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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 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 , 2011, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
SCHERERVILLE F.O.P. LODGE #170

Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite
P.O. BOX 51

City or town, state or country, and ZIP + 4
Schererville IN 46375

D Employer identification number
31-0902333

E Telephone number
(219) 322-5000

F Group Exemption Number ► 0501

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: ► N/A

J Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c)(8) (insert no.) 4947(a)(1) or 527

K 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 ► \$ 16,874

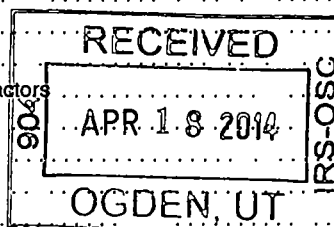
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, and similar amounts received	1	1,438
	2	Program service revenue including government fees and contracts.	2	
	3	Membership dues and assessments	3	7,739
	4	Investment income	4	1
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less, cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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).	6b	7,696	
6c	Less, direct expenses from gaming and fundraising events	6c	3,573	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,123	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less, cost of goods sold	7b		
7c	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	13,301	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	1,189
	11	Benefits paid to or for members	11	1,455
	12	Salaries, other compensation, and employee benefits	12	1,200
	13	Professional fees and other payments to independent contractors	13	425
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,187
	16	Other expenses (describe in Schedule O)	16	7,181
17	Total expenses. Add lines 10 through 16 ►	17	12,637	
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	664
	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	7,845
	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	8,509

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

SCANNED MAY 13 2014



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	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	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		
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. IN		
42a The organization's books are in care of See attachment #4 Telephone no. Located at ZIP + 4		
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.	42b	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:	42c	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	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 N/A	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 and section 4947(a)(1) nonexempt charitable trusts only. 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

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		
49a		
49b		

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."

(a) Name and title 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

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 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

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

Pat Rosado

Type or print name and title

Treasurer

Date

4-14-14

Paid Preparer Use Only

Print/Type preparer's name

Clara Tothfalusi

Preparer's signature

Clara Tothfalusi

Date

03-18-14

Check ☐ if self-employed

PTIN

P00029261

Firm's name

H & R BLOCK OFFICE 14544

Firm's EIN

Firm's address

9339 CALUMET AVE

Phone no.

219-836-0553

May the IRS discuss this return with the preparer shown above? See instructions.

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

SCHERERVILLE F.O.P. LODGE #170

Employer identification number

31-0902333

Part I Line 10: State FOP & Grand Lodge 1,189

Conference & Meetings 1,920

Interest and fee on charge 345

Internet 150

Office Expenses 120

Supplies 3,722

PO Box rent 44

Donations and florist 880

Total to Ln 16 7,181

Part II Ln 24: Vending Mashine 2,200

Part II Ln 26: Credit Card Liability 3,951

Part III: To provide support and benefits to members by offering life
Life Insurance, Legal service and Scholarship.

Part IV: Officers: Steven McNamara Secretary

Brian Daniels Treasurer

Anthony Buonadonna President

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning , and ending
Name of Organization SCHERERVILLE F.O.P. LODGE #170	Employer Identification Number 31-0902333
Primary Purpose	
To provide support and benefits to members by offering life insurance, Legal service and Scholarship. Support local community by donating money and time like Shop with a Cop.	

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2011 or tax period beginning , and ending			
Name of Organization SCHERERVILLE F.O.P. LODGE #170			Employer Identification Number 31-0902333	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
Steven McNamara 5832 Arrohead Ct Schererville, IN 46375 See Comp. Expl. #1	Secretary 4.00	800	0	0
Brian Daniels 523 Quail Dr Hobart, IN 46342 See Comp. Expl. #2	Trasurer 4.00	400	0	0
Anthony Buonadonna	President 2.00	0	0	0
CHRIS GOLDASICH	TREASURER	0	0	0

990 COMPENSATION EXPLANATION

Attachment 3: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation

Open to Public Inspection		For Calendar year 2011, or tax year period beginning	and ending
Name of Organization		Employer Identification Number	
SCHERERVILLE F.O.P. LODGE #170		31-0902333	
Name	Explanation		
Officer Comp. Expln. #1 Steven McNamara	Compensated for time as Secretary. Check of \$400 cleared in Jan 2011, but paid for 2010.		
Officer Comp. Expln. #2 Brian Daniels	Compensated for time as Treasurer		

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending
Name of Organization SCHERERVILLE F.O.P. LODGE #170		Employer Identification Number 31-0902333
Part V - Line 42a		

Individual Name Brian Daniels
or
Business Name:

Street Address PO BOX 51

U S Address:

Zip code 46375 City Schererville State IN
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (219) 322-5000

Fax Number

2011 DETAIL STATEMENTS

SCHERERVILLE F.O.P. LODGE #170
31-0902333

Page 1

STATEMENT #1 - Gross income from fundraising (990-EZ PG 1 Line 6b)

TURKEY RAFFLE.....	7,025
VENDING MACHINE.....	671

TOTAL CARRIED TO 990-EZ PG 1 Line 6b.....	7,696
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STATEMENT #2 - Direct expenses from gaming (990-EZ PG 1 Line 6c)

TURKEY RAFFLE.....	3,573
VENDING MACHINE	

TOTAL CARRIED TO 990-EZ PG 1 Line 6c.....	3,573
---	-------

STATEMENT #3 - Grants and similar amts paid (990-EZ PG 1 Line 10)

STATE FOP AND GRAND LODGE PER CAPITA TAX.....	1,189
---	-------

TOTAL CARRIED TO 990-EZ PG 1 Line 10.....	1,189
---	-------

STATEMENT #4 - Other expenses (EOEZ Pg 1 Line 16)

CONFERENCE AND MEETING.....	1,920
INTEREST AND FEES ON CREDIT CARD.....	345
INTERNET.....	150
OFFICE EXPENSES.....	120
SUPPLIES.....	3,722
PO BOX RENT.....	44
DONATIONS AND FLORIST.....	880

TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	7,181
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