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Return of Organization Exempt From Income Tax

2012

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning		, 2012, and ending				
B Check if applicable	C Name of organization		D Employer identification number			
Address change	FRATERNAL ORDER OF POLICE MESA LODGE #9 Doing Business As		23-7585965			
Name change	Number and street (or P O box if mail is not delivered to street addr)		Room/suite			
Initial return	PO BOX 999					
Terminated	City, town or country		State ZIP code + 4			
Amended return	MESA		AZ 85211-0999			
Application pending			G Gross receipts \$ 187,322.			
I Tax-exempt status	501(c)(3) <input checked="" type="checkbox"/>	501(c) (8) <input type="checkbox"/> (insert no.)	4947(a)(1) or 527			
J Website:	► N/A		H(c) Group exemption number ►			
K Form of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ►	L Year of formation 1948	M State of legal domicile AZ

Part I Summary

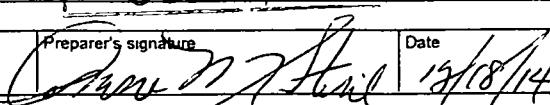
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE ATTACHED STATEMENT</u>	

Revenue	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	
Expenses	4 Number of independent voting members of the governing body (Part VI, line 1b)	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	
Net Assets & Fund Balances	6 Total number of volunteers (estimate if necessary)	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	
	b Net unrelated business taxable income from Form 990-T, line 34	
	Prior Year Current Year	
	8 Contributions and grants (Part VIII, line 1h) 92,101.	93,921.
	9 Program service revenue (Part VIII, line 2g) 103,617.	93,370.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16.	22.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,562.	-21.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 198,296.	187,292.
		10,769. 12,030.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 119,798.	128,550.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 63,376.	44,655.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 193,943.	185,235.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 4,353.	2,057.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 87,194.	89,251.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 8,474.	0.
	19 Revenue less expenses. Subtract line 18 from line 12 78,720.	89,251.
	Beginning of Current Year End of Year	
	20 Total assets (Part X, line 16) 87,194.	89,251.
	21 Total liabilities (Part X, line 26) 8,474.	0.
22 Net assets or fund balances. Subtract line 21 from line 20 78,720.	89,251.	

Part II Signature Block

RECEIVED

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	►  DECEMBER 18, 2014	IR	Date 12/18/2014
	► TONY FAJARDO		
	Type or print name and title OGDEN, UT	TREASURER	
Paid Preparer Use Only	Print/Type preparer's name ANNE M STINE	Preparer's signature  Date 12/18/14	Check <input checked="" type="checkbox"/> self-employed PTIN 16176-49947
	Firm's name ► Alpha Omega Business Systems,	Firm's EIN 16-0671985	
	Firm's address ► 20037 N. 17th Drive		
	Phoenix AZ 85027		
	Phone no (602) 291-0715		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If 'Yes,' describe these new services on Schedule O Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If 'Yes,' describe these changes on Schedule O. Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 133,715. including grants of \$ _____) (Revenue \$ _____)

1) GRANTS & ALLOCATIONS TO THE COMMUNITY (SEE SCHEDULE)	5893.
2) ASSISTANCE LODGE MBRS, SICK/DISTRESSED MBRS, FLWRS	5137.
2) SCHOLARSHIP AWARDS TO LODGE MEMBER'S CHILDREN	1000.
4) AZ LABOR COUNCIL LEGAL DEFENSE PKG FOR MEMBERS (SEE ATTACH)	84620.
4) PER CAPITA DUES ST & NAT'L FOP FOR THEIR BENEFITS TO MBRS (SEE ATTACH)	7682.
4) AFLAC DISABILITY PACKAGE FOR MEMBERS	4653.
4) ACCIDENTAL DEATH & DISMEMBERMENT INS PCKG FOR MEMBERS	3632.
4) 2013 FOP LODGE #9 CALENDARS	714.
4) ATTORNEYS FILING LAWSUIT FOP VS PSRS/ST OF AZ (SEE DESCRIPTION)	20384.

