

Form 990EZ

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)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018**

**B** Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final 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) Room/suite  
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 ☒ Cash ☐ Accrual Other (specify)   
**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website:   
**J** Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)( 8) (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 . . . . . \$ 71,649

**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	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	68,712
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	2,845
	<b>4</b>	Investment income . . . . .	<b>4</b>	92
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</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) . . . . .	<b>6b</b>	
	<b>c</b>	Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	
	<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
	<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	71,649
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	34,384
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	2,134
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	320
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	4,309
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	31,994
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	73,141
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-1,492
	<b>19</b>	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) . . . . .	<b>19</b>	66,399
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	<b>21</b>	64,907

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

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

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
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Check if the organization used Schedule O to respond to any question in this Part III ☒ (Required for section 501(c)(3) and 501(c)(4))

Check if the organization used Schedule O to respond to any question in this Part III . . ☒

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 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

28		
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[illegible]

29	29a	
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(Grants \$ ) If this amount includes foreign grants, check here ☐

30	30a
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(Grants \$ ) If this amount includes foreign grants, check here . . . ☐

(Grants \$ ) If this amount includes foreign grants, check here . . . ☐ **31a**

<b>32 Total program service expenses</b> (add lines 28a through 31a)	. . . . .	<b>32</b>	34,384
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**Part IV** **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Country	Year	Population (millions)	Urban population (millions)	Urban population (%)
Algeria	2000	24.0	14.0	58.3
Algeria	2005	27.0	16.0	59.3
Algeria	2010	30.0	18.0	60.0
Algeria	2015	33.0	20.0	60.6
Algeria	2020	36.0	22.0	61.1
Algeria	2025	39.0	24.0	61.5
Algeria	2030	42.0	26.0	61.9
Algeria	2035	45.0	28.0	62.2
Algeria	2040	48.0	30.0	62.5
Algeria	2045	51.0	32.0	62.7
Algeria	2050	54.0	34.0	62.9
Algeria	2055	57.0	36.0	63.2
Algeria	2060	60.0	38.0	63.3
Algeria	2065	63.0	40.0	63.5
Algeria	2070	66.0	42.0	63.6
Algeria	2075	69.0	44.0	63.8
Algeria	2080	72.0	46.0	63.9
Algeria	2085	75.0	48.0	64.0
Algeria	2090	78.0	50.0	64.1
Algeria	2095	81.0	52.0	64.2
Algeria	2100	84.0	54.0	64.3
Algeria	2105	87.0	56.0	64.4
Algeria	2110	90.0	58.0	64.4
Algeria	2115	93.0	60.0	64.5
Algeria	2120	96.0	62.0	64.6
Algeria	2125	99.0	64.0	64.6
Algeria	2130	102.0	66.0	64.7
Algeria	2135	105.0	68.0	64.8
Algeria	2140	108.0	70.0	64.8
Algeria	2145	111.0	72.0	64.9
Algeria	2150	114.0	74.0	64.9
Algeria	2155	117.0	76.0	65.0
Algeria	2160	120.0	78.0	65.0
Algeria	2165	123.0	80.0	65.0
Algeria	2170	126.0	82.0	65.1
Algeria	2175	129.0	84.0	65.1
Algeria	2180	132.0	86.0	65.2
Algeria	2185	135.0	88.0	65.2
Algeria	2190	138.0	90.0	65.2
Algeria	2195	141.0	92.0	65.3
Algeria	2200	144.0	94.0	65.3
Algeria	2205	147.0	96.0	65.3
Algeria	2210	150.0	98.0	65.3
Algeria	2215	153.0	100.0	65.4
Algeria	2220	156.0	102.0	65.4
Algeria	2225	159.0	104.0	65.4
Algeria	2230	162.0	106.0	65.4
Algeria	2235	165.0	108.0	65.5
Algeria	2240	168.0	110.0	65.5
Algeria	2245	171.0	112.0	65.5
Algeria	2250	174.0	114.0	65.5
Algeria	2255	177.0	116.0	65.5
Algeria	2260	180.0	118.0	65.6
Algeria	2265	183.0	120.0	65.6
Algeria	2270	186.0	122.0	65.6
Algeria	2275	189.0	124.0	65.6
Algeria	2280	192.0	126.0	65.6
Algeria	2285	195.0	128.0	65.6
Algeria	2290	198.0	130.0	65.7
Algeria	2295	201.0	132.0	65.7
Algeria	2300	204.0	134.0	65.7
Algeria	2305	207.0	136.0	65.7
Algeria	2310	210.0	138.0	65.7
Algeria	2315	213.0	140.0	65.7
Algeria	2320	216.0	142.0	65.7
Algeria	2325	219.0	144.0	65.8
Algeria	2330	222.0	146.0	65.8
Algeria	2335	225.0	148.0	65.8
Algeria	2340	228.0	150.0	65.8
Algeria	2345	231.0	152.0	65.8
Algeria	2350	234.0	154	

