



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

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

A For the 2011 calendar year, or tax year beginning		, 2011, and ending																																																																								
B Check if applicable		C Name of organization																																																																								
Address change		AURORA FRATERNAL ORDER OF POLICE LODGE 49																																																																								
Name change		Number and street (or P O box, if mail is not delivered to street address)																																																																								
Initial return		Room/suite																																																																								
Terminated		PO BOX 472604																																																																								
X Amended return		City or town, state or country, and ZIP + 4																																																																								
Application pending		AURORA, CO 80047																																																																								
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►																																																																								
I Website: ► WWW.AURORAFOP.ORG		H Check ► <input type="checkbox"/> 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) <input checked="" type="checkbox"/>	501(c)(8) <input type="checkbox"/> (insert no) 4947(a)(1) or 527																																																																							
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 93,593.																																																																										
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 <input checked="" type="checkbox"/>																																																																										
<table border="1"> <tr> <td>1 Contributions, gifts, grants, and similar amounts received</td> <td>1</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td>2</td> <td>92,434.</td> </tr> <tr> <td>3 Membership dues and assessments</td> <td>3</td> </tr> <tr> <td>4 Investment income</td> <td>4</td> <td>1,159.</td> </tr> <tr> <td>5 a Gross amount from sale of assets other than inventory</td> <td>5a</td> </tr> <tr> <td> b Less cost or other basis and sales expenses</td> <td>5b</td> </tr> <tr> <td> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td></td> </tr> <tr> <td>6 Gaming and fundraising events</td> <td>5c</td> </tr> <tr> <td> a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td>6a</td> </tr> <tr> <td> 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)</td> <td>6b</td> </tr> <tr> <td> c Less direct expenses from gaming and fundraising events</td> <td>6c</td> </tr> <tr> <td> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td></td> </tr> <tr> <td>7 a Gross sales of inventory, less returns and allowances</td> <td>7a</td> </tr> <tr> <td> b Less cost of goods sold</td> <td>7b</td> </tr> <tr> <td> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td></td> </tr> <tr> <td>8 Other revenue (describe in Schedule O)</td> <td>8</td> </tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td>9</td> <td>93,593.</td> </tr> <tr> <td>10 Grants and similar amounts paid (list in Schedule O)</td> <td>10</td> <td>1,000.</td> </tr> <tr> <td>11 Benefits paid to or for members</td> <td>11</td> <td>56,076.</td> </tr> <tr> <td>12 Salaries, other compensation, and employee benefits</td> <td>12</td> </tr> <tr> <td>13 Professional fees and other payments to independent contractors</td> <td>13</td> <td>200.</td> </tr> <tr> <td>14 Occupancy, rent, utilities, and maintenance</td> <td>14</td> <td>963.</td> </tr> <tr> <td>15 Printing, publications, postage, and shipping</td> <td>15</td> <td>8.</td> </tr> <tr> <td>16 Other expenses (describe in Schedule O)</td> <td>16</td> <td>20,172.</td> </tr> <tr> <td>17 Total expenses. Add lines 10 through 16</td> <td>17</td> <td>78,419.</td> </tr> <tr> <td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td> <td>18</td> <td>15,174.</td> </tr> <tr> <td>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)</td> <td>19</td> <td>121,174.</td> </tr> <tr> <td>20 Other changes in net assets or fund balances (explain in Schedule O)</td> <td>20</td> </tr> <tr> <td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td> <td>21</td> <td>136,348.</td> </tr> </table>				1 Contributions, gifts, grants, and similar amounts received	1	2 Program service revenue including government fees and contracts	2	92,434.	3 Membership dues and assessments	3	4 Investment income	4	1,159.	5 a 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	5c	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)		7 a 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)	8	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	93,593.	10 Grants and similar amounts paid (list in Schedule O)	10	1,000.	11 Benefits paid to or for members	11	56,076.	12 Salaries, other compensation, and employee benefits	12	13 Professional fees and other payments to independent contractors	13	200.	14 Occupancy, rent, utilities, and maintenance	14	963.	15 Printing, publications, postage, and shipping	15	8.	16 Other expenses (describe in Schedule O)	16	20,172.	17 Total expenses. Add lines 10 through 16	17	78,419.	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,174.	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	121,174.	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	136,348.
1 Contributions, gifts, grants, and similar amounts received	1																																																																									
2 Program service revenue including government fees and contracts	2	92,434.																																																																								
3 Membership dues and assessments	3																																																																									
4 Investment income	4	1,159.																																																																								
5 a 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	5c																																																																									
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)																																																																										
7 a 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)	8																																																																									
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	93,593.																																																																								
10 Grants and similar amounts paid (list in Schedule O)	10	1,000.																																																																								
11 Benefits paid to or for members	11	56,076.																																																																								
12 Salaries, other compensation, and employee benefits	12																																																																									
13 Professional fees and other payments to independent contractors	13	200.																																																																								
14 Occupancy, rent, utilities, and maintenance	14	963.																																																																								
15 Printing, publications, postage, and shipping	15	8.																																																																								
16 Other expenses (describe in Schedule O)	16	20,172.																																																																								
17 Total expenses. Add lines 10 through 16	17	78,419.																																																																								
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,174.																																																																								
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	121,174.																																																																								
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	136,348.																																																																								

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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 X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	ATTACHMENT 3	121,174.	22 134,298.
23	Land and buildings		0	23 2,050.
24	Other assets (describe in Schedule O)		0	24 0
25	Total assets		121,174.	25 136,348.
26	Total liabilities (describe in Schedule O)		0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		121,174.	27 136,348.