4b (Code: _____) (Expenses \$ 25,297. including grants of \$ _____) (Revenue \$ _____)

4) ST FOP LEGISLATIVE ASSESSMENT TO SUPPORT LOBBYIST (SEE DESC)	4055.
4) AWARDS & PLAQUES FOR OUTSTANDING MEMBERS & INDIVIDUALS	790.
4) PURCHASE OF HARKINS TICKETS AT A DISCOUNT TO SELL MEMBRS	2020.
13) PORTION OF OFC EXPENSES TO SUPPORT ALL PROGRAMS	1835.
16) LODGE HALL FOR MEMBERS, MEETINGS, FOOTBALL NIGHTS, POKER NIGHT ETC	11757.
17) ATTEND ST & NATIONAL FOP CONVENTIONS TRAVEL	4656.
19) OTHER POLICE RELATED MEETINGS & CONFERENCES	184.

4c (Code: _____) (Expenses \$ 12,885. including grants of \$ _____) (Revenue \$ _____)

19) MONTHLY LODGE MEETINGS FOR BOARD & MEMBERS HELD AT LODGE HALL	1757.
19) ST FOP CONFERENCE REGISTRATIONS, SHIRTS, NETWORK RM, INSUR	1502.
14) WEB SITE FOR MEMBERS	250.
24b) NEWSLETTER OUTLINING POLICE MATTERS, SAFETY, TRAINING, ETC	3918.
24c) LODGE CHRISTMAS PARTY FOR LODGE MEMBERS	2935.
24c) THANKSGIVING CELEBRATION	365.
24c) LODGE FUNCTIONS FOR MEMBERS	2158.

4d Other program services. (Describe in Schedule O)

(Expenses \$ _____)	including grants of \$ _____)	(Revenue \$ _____)
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4e Total program service expenses ► 171,897.

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 X
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X
- 3 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 3 X
- 4 **Section 501(c)(3) organizations** 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 4
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 X
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 X
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X
- 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
 - a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X
 - b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11b X
 - c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11c X
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11d X
 - e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11e X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11f X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII 12a X
- 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X
- 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X
- 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV 14b X
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 X
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV 16 X
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 X
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X
- 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20 X
- 20b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22 X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	
b Is the organization 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	25b	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27 X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a X	
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31 X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32 X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

BAA

Form 990 (2012)

Part V | Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2 b	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	
4 a 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)?	4 a	X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4 b	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
7 Organizations that may receive deductible contributions under section 170(c).	7 a	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 b	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 c	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 d	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 e	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 f	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9 a	
9 Sponsoring organizations maintaining donor advised funds.	9 b	
a Did the organization make any taxable distributions under section 4966?	10 a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	10 b	
10 Section 501(c)(7) organizations. Enter.	11 a	
a Initiation fees and capital contributions included on Part VIII, line 12	11 b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12 a	
11 Section 501(c)(12) organizations. Enter:	12 b	
a Gross income from members or shareholders	13 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	13 b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13 c	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	14 a	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	14 b	
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	14 a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14 b	
c Enter the amount of reserves on hand	14 b	
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	

Part VI **Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members
of the governing body, or if the governing body delegated broad
authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents
since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members,
stockholders, or other persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by
the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the
organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O

	Yes	No
1a	325	
1b	325	
2		X
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

10a Did the organization have local chapters, branches, or affiliates?

b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in
Schedule O how this is done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers of key employees of the organization

If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a
taxable entity during the year?

b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its
participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the
organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b		
12c		
13	X	
14	X	
15a	X	
15b	X	
16a	X	
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **Arizona**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to
the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
► **Anne Stine** _____ 20037 N. 17th Dr. Phoenix AZ 85027 (602) 291-0715
BAA TEEA0106 08/08/12

