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


Form <b>990-EZ</b>  Department of the Treasury Internal Revenue Service	<b>Short Form</b> <b>Return of Organization Exempt From Income Tax</b> <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code</b> <b>(except black lung benefit trust or private foundation)</b>	OMB No 1545-1150 <b>2009</b>
	<p>▶ 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.</p> <p>▶ <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i></p>	<b>Open to Public Inspection</b>



A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
<b>B</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 type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization FRATERNAL ORDER OF POLICE 112 PRINCE GEORGES CO SHERIFFS LDGE		<b>D</b> Employer identification number 52-1878364
		Number and street (or P O box, if mail is not delivered to street address) PO Box 686		<b>E</b> Telephone number (240) 455-2760
		City or town, state or country, and ZIP + 4 Upper Marlboro, MD 20773		<b>F</b> Group Exemption Number

<p><b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b></p>	<p><b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) <input type="checkbox"/></p>
<p><b>I Website:</b> <input type="checkbox"/> www.fop112md.com</p> <p><b>J Tax-Exempt status</b> (check only one)—<input checked="" type="checkbox"/> 501(c)(8) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>	<p><b>H</b> Check <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</p>

**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 ▶ \$ 308,154

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	
	2	Program service revenue including government fees and contracts . . . . .						2	
	3	Membership dues and assessments . . . . .						3	306,259
	4	Investment income . . . . .						4	1,466
	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 						6c	
	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				
Expenses	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	429
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . 						9	308,154
	10	Grants and similar amounts paid (attach schedule) . . . . .						10	
	11	Benefits paid to or for members . . . . .						11	
	12	Salaries, other compensation, and employee benefits . . . . .						12	10,000
Net Assets	13	Professional fees and other payments to independent contractors . . . . .						13	106,732
	14	Occupancy, rent, utilities, and maintenance . . . . .						14	46,677
	15	Printing, publications, postage, and shipping . . . . .						15	1,730
	16	Other expenses (describe  )						16	66,858
	17	Total expenses. Add lines 10 through 16 . . . . . 						17	231,997
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .						18	76,157
	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	337,763
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	413,920

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 . . . . .	326,646	22 405,980
23 Land and buildings . . . . .		23
24 Other assets (describe  )	11,117	24 7,940
25 Total assets . . . . .	337,763	25 413,920
26 Total liabilities (describe  )	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	337,763	27 413,920

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? TO ASSIST FELLOW OFFICERS IN VARIOUS AREAS			
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			
<b>28</b> PROVIDE LEGAL FEES FOR MEMBER OFFICERS CHARGED ADMINISTRATIVELY (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	0
<b>29</b> PROVIDE DONATIONS TO OFFICERS, CIVILIANS, AND CIVILIAN ORGANIZATIONS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	0
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> 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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
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	
40a	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		
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	40e	No
41	List the states with which a copy of this return is filed MD		
42a	The organization's books are in care of RANDALL COOPER Telephone no (240) 455-2760 1601 McCormick Drive Located at Largo, MD ZIP + 4 20774		
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
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	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —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	No
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	No

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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please 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		2011-01-28 Date		
	RANDALL COOPER, TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Thomas J Murphy, CPA	Date 2011-01-27	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	MURPHY & MURPHY, CPA, LLC 108 LA GRANGE AVENUE LA PLATA, MD 206469592			EIN
					Phone no. (301) 609-7515
May the IRS discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID:

Software Version:

EIN: 52-1878364

Name: FRATERNAL ORDER OF POLICE  
112 PRINCE GEORGES CO SHERIFFS LDGE

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ROBERT CEASE 120 QUINN ROAD GRASONVILLE,MD 21638	PRESIDENT 40 00	10,000	0	0
STANDFORD MOORE 6821 ASHLEY CROSSING COURT CAMP SPRINGS,MD 20748	FIRST VICE PRESIDENT 0 00	0	0	0
RANDALL COOPER 7900 TWILIGHT COURT OWINGS,MD 20736	TREASURER 0 00	0	0	0
MARVIN ROBINSON 12611 SHOLTON STREET UPPER MARLBORO,MD 20774	SECOND VICE PRESIDENT 0 00	0	0	0
JAMES SALLEY 7869 KINGS ARM COURT PASADENA,MD 21122	STATE TRUSTEE 0 00	0	0	0
SONJA MCGRIFF 6714 HALLECK STREET DISTRICT HEIGHTS,MD 20747	MEMBERSHIP SECRETARY 0 00	0	0	0
GERALD HENDERSON 4640 QUIMBY AVENUE BELTSVILLE,MD 20705	GUARD 0 00	0	0	0
THOMAS FERREIRA 4551 DARES BEACH ROAD PRINCE FREDERICK,MD 20678	CHAPLAIN 0 00	0	0	0
EVERETT DICK 1416 FAIRLAKES PLACE MITCHELLVILLE,MD 20721	PARLIAMENTARIAN 0 00	0	0	0
MICAH SAM 205 POST OAK COURT HYATTSVILLE,MD 20785	CONDUCTOR 0 00	0	0	0
PHILLIP LEE 6303 SKILLMAN STREET SEAT PLEASANT,MD 20743	HISTORIAN 0 00	0	0	0
KENYETTA PORTER 13902 ASCOTT DRIVE UPPER MARLBORO,MD 20772	SECRETARY 0 00	0	0	0
BILLY FALBY 3963 WARNER AVENUE APT B4 LANDOVER HILLS,MD 20784	SERGEANT AT ARMS 0 00	0	0	0

# TY 2009 Other Assets Schedule

**Name:** FRATERNAL ORDER OF POLICE

112 PRINCE GEORGES CO SHERIFFS LDGE

**EIN:** 52-1878364

Description	Beginning of Year Amount	End of Year Amount
Other Depreciable Assets	11,117	7,940

**TY 2009 Other Expenses Schedule****Name:** FRATERNAL ORDER OF POLICE

112 PRINCE GEORGES CO SHERIFFS LDGE

**EIN:** 52-1878364

Description	Amount
PATROL CAR EXPENSE	7,475
OFFICE SUPPLIES	4,989
REGISTRATION FEES/RECREATION	245
TELEPHONE	5,662
MISCELLANEOUS	24
INSURANCE	2,142
INTERNET & CABLE	1,459
AWARDS & DINNERS	2,564
CONFERENCES	7,509
CONTRIBUTIONS	2,560
DUES	4,612
FLOWERS	1,136
GIFTS	1,500
MEALS & ENTERTAINMENT	5,081
MATERIALS & SUPPLIES	847
TRAVEL	6,553
LOBBYING EXPENSES	12,500



TY 2009 Other Revenues Schedule

**Name:** FRATERNAL ORDER OF POLICE  
112 PRINCE GEORGES CO SHERIFFS LDGE  
**EIN:** 52-1878364

Description	Amount
MISCELLANEOUS INCOME	429

**TY 2009 Transfers Personal Benefits  
Contracts Declaration**

**Name:** FRATERNAL ORDER OF POLICE  
112 PRINCE GEORGES CO SHERIFFS LDGE

**EIN:** 52-1878364

**Declaration:** The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.