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Form **990-EZ** (2018)

**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
<b>33</b> 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 . . . . .	<b>33</b>	No
<b>34</b> 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) . . . . .	<b>34</b>	No
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	No
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	No
<b>36</b> 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 . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	No
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ . . . . ., section 4912 ▶ . . . . ., section 4955 ▶ . . . . .		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 . . . . .	<b>40b</b>	
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ NJ . . . . .		
<b>42a</b> The organization's books are in care of ▶ MICHAEL MCCAFFREY . . . . . Telephone no ▶ (609) 492-0505 . . . . .		
Located at ▶ 300 JEFFERIES AVENUE BEACH HAVEN , NJ . . . . . ZIP + 4 ▶ 08008 . . . . .		
<b>b</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)? . . . . .	<b>42b</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .	<b>42c</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</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 . . . . .	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</b> 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) . . . . .	<b>45b</b>	No

		<b>Yes</b>	<b>No</b>
<b>46</b>	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 . . . . .	<b>46</b>	No

**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 . . . . . ☐

		<b>Yes</b>	<b>No</b>
<b>47</b>	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 . . . . .	<b>47</b>	
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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 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.

<b>Sign Here</b>	***** Signature of officer		2019-02-07 Date		
	GERARD TRAINOR, PRESIDENT Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name RAYMOND S NEVEIL	Preparer's signature	Date 2019-02-07	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**

Additional Data

Software ID:  
Software Version:  
EIN: 23-7586043  
Name: FRATERNAL ORDER OF POLICE LODGE 5

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28</b> SCHOLARSHIPS AND COMMUNITY ASSISTANCE  (Grants \$ 34,384) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<b>28a</b>	34,384

<b>SCHEDULE O</b> (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> 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. ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.	OMB No 1545-0047  <b>2018</b>  <b>Open to Public Inspection</b>
Name of the organization FRATERNAL ORDER OF POLICE LODGE 5		Employer identification number  23-7586043

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	CASH CONTRIBUTION 8,000 CASH CONTRIBUTION 23,320

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 16	EXPENSES MEETINGS 3,800 CONVENTION 11,280 BANK SERVICE CHARGES 12 DUES 4,724 LICENSE AND FEES 291 SUPPLIES 11,887 TOTAL 31,994

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	THE LONG BEACH ISLAND, FRATERNAL ORDER OF POLICE LODGE 5 WAS CREATED FOR THE BENEFIT OF TH E LOCAL POLICE OFFICERS, COMMUNITY MEMBERS AND OTHER ORGANIZATIONS THAT MAY NEED ASSISTANC E THE LODGE USES FUND RAISING PROCEEDS FOR A VARIETY OF CHARITABLE CAUSES, AS WELL AS PRO VIDING BENEFITS FOR LONG BEACH ISLAND POLICE OFFICERS