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter '0' in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional trustee	Officer	Key employee			
(1) WALT VANCE PRESIDENT	15.00		X		X			0.	0.
(2) TONY LUPO VICE PRESIDENT	10.00		X		X				
(3) STEVE CLARK SECRETARY	10.00		X		X			0.	0.
(4) TONY FAJARDO TREASURER/CHAPLAIN	15.00		X		X			0.	0.
(5) TIMOTHY WIGHT 2ND VICE PRES	10.00		X		X			0.	0.
(6) CHAPLAIN TOM BRADLEY	10.00		X		X			0.	0.
(7) PAUL BAILEY SGT AT ARMS	10.00		X		X			0.	0.
(8) VARIOUS OTHERS SEE ATTACHMENT	10.00		X					0.	0.
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former employee	Highest compensated employee	Officer or director			
(15)							
(16)							
(17)							
(18)							
(19)							
(20)							
(21)							
(22)							
(23)							
(24)							
(25)							
1 b Sub-total					0.	0.	0.
c Total from continuation sheets to Part VII, Section A							
d Total (add lines 1b and 1c)					0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b	93,436.			
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	485.			
	g Noncash contributions included in lns 1a-1f. \$					
PROGRAM SERVICE REVENUE	h Total. Add lines 1a-1f	93,921.				
PROGRAM SERVICE REVENUE	Business Code					
	2 a <u>ALC_DUES</u>	900099	86,073.	86,073.	0.	
	b <u>AFLAC</u>	900099	4,416.	4,416.	0.	
	c <u>HARKINS TICKETS</u>	900099	1,476.	1,476.	0.	
	d <u>ASSOC LODGE DUES</u>	900099	1,065.	1,065.	0.	
	e <u>CHRISTMAS PARTY</u>	900099	340.	340.	0.	
	f All other program service revenue					
OTHER REVENUE	g Total. Add lines 2a-2f	93,370.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		22.	0.	0.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	9.				
b Less: cost of goods sold	b	30.				
c Net income or (loss) from sales of inventory			-21.	-21.	0.	
Miscellaneous Revenue	Business Code					
11 a						
b						
c						
d All other revenue		0.	0.	0.	0.	
e Total. Add lines 11a-11d		0.				
12 Total revenue. See instructions		187,292.	93,349.	0.	22.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	5,660.	5,660.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	6,370.	6,370.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	128,550.	128,550.		
5 Compensation of current officers, directors, trustees, and key employees	0.	0.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.		
7 Other salaries and wages	0.	0.		
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion				
13 Office expenses	3,359.	1,835.	1,524.	
14 Information technology	250.	250.		
15 Royalties				
16 Occupancy	23,515.	11,757.	11,758.	
17 Travel	4,656.	4,656.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,443.	3,443.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	0.			
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TAXES, LICENSES, FEES	15.		15.	
b MEMBERS NEWSLETTER	3,918.	3,918.		
c LODGE FUNCTIONS	5,458.	5,458.		
d BANK FEES	41.		41.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	185,235.	171,897.	13,338.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here □ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year
ASSETS	1 Cash – non-interest-bearing	176.	176.
	2 Savings and temporary cash investments	86,482.	88,539.
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	0.	7
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	11,658.	
	10b Less: accumulated depreciation	10b	11,158.
		500.	10c
		500.	500.
	11 Investments – publicly traded securities	11	
	12 Investments – other securities. See Part IV, line 11	12	
	13 Investments – program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	36.	36.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	87,194.	89,251.
LIABILITIES	17 Accounts payable and accrued expenses	8,474.	0.
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25	
	26 Total liabilities. Add lines 17 through 25	8,474.	0.
	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	27	
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
NET ASSETS OR FUND BALANCES	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	78,720.	89,251.
	33 Total net assets or fund balances	78,720.	89,251.
	34 Total liabilities and net assets/fund balances	87,194.	89,251.

