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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning , and ending

- B Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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

D Employer identification number

23-7586043

City or town, state or country, and ZIP + 4
LONG BEACH TOWNSHIP NJ 08008E Telephone number
609-492-0505

Room/suite

F Group Exemption
NumberG Accounting Method Cash Accrual Other (specify) ►H Check ► if the organization is not

I Website: ► N/A

required to attach Schedule B

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (10) (insert no) 4947(a)(1) or 527

(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 \$50,000 A

Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 4,635

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

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received	1	845
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	2,755
4 Investment income	4	1,035
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 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	of contributions
c Less direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
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 in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	4,635
10 Grants and similar amounts paid (list in Schedule O)	10	15,479
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	5,892
14 Occupancy, rent, utilities, and maintenance	14	1,028
15 Printing, publications, postage, and shipping	15	272
16 Other expenses (describe in Schedule O)	16	7,825
17 Total expenses. Add lines 10 through 16	17	30,496
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-25,861
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	112,067
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	86,206

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990-EZ (2010)

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P

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

Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
- 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?
- b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?

- 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

- 37a 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

- 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 tax year covered by this return?

- 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 ► _____, 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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its 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

- 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.

- 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 |

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

- b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

- c Did the organization receive any payments for indoor tanning services during the year?

- d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
33		X
34		X
35a		X
35b		
36		X
37a		
37b		X
38a		X
38b		
39a		
39b		
40a		
40b		
40e		X

	Yes	No
42b		X
42c		X

	Yes	No
44a		X
44b		X
44c		X
44d		

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part V

1

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

48 Is the organization a school as 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?

 b 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

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

- 52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes No

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

Dat

Michael McCaffrey Treasurer

Sign
Here

Type or print name and title

Paid Preparer Use Only	Firm type preparer's name RAYMOND S NEVELL	Preparer's signature 	Date 03/07/11	Check <input checked="" type="checkbox"/> if self-employed P00031278
	Firm's name ► RAYMOND S. NEVELL, CPA		Firm's EIN ► 22-3481093	
	Firm's address ► 265 CAUSEWAY WEST SHIP BOTTOM, NJ 08008		Phone no. 609-494-7474	

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

▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)

**Department of the Treasury
Internal Revenue Service**

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

FRATERNAL ORDER OF POLICE LODGE #5

Employer identification number
23-7586043

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Individuals

Relationship to Org Class of Activity Date of Gift Desc. of Property

Cash Contrib. Noncash Contrib. Book Value BV Expl. FMV Expl.

\$ 11,479 \$ 0 \$ 0

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

Description	Amount
-------------	--------

Expenses

TRAVEL	\$	563
CONVENTION	\$	2,501
BANK SERVICE CHARGES	\$	605
DUES	\$	3,318
GIFTS	\$	600
SUPPLIES	\$	188
NJ ANNUAL REPORT	\$	50
	Total \$	7,825

Form 990-EZ, Part III - Primary Exempt Purpose

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