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 . . . X

What is the organization's primary exempt purpose? ATTACHMENT 4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 ATTACHMENT 5

(Grants \$) If this amount includes foreign grants, check here ►

29

28a

(Grants \$) If this amount includes foreign grants, check here

30

29a

If this amount includes foreign grants, check here

31

303

31 Other program services (describe in Schedule C) (Grants \$) If this amount includes foreign grants, check here ► 31a

Part IV - List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the notes to Part IV).

List of Officers, Directors, Trustees, and Key Employees. List each one even if not currently employed.

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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)
- 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
- b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
- c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
- 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?
- 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 ►
- 42a The organization's books are in care of ► THE ORGANIZATION Telephone no ► 303-739-6000
Located at ► 15001 E. ALAMEDA PKWY AURORA, CO ZIP + 4 ► 80012
- 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 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
- 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- 45b 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).

	Yes	No
33		X
34		X
35a		X
35b		
35c		X
36		X
37a		
37b		X
38a		X
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		X
42b		X
42c		X
43		
44a		X
44b		X
44c		X
44d		
45a		X
45b		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. Yes No
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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No
47 X

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? 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

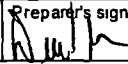
f Total number of other employees paid over \$100,000 ►
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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

Sign Here	► Signature of officer	X 12/15/16 Date		
	► Type or print name and title	Jas Lanigan / Treasurer		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	DAVID S. MASON, CPA		12-7-16	<input type="checkbox"/> P00137279
	Firm's name ► BKD, LLP	Firm's EIN ► 44-0160260		
Firm's address ► 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848	Phone no 719 471-4290			

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

Form 990-EZ (2011)

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.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

AURORA FRATERNAL ORDER OF POLICE LODGE 49

Employer identification number

55-0808097

AMENDED RETURN CHANGES:

FORM 990EZ AMENDED RETURN

FORM 990 WAS ORIGINALLY COMPLETED FOR AURORA FRATERNAL ORDER OF POLICE
LODGE 49. IN 2011, GROSS RECEIPTS WERE UNDER \$200,000 AND TOTAL ASSETS
WERE UNDER \$500,000 SO AN AMENDED 990EZ WAS PREPARED.

THE FOLLOWING CHANGES WERE ALSO MADE TO THE RETURN:

TAX EXEMPT STATUS:

FORM 990, BOX I AS ORIGINALLY FILED: 501(C) (5)

FORM 990EZ BOX J AS AMENDED: 501(C) (8)

TOTAL REVENUE:

FORM 990, PART I, LINE 12: \$102,883

FORM 990EZ, PART I, LINE 9: \$93,593

TOTAL EXPENSES:

FORM 990, PART I, LINE 18: \$95,903

FORM 990EZ, PART I, LINE 17: \$78,419

NET ASSETS-END OF YEAR:

FORM 990, PART I, LINE 22: \$130,354

FORM 990EZ, PART I, LINE 21: \$136,348

Name of the organization

AURORA FRATERNAL ORDER OF POLICE LODGE 49

Employer identification number

55-0808097

THE BOARD OF DIRECTORS HAS BEEN UPDATED TO INCLUDE THE NAMES AND ADDRESSES FOR THE INDIVIDUALS ON THE BOARD OF DIRECTORS.

FORM 990EZ, PART I - INVESTMENT INCOMEATTACHMENT 1

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	1,159.
TOTAL	<u>1,159.</u>

FORM 990EZ, PART I - OTHER EXPENSESATTACHMENT 2

SUPPLIES	56.
CONFERENCES, CONVENTIONS	193.
DEPRECIATION	1,617.
BANK CHARGES	68.
CLASS EXPENSE	3,244.
DUES PAYMENTS	8,657.
IRS FEES	5,951.
FLOWERS AND GIFTS	386.
TOTAL	<u>20,172.</u>

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTSATTACHMENT 3

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH		20,408.
SAVINGS	121,174.	113,890.
TOTALS	<u>121,174.</u>	<u>134,298.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSEATTACHMENT 4

THE ORGANIZATION IS A FRATERNAL ASSOCIATION THAT PROVIDES BENEFITS TO ITS MEMBERS (LAW ENFORCEMENT OFFICERS) IN THE FORM OF LEGAL DEFENSE FUNDING AND TRAINING SUPPORT.

Name of the organization

AURORA FRATERNAL ORDER OF POLICE LODGE 49

Employer identification number

55-0808097

ATTACHMENT 5FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSPROGRAM SERVICE ACCOMPLISHMENT 1

PAID LEGAL DEFENSE PREMIUMS FOR ITS MEMBERS WHO ARE LAW ENFORCEMENT OFFICERS WORKING FOR THE CITY OF AURORA, COLORADO. THESE LEGAL DEFENSE PREMIUMS ASSURE THAT OFFICERS ARE PROVIDED LEGAL DEFENSE IN THE CASE WHERE LEGAL ACTION IS SOUGHT AGAINST THE OFFICER, BOTH IN CIVIL AND CRIMINAL COURTS FOR ACTIONS DURING THE PERFORMANCE OF THEIR DUTIES. THE ORGANIZATION ALSO PROVIDED SUPPORT TO TRAIN ITS MEMBERS AND OTHER LAW ENFORCEMENT OFFICERS.