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Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	187,292.
2 Total expenses (must equal Part IX, column (A), line 25)	2	185,235.
3 Revenue less expenses Subtract line 2 from line 1	3	2,057.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,720.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	8,474.
9 Other changes in net assets or fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	89,251.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

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Form 990 (2012)

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service
Name of the organization**Supplemental Financial Statements**

OMB No 1545-0047

2012**Open to Public
Inspection**

Employer identification number

FRATERNAL ORDER OF POLICE MESA LODGE #9

23-7585965

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2 a	
2 b	
2 c	
2 d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		500.		500.
b Buildings				
c Leasehold improvements				
d Equipment	11,158.		11,158.	0.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 500.

Schedule D (Form 990) 2012

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Part VII Investments – Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		

Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►

Part VIII Investments – Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ►

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ►

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	2 a
b Donated services and use of facilities	2 b
c Recoveries of prior year grants	2 c
d Other (Describe in Part XIII.)	2 d
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a
b Other (Describe in Part XIII.)	4 b
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	2 a
b Prior year adjustments	2 b
c Other losses	2 c
d Other (Describe in Part XIII.)	2 d
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a
b Other (Describe in Part XIII.)	4 b
c Add lines 4a and 4b	4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII | Supplemental Information (continued)

SCHEDULE I
(Form 990)

OMB No. 1545-0047
2012

Department of the Treasury
Internal Revenue Service

Name of the organization

FRATERNAL ORDER OF POLICE MESA LODGE #9

Part I General Information on Grants and Assistance

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

Open to Public
Inspection

Employer identification number

23-7585965

Yes No

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) _____	_____	_____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____
(8) _____	_____	_____	_____	_____	_____	_____	_____

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901 11/30/12

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Pt. I, Line 2. The donations range from \$100 to \$500 and are made to well known Pt. I, Line 2. non profit organizations (see schedule L). Requests are generally made Pt. I, Line 2. by members and voted on by the attendees at the monthly meeting.

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

2012

Open to Public
Inspection

Name of the organization

FRATERNAL ORDER OF POLICE MESA LODGE #9

Employer identification number

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Pt VI, Line 19 All documents are available for inspection upon request to Treasurer or FOP. Financials and State and Federal filings are also available to any FOP member. Accountant is available to answer any questions anyone might have.

Pt VI, Line 6 The Mesa Fraternal Order of Police has sworn and the FOPA has civilian members

Pt VI, Line 7a FOP members nominate and vote for officers and directors

Pt VI, Line 7b Some decisions or recommendations may be approved by members

Pt VI, Line 8b There are no committees with authority to act on behalf of the lodge

Pt VI, Line 11b The 990 is presented to the Secretary or Treasurer for approval by the Board. Accountant who will answer any questions that may arise. Accountant is also available to answer any questions relating to the Financials or tax returns that any FOP member may have. Financial information is also available on AZ Corporation Commission web site.

Name of the organization

FRATERNAL ORDER OF POLICE MESA LODGE #9

Employer identification number

23-7585965

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

FRATERNAL ORDER OF POLICE MESA LODGE #9

Related Organizations and Unrelated Partnerships

- Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
- Attach to Form 990. ► See separate instructions.

Name of the organization

23-7585965

Employer identification number

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?
(1) AZ-STATE FOP -- 2510 E-11TH ST -- DOUGLAS, AZ-85607 -- 86-0211010	FRATERNAL ORG	AZ	501 (C) (8)	NONE	Yes	No
(2) NATIONAL FOP -- 701 MARRIOTT DR -- NASHVILLE, TN 37214 -- 23-11283161	FRATERNAL ORG	AZ	501 (C) (8)	NONE		X
(3) _____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA5001 12/28/12

Schedule R (Form 990) 2012

2012

OMB No 1545-0047

Open to Public
Inspection

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disposition of allocations?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
									Yes	No
(1) - - - - -										
(2) - - - - -										
(3) - - - - -										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity	
								Yes	No
(1) - - - - -									
(2) - - - - -									
(3) - - - - -									

