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Form **990-EZ**Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2013**Open to Public
Inspection**

► 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**

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization**FRATERNAL ORDER OF POLICE LODGE #5**

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

PO BOX 2212**D Employer identification number****23-7586043**

Room/suite _____

E Telephone number

609-492-0505

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

LONG BEACH TOWNSHIP NJ 08008**F Group Exemption****Number** ►**G Accounting Method** Cash Accrual Other (specify) ► _____**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) ► \$ **78,542****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	72,727
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	5,720
	4 Investment income	4	95
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
Expenses	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
	c Less direct expenses from gaming and fundraising events	6d	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6e	
	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
	10 Grants and similar amounts paid (list in Schedule O)	10	15,625
Net Assets	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
	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
Net Assets	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

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 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

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)? 35a 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 35b

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 35c 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 36 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? 37b 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? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 39a

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 40b

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 40e 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**
300 JEFFERIES AVENUE

Telephone no ► **609-492-8766**

Located at ► **BEACH HAVEN**

NJ ZIP + 4 ► 08008

Yes No
42b X

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.

Yes No
42c 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 ► _____

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

Yes No
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 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

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

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

Yes No
44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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) 45b X

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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations 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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and 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 ►

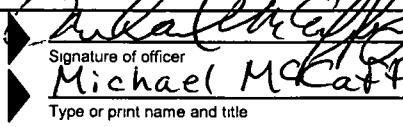
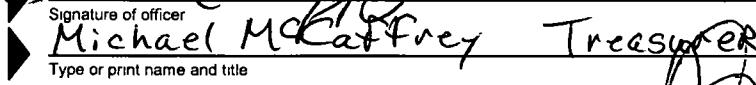
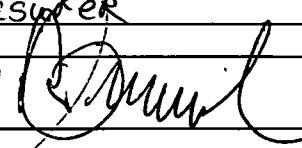
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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  Michael McCaffrey Treasurer Type or print name and title		3-4-14
	Print/Type preparer's name	Preparer's signature	Date 03/03/14
Paid Preparer Use Only	RAYMOND S. NEVEIL		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
Form 990-EZ (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2013

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

Employer identification number

FRATERNAL ORDER OF POLICE LODGE #5

23-7586043

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

Relationship to Org	Class of Activity	Date of Gift	Desc. of Property
Cash Contrib.	Noncash Contrib.	Book Value	BV Expl.

\$ 6,000	\$ 0	\$ 0	
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\$ 9,625	\$ 0	\$ 0	
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Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
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Expenses

MEETINGS AND CONVENTION	\$ 2,381
BANK SERVICE CHARGES	\$ 263
DUES	\$ 4,576
LICENSE AND FEES	\$ 65
MEALS	\$ 440
SUPPLIES	\$ 1,020
SUPPLIES	\$ 6,871
TRAVEL	\$ 258
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.**