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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning _____, and ending _____

B Check if applicable

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization

FRATERNAL ORDER OF POLICE LODGE #5

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

PO BOX 2212

City or town, state or province, country, and ZIP or foreign postal code

LONG BEACH TOWNSHIP NJ 08008

D Employer identification number

23-7586043

E Telephone number

609-492-0505

F Group Exemption

Number ▶

G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	<input type="checkbox"/> Other (specify) ▶
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I Website: ► N/A

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

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

H Check ☒ if the organization is not

required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

► \$ **78,542**

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
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Check if the organization used Schedule O to respond to any question in this Part I

X

Check if the organization used Schedule C to respond to any question in this part:		1	72,727
Revenue	1 Contributions, gifts, grants, and similar amounts received	2	
	2 Program service revenue including government fees and contracts	3	5,720
	3 Membership dues and assessments	4	95
	4 Investment income	5a	
	5a Gross amount from sale of assets other than inventory	5b	
	b Less cost or other basis and sales expenses	5c	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
	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)	6c	
c Less direct expenses from gaming and fundraising events			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	78,542	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	15,625
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	3,718
	14 Occupancy, rent, utilities, and maintenance	14	652
	15 Printing, publications, postage, and shipping	15	11,747
	16 Other expenses (describe in Schedule O)	16	15,874
	17 Total expenses. Add lines 10 through 16	17	47,616
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	30,926
	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	30,278
	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	61,204

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

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 ☐

	Yes	No
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		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
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)?		X
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		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
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?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter 39a		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or 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		X
41 List the states with which a copy of this return is filed NJ		
42a The organization's books are in care of MICHAEL MCCAFFREY Telephone no 609-492-8766 300 JEFFERIES AVENUE Located at BEACH HAVEN NJ ZIP + 4 08008		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
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 ▶ _____		X
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		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)		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 only

All section 501(c)(3) organizations 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
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
47		
48		
49a		
49b		

(a) Name and title of each employee	(b) 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 business address of each independent contractor	(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 <i>Michael McCaffrey</i>		Date 3-4-14		
	Type or print name and title Michael McCaffrey Treasurer				
Paid Preparer Use Only	Print/Type preparer's name RAYMOND S NEVEIL	Preparer's signature <i>Raymond S Neveil</i>	Date 03/03/14	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00031278
	Firm's name ▶ RAYMOND S. NEVEIL, CPA			Firm's EIN ▶ 22-3481093	
	Firm's address ▶ 265 CAUSEWAY WEST SHIP BOTTOM, NJ 08008			Phone no 609-494-7474	

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

Department of the Treasury
Internal Revenue Service

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.**

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

FRATERNAL ORDER OF POLICE LODGE #5

23-7586043

Form 990-EZ, Part I, Line 10 - Grants/Similar Amt's Paid to Individuals

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

Cash Contrib.	Noncash Contrib.	Book Value	BV Expl.	FMV Expl.
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\$ 6,000 \$ 0 \$ 0

\$ 9,625 \$ 0 \$ 0

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

Description	Amount
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Expenses

MEETINGS AND CONVENTION	\$	2,381
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BANK SERVICE CHARGES	\$	263
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DUES **\$ 4,576**

LICENSE AND FEES	\$	65
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MEALS	\$	440
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SUPPLIES	\$	1,020
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SUPPLIES	\$	6,871
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TRAVEL	\$	258
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Total \$ 15,874

Form 990-EZ, Part III - Primary Exempt Purpose

THE LONG BEACH ISLAND, FRATERNAL ORDER OF POLICE LODGE

#5 WAS CREATED FOR THE BENEFIT OF THE LOCAL POLICE

OFFICERS, COMMUNITY MEMBERS AND OTHER ORGANIZATIONS THAT

Name of the organization

FRATERNAL ORDER OF POLICE LODGE #5

Employer identification number

23-7586043

**MAY NEED ASSISTANCE. THE LODGE USES FUND RAISING PROCEEDS
FOR A VARIETY OF CHARITABLE CAUSES, AS WELL AS PROVIDING
BENEFITS FOR LONG BEACH ISLAND POLICE OFFICERS.**