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of **(1) interest** **(ii) annuities** **(iii) royalties** or **(iv) rent** from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL FRATERNAL ORDER OF POLICE MEMBERSHIP DUES	M		CHECK
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
(1) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(8) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Part VII Supplemental Information

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Depreciation and Amortization
(Including Information on Listed Property)

2012

Department of the Treasury
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Attachment
Sequence No 179

Name(s) shown on return

FRATERNAL ORDER OF POLICE MESA LODGE #9

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0.	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15	Property subject to section 168(f)(1) election	15
16	Other depreciation (including ACRS)	16

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	0.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B – Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If 'Yes,' is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	

26 Property used more than 50% in a qualified business use:

27 Property used 50% or less in a qualified business use:

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) <i>Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles</i>		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions):					

43 Amortization of costs that began before your 2012 tax year	43
44 Total. Add amounts in column (f). See the instructions for where to report	44

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code: _____ Description: _____
Expenses _____
Grants Of _____
Revenue _____

Code: _____ Description: _____
Expenses _____
Grants Of _____
Revenue _____

Supporting Statement of:

Form 990 p 9/Membership Dues

Description	Amount
FOP DUES	93,436.
Total	<u>93,436.</u>

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
DONATIONS FOR FRIENDS OF PUBLIC SAFETY LAWSUITS	485.
Total	<u>485.</u>

Supporting Statement of:

Form 990 p 10/Line 1 col (B)

Description	Amount
POLICE UNITY TOUR	394.
CITY OF MESA VIPS BANQUET ASSISTANCE	600.
COMMUNICATIONS CONFERENCE CITY OF MESA	150.
LESS REFUND FROM AZCART	-104.
NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL	200.
MESA POLICE ASSOCIATION AWARDS BANQUET	1,000.
100 CLUB SCHECTERLE BALL	170.
AZ STATE FOP SPONSORSHIP	300.
AZ STATE FOUNDATION DONATION	100.
PHX LODGE 2 FOUNDATION OFC TUCHALSKI	100.
LAW ENFORCEMENT UNITED BIKE RIDE SPONSOR	250.
NATIONAL FOP FOUNDATION	500.
100 CLUB 2012 CORP SPONSORSHIP	500.
AZ SPECIAL OLYMPICS	150.
AZ MEMORIAL GOLD SPONSORSHIP	500.
SPONSORSHIP OF YOUTH ATHLETIC TEAMS	850.
Total	<u>5,660.</u>

Supporting Statement of:

Form 990 p 10/Line 2 col (B)

Description	Amount
POLLARD MEMORIAL SCHOLARSHIP COLLIN MILLER	500.
JACQUELINE LUPO SCHOLARSHIP	500.
FLOWER ARRANGEMENTS FOR SICK, FALLEN, DISTRESSED	1,974.
GIFT CARDS	35.
BROADHURST BBQ	132.
OFC KEVIN CORMIER ASSISTANCE	250.
SHANIE COLLINS FEDERAL ASSISTANCE	500.
MICHAEL STORE OFC ASSISTANCE	187.
NAT LAW ENFORC OFC MEM RUSSELL DUNCAN AJPD	135.
NAT LAW ENFORC OFC MEM HYRUM PETERSON	135.
ASHLEY ELLIFF OFC ASSISTANCE	259.
NAT LAW ENFORC OFC MEM FUND	135.
KENN COBB GIFT OFC ASSISTANCE FOR TRAVEL	683.
WALT VANCE FOOD FOR SCENE OFC INVOLVED SHOOTING	12.
MIKE RAMIEREZ OFC ASSISTANCE	200.
NYLE MILLER OFC ASSISTANCE	500.
HALO-GRAVE MARKER, DECAL, DECAL	233.
Total	<u>6,370.</u>

