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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2007

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990
All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end
of the year may use this form

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

A For the 2007 calendar year, or tax year beginning

Apr 01, 2007, and ending

Mar 31, 2008

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization, number and street, city, town, state, and ZIP code

FRATERNAL ORDER OF POLICE
MIDDLETOWN LODGE 21
464 MITCHELLS LANE
Middletown RI 02842-

D Employer identification number

23-7227127

E Telephone number

401-847-0020

F Group Exemption

Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach
a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ►

H Check ☒ if the organization is not required
to attach Sch B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) - ☒ 501(c)(7) (insert no) 4947(a)(1) or 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ

► \$ 112,479.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	39,480.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	6	Special events and activities (attach schedule) If any amount is from gaming, check here ☐	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
Expenses	6c	Net income or (loss) from special events and activities Subtract line 6b from line 6a	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	72,999.
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	7c	72,999.
	8	Other revenue (describe ►)	8	
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	112,479.
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	875.
	14	Occupancy, rent, utilities, and maintenance	14	45,715.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► OTHER EXPENSES	16	31,264.
	17	Total expenses Add lines 10 through 16	17	77,854.
	18	Excess or (deficit) for the year Subtract line 17 from line 9	18	34,625.
	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	6,887.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	41,512.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

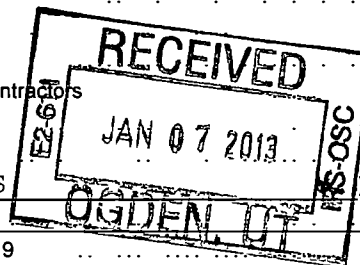
(See the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6,887.	41,512.
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	6,887.	41,512.
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,887.	41,512.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED JAN 30 2013



Part III Statement of Program Service Accomplishments (See the instructions)		Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? SEE STATEMENT 3		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	SEE STATEMENT 3	
	(Grants \$) If this amount includes foreign grants, check here ☐	28a
29		
	(Grants \$) If this amount includes foreign grants, check here ☐	29a
30		
	(Grants \$) If this amount includes foreign grants, check here ☐	30a
31	Other program services (attach schedule)	
	(Grants \$) If this amount includes foreign grants, check here ☐	31a
32	Total program service expenses (add lines 28a through 31a)	32

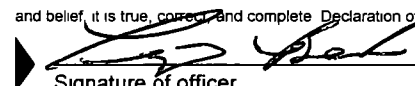
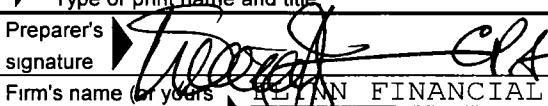
Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See the instr)				
(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
FRED BODINGTON	PRESIDENT	0		
20 SOUTH OF COMMONS	5	0		
TIMOTHY BECK	TREASURER	0		
123 VALLEY ROAD	5	0		
RICHARD GAMACHE	DIRECTOR	0		
123 VALLEY ROAD		0		
FRANK CAMPAGNA JR	DIRECTOR			
2 WOOD TERRACE				

Part V Other Information (Note the statement requirement in General Instruction V)			Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33			X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34			X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? ..	35a		X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		X	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement ..	36			X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0				
b Did the organization file Form 1120-POL for this year?	37b			
38 a 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 unpaid at the start of the period covered by this return?	38a			X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved ▶ 38b				
39 501(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			

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Part V Other Information (Note the statement requirement in General Instruction V) (Continued)

- 40 a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation
- | | Yes | No |
|------------|-----|----|
| 40b | | |
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ _____
- d** 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? ..
- | | Yes | No |
|------------|-----|----|
| 40e | | X |
- 41** List the states with which a copy of this return is filed ▶ _____
- 42a** The books are in care of ▶ MIKE NASIFF Telephone no ▶ 508-509-7399
 Located at ▶ 464 MITCHELLS LANE ZIP + 4 ▶ 02842-
- 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)?
- | | Yes | No |
|------------|-----|----|
| 42b | | X |
- If "Yes," enter the name of the foreign country ▶ _____
 See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.
- c** At any time during the calendar year, did the organization maintain an office outside of the U S ?
- | | Yes | No |
|------------|-----|----|
| 42c | | X |
- 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** |

Please Sign Here	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.			
	 Signature of officer TIMOTHY BECK Type or print name and title		Date 12/28/12 Date	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. X)
	 Firm's name (or yours if self-employed), address, and ZIP + 4 RYAN FINANCIAL GROUP INC 1120 AQUIDNECK AVENUE Middletown RI 02842-	11/30/2012	☐	P00112104 EIN ▶ 90-0132559 Phone no ▶ 401-846-6767

Form 990-EZ (2007)

TO SUPPORT AND DEFEND THE CONSTITUTION OF THE UNITED STATES TO
INCULCATE LOYALTY AND ALLEGIANCE TO THE USA TO PROMOTE AND FOSTER THE
ENFORCEMENT OF LAW AND ORDER TO IMPROVE THE INDIVIDUAL AND COLLECTIVE
PROFICIENCY OF OUR MEMBERS IN THEIR PERFORMANCE OF THEIR DUTIES ETC

Detail Sheet

2007

Name: FRATERNAL ORDER OF POLICE

ID: 23-7227127

Description:

[illegible]

Gross Profit on Sales of Inventory**US 990 990: Page 8, Line 102; 990-EZ: Page 1, Line 7; 990-PF: Page 11, Line 10****2007**

Description	Gross Sales Less Returns	Cost of Goods Sold	Gross Profit
INVENTORY SALES	72,999. 72,999.		72,999. 72,999.