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# 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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
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

OMB No 1545-1150

2011

Open to Public  
Inspection

A For the 2011 calendar year, or tax year beginning

JAN 1

, 2011, and ending

Dec 31, 2011

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

FRATERNAL ORDER OF POLICE

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

P O Box 2846

D Employer identification number

23-7585748

E Telephone number

731-422-5798

F Group Exemption  
Number ►

City or town, state or country, and ZIP + 4

JACKSON, TN 38302

G Accounting Method

 Cash    Accrual   Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)    501(c) (8)    (insert no.)    4947(a)(1) or    527K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 151,159.37

**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	111,418.00
	2 Program service revenue including government fees and contracts . . . . .	2	—
	3 Membership dues and assessments . . . . .	3	39,386.00
	4 Investment income . . . . .	4	315.37
	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 . . . . .		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	—
Expenses	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 2) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	—
	c Less: direct expenses from gaming and fundraising events . . . . .	6c	—
	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	151,159.37
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	1,500.00
Net Assets	11 Benefits paid to or for members . . . . .	11	5120.00
	12 Salaries, other compensation, and employee benefits . . . . .	12	—
	13 Professional fees and other payments to independent contractors . . . . .	13	—
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	—
	15 Printing, publications, postage, and shipping . . . . .	15	—
	16 Other expenses (describe in Schedule O) . . . . .	16	110,788.82
	17 Total expenses. Add lines 10 through 16 ►	17	111,408.82
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	33,780.55
	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	133,622.15
	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	167,372.70

P

**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.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	133 622.15	22 167 372.70
23	Land and buildings . . . . .	—	23 —
24	Other assets (describe in Schedule O) . . . . .	—	24 —
25	<b>Total assets</b> . . . . .	—	25 —
26	Total liabilities (describe in Schedule O) . . . . .	—	26 —
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	133 622.15	27 167 372.70

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

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

What is the organization's primary exempt purpose? **Private Social Welfare Education TRAINING**

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 and section 4947(a)(1) trusts, optional for others.)

28	.....		
28a			
29	.....		
29a			
30	.....		
30a			
31	Other program services (describe in Schedule O) .....		
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 instructions for Part IV.) Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Debbie Stanfill 3962 Christmasville Rd, Medina, TN 38355	President	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Louis Fullerton, Jr. 143 Ridgeway Rd, Jackson, TN 38305	Secretary Treasurer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Jerry Priddy 226 Cotton Grove Rd, Jackson, TN 38301	State Trustee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Jeffrey Shepard 28 Nickerson Cr, Jackson, TN 38305	Vice President	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Randall Hampton 318 Liberty Claybrook Rd, Beach Bluff, TN 38313	Second Vice-President	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Byron Taylor 73 Law Rd, Jackson, TN 38305	Chaplain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**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	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	X
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. ► <b>37a</b> <input type="text" value="0"/>	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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?	38b	None
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	None
39 Section 501(c)(7) organizations. Enter:	39b	None
a Initiation fees and capital contributions included on line 9	40a	X
b Gross receipts, included on line 9, for public use of club facilities	40b	X
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► <input type="text"/> ; section 4912 ► <input type="text"/> ; section 4955 ► <input type="text"/>	40c	X
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	40d	X
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 ► <input type="text"/> 0	40e	X
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► <input type="text"/> 0		
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.		
41 List the states with which a copy of this return is filed. ► <b>Tennessee</b>		
42a The organization's books are in care of ► <b>Louis Fullerton, Jr.</b> Telephone no. ► <b>731-422-5798</b> Located at ► <b>143 Ridgecrest Rd, Jackson, TN</b> ZIP + 4 ► <b>38305</b>	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: ► <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	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: ► <input type="text"/>		
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 ► <b>43</b> <input type="text" value="355,37"/>	44a	X
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	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	44c	X
c Did the organization receive any payments for indoor tanning services during the year?	44d	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	X
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45b	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)		

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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																														
<b>Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.</b> All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.		46 <input checked="" type="checkbox"/>																														
Check if the organization used Schedule O to respond to any question in this Part VI		<input type="checkbox"/>																														
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																														
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47 <input checked="" type="checkbox"/>																														
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48 <input checked="" type="checkbox"/>																														
b	If "Yes," was the related organization a section 527 organization?	49a <input checked="" type="checkbox"/>																														
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."	49b <input checked="" type="checkbox"/>																														
<table border="1"> <tr> <td>(a) Name and address of each employee paid more than \$100,000</td> <td>(b) Title and average hours per week devoted to position</td> <td>(c) Reportable compensation (Forms W-2/1099-MISC)</td> <td>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</td> <td>(e) Estimated amount of other compensation</td> </tr> <tr> <td>None</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		(a) Name and address of each employee paid more than \$100,000	(b) Title and 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	None																									
(a) Name and address of each employee paid more than \$100,000	(b) Title and 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																												
None																																
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."																															
<table border="1"> <tr> <td>(a) Name and address of each independent contractor paid more than \$100,000</td> <td>(b) Type of service</td> <td>(c) Compensation</td> </tr> <tr> <td>None</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation	None																											
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation																														
None																																
d	Total number of other independent contractors each receiving over \$100,000	►	None																													
52	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A																															
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		29-2012 Date																													
	 Louis Fullerton, Jr. Type or print name and title																															
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN																												
	Firm's name ►		Firm's EIN ►																													
	Firm's address ►		Phone no																													
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No																																

Name of the organization

Employer identification number

FRATERNAL ORDER OF POLICE23-7585748Part 1 Line 1Fund Raiser by Area Benefit Inc Conyers, GA 30094111 418.00

<u>Line 10 Two College Scholarships</u>	<u>1500.00</u>
<u>Line 11 Legal Aid For Members</u>	<u>5120.00</u>
<u>Line 16 Expense For Fund Raisers</u>	<u>72,393.70</u>
<u>TENNESSEE STATE LODGE PER CAPITA TAX</u>	
<u>ON OUR MEMBERS</u>	<u>2495.00</u>
<u>GRAND LODGE FOP PER CAPITA TAX</u>	<u>2395.25</u>
<u>PROPERTY TAX ON LODGE TRAILER</u>	<u>24.00</u>
<u>Safety Deposit Box</u>	<u>60.00</u>
<u>Supper For FOP Members</u>	<u>3750.00</u>
<u>Filing Fee State of Tennessee</u>	<u>220.00</u>
<u>DONATIONS TO NEEDY FAMILIES AT CHRISTMAS</u>	<u>3900.00</u>
<u>SHOP WITH A COP AT CHRISTMAS</u>	<u>3603.12</u>
<u>HOMESTEAD PEST CONTROL TO TREAT LODGE AND TRAILER</u>	<u>750.00</u>
<u>PIECE ASPHALT + SEALING TO SEAL PARKING LOT</u>	<u>2650.00</u>
<u>REBUILD KNEE WALL ON FIRING RANGE</u>	<u>1940.00</u>
<u>ELectRIC BILL</u>	<u>4601.65</u>
<u>GAS BILL</u>	<u>2350.00</u>
<u>PO BOX RENTAL</u>	<u>96.00</u>
<u>REPAIRS FOR LODGE + RANGE</u>	<u>1845.57</u>
<u>SUPPLIES FOR LODGE + RANGE</u>	<u>7369.28</u>
<u>STAMPS</u>	<u>345.25</u>
<u>TOTAL EXPENSE LINE 16</u>	<u>110 788.82</u>