Supporting Statement of:

Form 990 p 10/Line 4 col (B)

Description	Amount
AWARDS & PLAQUES	790.
ALC LEGAL PACKAGE	84,620.
2013 CALENDARS	714.
ACCIDENT INS FOR MEMBERS	3,632.
FRIENDS OF PUBLIC SAFETY	8,000.
LANG PRINTING LAWSUIT LETTER	384.
AFLAC PREMIUMS	4,653.
AZ STATE FOP LEGISLATIVE ASSESSMENT	4,055.
AZ STATE PER CAPITA DUES	3,853.
NATIONAL FOP PER CAPITA DUES	3,829.
HARKINS TICKETS	2,020.
YEN PILCH & KOMADINA	12,000.
Total	<u>128,550.</u>

Supporting Statement of:

Form 990 p 10/Line 13 col (B)

Description	Amount
PROGRAM SUPPLIES	1,100.

Continued

Supporting Statement of:

Form 990 p 10/Line 13 col (B)

Description	Amount
PROGRAM POSTAGE	735.
Total	<u>1,835.</u>

Supporting Statement of:

Form 990 p 10/Line 13 col (C)

Description	Amount
OFFICERS & VOLUNTEERS SUPPLIES	1,100.
ADMINISTRATIVE EXPENSES	151.
POSTAGE (ADMINISTRATIVE)	273.
Total	<u>1,524.</u>

Supporting Statement of:

Form 990 p 10/Line 16 col (B)

Description	Amount
1/2 LODGE RENT	9,203.
1/2 LODGE ELECTRIC	619.
1/2 LODGE INSURANCE	1,583.
1/2 LODGE MAINTENANCE	228.
1/2 LODGE JANITORIAL	43.
1/2 LODGE SUPPLIES	81.
Total	<u>11,757.</u>

Supporting Statement of:

Form 990 p 10/Line 17 col (B)

Description	Amount
AZ STATE FOP CONFERENCE TRAVEL	2,350.
AZ STATE FOP CONFERENCE LODGING	2,167.
NATIONAL FOP CONFERENCE FOOD	139.
Total	<u>4,656.</u>

Supporting Statement of:

Form 990 p 10/Line 19 col (B)

Description	Amount
VARIOUS OTHER MEETINGS	184.
MONTHLY FOP MEETINGS	1,757.
LODGE 9 ID SHIRTS FOR STATE CONFERENCE	762.
SET UP NETWORKING ROOM AZ ST FOP CONF	200.
REGISTRATION PACKETS FOR ST FOP CONF	480.
ST FOP CONF INSURANCE	60.
Total	<u>3,443.</u>

Supporting Statement of:

Form 990 p 10/Line 24 col (B)-3

Description	Amount
THANKSGIVING TRAY	365.
CHRISTMAS PARTY	2,935.
LODGE MONDAY NIGHT FOOTBALL, BBQ'S, OTHER EVENTS	2,158.
Total	<u>5,458.</u>

Supporting Statement of:

Form 990 p 11/Line 1, column (A)

Description	Amount
PETTY CASH	176.
Total	<u>176.</u>

Supporting Statement of:

Form 990 p 11/Line 1, column (B)

Description	Amount
PETTY CASH	176.
LODGE HALL ACCOUNT	
FOPA GEN FUND BOFA CKG	
FOPAQ CRISIS SVGS BOFA	
Total	<u>176.</u>

Supporting Statement of:

Form 990 p 11/Line 2, column (A)

Description	Amount
AZFCU SAVINGS ACCT	71,777.
AZFCU MONEY MARKET ACCT	11,287.
AZFCU CHECKING ACCT	-5,347.
B OF A LODGE HALL ACCT #8628	1,727.
FOPA CKG B OF A	5,103.
FOPA SVGS B OF A	1,935.
Total	<u>86,482.</u>

Supporting Statement of:

Form 990 p 11/Line 2, column (B)

