION AND THE PROTECTION OF THE RIGHTS OF THE OFFICERS; TO EDUCATE THE PUBLIC AND LEGISLATORS TO LOCAL PROBLEMS AND CIVIL INJUSTICES; TO IMPROVE THE LEVEL OF LAW ENFORCEMENT AND TO PRESERVE AND PROTECT INDIVIDUAL RIGHTS; TO PROVIDE EDUCATIONAL PROGRAMS TO WARN THE PUBLIC OF CRIMES AND HOW TO COMBAT THEM; TO HELP CREATE UNDERSTANDING AND PROGRESS IN THE RELATIONSHIP BETWEEN LAW ENFORCEMENT OFFICERS AND THE COMMUNITY; AND TO EXERCISE ALL POWERS GRANTED UNDER THE LAWS OF THE STATE OF NEW MEXICO TO NON-PROFIT CORPORATIONS.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 9

DESCRIPTION

GRANTS

EXPENSES

PROVIDE FACILITES FOR POLITICAL FORUMS.

TOTAL TO FORM 990-EZ, LINE 31