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Short Form  
Return of Organization Exempt From Income TaxUnder 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

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

AURORA FRATERNAL ORDER OF POLICE LODGE 49

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

P.O. BOX 472604

City or town

state or county

ZIP + 4

CO

80047-2604

## D Employer identification number

55-0808097

## E Telephone number

(303)739-6000

## F Group Exemption

Number ►

G Accounting Method:  Cash  Accrual Other (specify) ► \_\_\_\_\_I Website: ► [www.aurorafop.org](http://www.aurorafop.org)H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) —  501(c)(3)  501(c)(5) (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 \$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

► \$

90,858

## 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. 

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 88,613
	4 Investment income	4 2,245
	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)	
	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 \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	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)	
	8 Other revenue (describe in Schedule O)	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	► 9 90,858
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	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	13 825
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 66
	16 Other expenses (describe in Schedule O)	16 63,513
Net Assets	17 Total expenses. Add lines 10 through 16	17 64,404
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 26,454
	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 94,720
	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	21 121,174

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990-EZ (2010)

20

**Part II Balance Sheets. (see the instructions for Part II.)**Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	94,720	22	121,174
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	94,720	25	121,174
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	94,720	27	121,174

**Part III Statement of Program Service Accomplishments (see the instructions for Part III.)**Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **FRATERNAL**

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			
(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a		
29			
(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a		
30			
(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a		
32 Total program service expenses. (add lines 28a through 31a) ► 32			0

**Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)**Check if the organization used Schedule O to respond to any question in this 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
Charles Deshazer P.O. Box 472604 Aurora CO 80047	Title President Hr/WK 10.00	0		
William Revelle P.O. Box 472604 Aurora CO 80047	Title V.P. Hr/WK 2.00	0		
Martin Clough P.O. Box 472604 Aurora CO 80047	Title Secretary Hr/WK 3.00	0		
Bret Jeans P.O. Box 472604 Aurora CO 80047	Title Treasurer Hr/WK 3.00	0		
Albert Graham P.O. Box 472604 Aurora CO 80047	Title State Rep Hr/WK 2.00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		

**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. 33  X

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). 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, explain in Schedule O why the organization did not report the income on Form 990-T. 35a  X  
35b  X

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? 36  X

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 37a  X  
37b  X

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. 38a  X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 38b  X

b Did the organization file Form 1120-POL for this year? 39a  X  
39b  X

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 tax year covered by this return? 39b  X

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 40a  X  
40b  X  
40c  X  
40d  X  
40e  X

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 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. 40b  X

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  X

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

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. ► \_\_\_\_\_

42 a The organization's books are in care of ► BRET JEANS Telephone no ► (303)739-6969

Located at ► P.O. Box 472604 City AURORA ST CO ZIP + 4 ► 80047-2604

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)? 42b  X

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. 43  X

and enter the amount of tax-exempt interest received or accrued during the tax year. ► \_\_\_\_\_

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

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. 44b  X

c Did the organization receive any payments for indoor tanning services during the year? 44c  X

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. 44d  X

		Yes	No
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.	45	X
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.	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 VI

		Yes	No
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	
49 a	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
Name	None	Str	Title		
City	ST	ZIP	Hr/WK	.00	
Name	Str		Title		
City	ST	ZIP	Hr/WK	.00	
Name	Str		Title		
City	ST	ZIP	Hr/WK	.00	
Name	Str		Title		
City	ST	ZIP	Hr/WK	.00	
Name	Str		Title		
City	ST	ZIP	Hr/WK	.00	

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

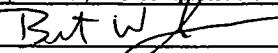
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000		(b) Type of service	(c) Compensation
Name	None	Str	
City	ST	ZIP	
Name	Str		
City	ST	ZIP	
Name	Str		
City	ST	ZIP	
Name	Str		
City	ST	ZIP	
Name	Str		
City	ST	ZIP	

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.

Sign Here		05/11/11
	Signature of officer	Date
	BRET W JEANS -TREASURER	
	Type or print name and title	

Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Robert F. Stef, CFE		5/8/2011	<input checked="" type="checkbox"/>	P01059441
	Firm's name	► Robert F. Stef, CFE			Firm's EIN
Firm's address	► 5178 S. Sedalia Ct, Centennial, CO 80015			Phone no	(303) 564-0168

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

**Part I, Line 4 (990-EZ) - Investment Income**

1 Interest on savings and temporary cash investments . . . . .	1	1,401
2 Dividends and interest from securities . . . . .	2	
3 Gross rents . . . . .	3	
4 Other investment income . . . . .	4	844
<b>5 Total . . . . .</b>	<b>5</b>	<b>2,245</b>

**Part I, Line 16 (990-EZ) - Other Expenses**

63,513

1 Travel	1
2 Meals and entertainment	2
3 Fundraising	3
4 Amortization	4 0
5 Conferences, conventions, and meetings	5 496
6 Depreciation	6 0
7 Depletion	7
8 Equipment rental and maintenance	8
9 Interest	9
10 Supplies	10
11 Telephone	11
12 Unrelated business income taxes	12 0
13 Legal Defense Dues	13 42,066
14 Fraternal Order of Police National and Local Dues	14 7,633
15 AFLAC Insurance premiums	15 8,505
16 Memorial Flowers	16 196
17 Bank Charges	17 25
18 Charitable gifts	18 1,300
19 Gift expense	19 3,212
20 Misc Expenses	20 80
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28