Description	Amount
AZFCU SAVINGS ACCT	64,808.
AZFCU MONEY MARKET ACCT	14,274.
AZFCU CHECKING ACCT	-2,308.
B OF A 8628 LODGE HALL ACCT	4,727.
FOPA CKG ACCT B OF A	5,103.
FOPA SVGS ACCT B OF A	1,935.
Total	<u>88,539.</u>

Supporting Statement of:

Form 990 p 11/Line 17, column (A)

Description	Amount
AFLAC DUES OVER WITHHELD	414.
ALC DUES OVER WITHHELD	8,060.
Total	<u>8,474.</u>

Supporting Statement of:

Sch D, page 2/Equipment col (b)

Description	Amount
FURNITURE & EQUIPMENT STILL IN USE	11,158.
Total	<u>11,158.</u>

Additional Information For Tax Return

FRATERNAL ORDER OF POLICE MESA LODGE #9

23-7585965

Form 990 p 1. Pt I, Ln 1, Mission

THE PURPOSE OF THIS ORGANIZATION IS TO IMPROVE LAW ENFORCEMENT AND THE COMMUNITIES IN WHICH WE LIVE AND SERVE BY IMPROVING THE SKILLS AND KNOWLEDGE OF OUR MEMBERS. WE BELIEVE WE IMPROVE LAW ENFORCEMENT AS A WHOLE WHICH PROMOTES PUBLIC CONFIDENCE AND OFFICER SAFETY. WE PROVIDE TRAINING, CONFERENCES AND SEMINARS TO IMPROVE THE SKILLS OF OUR MEMBERS. WE PROVIDE MANY BENEFITS TO OUR MEMBERS SUCH AS OUR LEGAL PACKAGE, LODGE FUNCTIONS, AND AID TO MEMBERS SICK OR IN DISTRESS. WE FOSTER A SPIRIT OF FRATERNALISM AND MUTUAL HELPFULNESS AMONG OUR MEMBERS, FELLOW LAW ENFORCEMENT PROFESSIONALS AND THE GENERAL PUBLIC.

Form 990 p 6. Line 8b Yes

THERE ARE APPROXIMATELY 14 COMMITTEES BUT NONE HAVE THE AUTHORITY TO ACT ON BEHALF OF THE LODGE. THE COMMITTEES HAVE ONLY ADVISORY DUTIES. MINUTES ARE KEPT CONTEMPORANEOUSLY BY THE TREASURER.



FOP Pension Lawsuit Update

FOP members and for those of you that are not yet FOP members. Before and after SB 1609 was passed by the legislature, the FOP always contended the legislation was unconstitutional. After the bill was signed into law, the Arizona FOP board decided that a lawsuit should be filed on behalf of its members. State president Ortalano named a committee with members from different lodges; I'm on that committee. The committee first met in December 2011 with FOP attorneys Bob Yen, Carol Pilch and Kent Komadina. The attorneys said that the FOP itself could not file the lawsuit; individual FOP members must be named as plaintiffs. It was also decided that two lawsuits would have to be filed, one for active officers as a result in the raise in employee contribution rates and one for retired officers over the loss of their COLA increases. Four FOP members signed as plaintiffs in the active officers' lawsuit as did two FOP members in the retired officers' lawsuit. Mesa FOP members are named as plaintiffs in each of the lawsuits. Once the attorneys had plaintiffs to represent and the bases of the lawsuits were in place, the attorneys filed the lawsuits.

That lawsuits are actively being pursued through the court system currently. As many of you have been involved in a lawsuit during the course of your career, then you are aware of how painfully slow the court system is for civil lawsuits. In addition to pursuing legal action against the Public Safety Pension Retirement System (PSPRS), the FOP has engaged in heavy lobbying at the state legislature to ensure future "reforms" do not violate our constitutional rights.

I don't know what is being said by other police organizations, but no other organization filed a lawsuit on behalf of active or retired officers. Three or four months after the FOP lawsuit was filed, PLEA filed a motion to intervene (tag along with the FOP) on behalf of active Phoenix officers only. The lawsuits filed by Yen, Pilch and Komadina will affect all members of PSPRS, active and retired, no matter to what department they belong. I never will speak against another police organization, but only one stepped forward to protect our pensions, and that was the FOP!
I encourage all members to attend some FOP meetings and find out for yourself what your FOP is doing for you.

Fraternally,

Michael Grassia

Past President Mesa FOP Lodge 9

GRAND LODGE BENEFITS

« The VOICE of law enforcement professionals through the world's largest organization of sworn law enforcement officers, with more than 2100 local lodges and over 321,000 members

FOP MasterCard (for members only)

- Internet website and e-mail accounts available to FOP members only
www.fop.net
- National Computerized Agencies. Reduced rates on auto and homeowners insurance.
www.copcoveraae.com

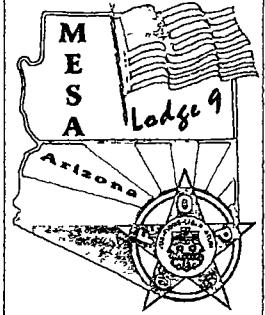
« Nationwide Advantage Mortgage. Best mortgage deal, guaranteed.
1-866-816-5142

- Public Safety Financial. Serving financial needs of FOP members
- The Union Shop. FOP checks
- National benefits: www.onmytime.com User name: call for information

SUMMARY OF AZ LABOR COUNCIL BENEFITS

Some benefits furnished to members of ALC

1. Trial Defense for job-related matters, criminal and civil.
2. Disciplinary Hearing Representation for job-related matters.
3. IRS Audit Representation – hours limitation set.
4. Wills for member and spouse.
5. Motor Vehicle Representation within the State of AZ – some limitations.
6. Unlimited free phone consultation on personal legal matters.
7. Estate Representation
8. Discounted rate for other legal services not otherwise provided under ALC package.
9. There are some exclusions under the Agreement
10. Due to the efforts of the ALC, changes were made to specific language in the State statutes governing buying back prior service for time spent working for an agency in AZ making it more equitable.
11. Other legislative changes were brought about due to ALC efforts. Some include- improvement to law enforcement due process rights and changes to the deferred retirement option plan.



July 2014

FOP Member Benefits

There are many benefits of being a member of the Mesa Fraternal Order of Police. As a member you have legal representation available to you and your family. FOP Representatives will represent you when you are under investigation for on-duty incidents. We will also assist you in resolving work related issues. The Mesa FOP Lodge also carries accidental death and dismemberment insurance for our members.

The State FOP Lodge has discounts available through Verizon Wireless as well as a program that provides discounts for many activities throughout the state. The State FOP also represents you at the State Legislature fighting for your rights. Go to azfop.com for more information.

The National FOP provides many benefits to our members. Through the National FOP website you can get discounts on rental cars and cruises. There is discounted auto and home Insurance programs available through copcoverage.com as well as mortgage discounts through Nationwide Mortgage.

You can also attend college through the Fraternal Order of Police University. There are numerous colleges that offer classes on line at a discounted rate. You can also apply for tuition reimbursement scholarship through the FOP if you are attending the FOP University.

Here are the colleges that participate in the FOP University:

American Military University	Bellevue University
Liberty University	Mineral Area College
Mountain State University	Tiffin University
Trident University International (TUI)	Union Institute & University
Upper Iowa University	

Take advantage of the benefits that are offered to you. Invite a co-worker to join the FOP. If you have any questions contact a board member or go to the websites for additional information.

Walter Vance
President

To sign up for Verizon Wireless through the FOP, go to lodge9.azfop.com. Go to the members tab and you will see a drop down for FOP Verizon Plan. All the benefits and instructions on how to sign up are listed here.



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