



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 private foundations)

2014

- 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable
- C Address change
- D Name change
- E Initial return
- F Final return/terminated
- G Amended return
- H Application pending

C Name of organization FRATERNAL ORDER OF POLICE LOUDOUN-DULLES LODGE #69	D Employer identification number 54-2026030
Number and street (or P O box, if mail is not delivered to street address) PO BOX 6304	Room/suite
E Telephone number (804) 397-0218	
F Group Exemption Number ► 1199	
City or town, state or province, country, and ZIP or foreign postal code LEESBURG, VA 201757446	

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: ► VAFOP.COMJ Tax-exempt status (check only one) - 501(c)(3) 501(c)(8) ► (Insert no) 4947(a)(1) or 527K 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 ► \$ 178,778

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

<table border="0"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td><td>73,405</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td><td></td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td><td></td></tr> <tr><td>4</td><td>Investment income</td><td>4</td><td>1</td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td><td></td></tr> <tr><td>b</td><td>Less cost or other basis and sales expenses</td><td>5b</td><td></td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td><td></td></tr> <tr><td>6</td><td>Gaming and fundraising events</td><td></td><td></td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td>6a</td><td></td></tr> <tr><td>b</td><td>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)</td><td>6b</td><td>1,885</td></tr> <tr><td>c</td><td>Less direct expenses from gaming and fundraising events</td><td>6c</td><td></td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td>6d</td><td>1,885</td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td><td></td></tr> <tr><td>b</td><td>Less cost of goods sold</td><td>7b</td><td></td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td><td></td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O)</td><td>8</td><td>103,487</td></tr> <tr><td>9</td><td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td>9</td><td>178,778</td></tr> </table> <table border="0"> <tr><td>10</td><td>Grants and similar amounts paid (list in Schedule O)</td><td>10</td><td></td></tr> <tr><td>11</td><td>Benefits paid to or for members</td><td>11</td><td></td></tr> <tr><td>12</td><td>Salaries, other compensation, and employee benefits</td><td>12</td><td></td></tr> <tr><td>13</td><td>Professional fees and other payments to independent contractors</td><td>13</td><td>1,792</td></tr> <tr><td>14</td><td>Occupancy, rent, utilities, and maintenance</td><td>14</td><td>3,882</td></tr> <tr><td>15</td><td>Printing, publications, postage, and shipping</td><td>15</td><td></td></tr> <tr><td>16</td><td>Other expenses (describe in Schedule O)</td><td>16</td><td>159,527</td></tr> <tr><td>17</td><td>Total expenses. Add lines 10 through 16</td><td>17</td><td>165,201</td></tr> </table> <table border="0"> <tr><td>18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td>18</td><td>13,577</td></tr> <tr><td>19</td><td>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)</td><td>19</td><td>11,413</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (explain in Schedule O)</td><td>20</td><td>0</td></tr> <tr><td>21</td><td>Net assets or fund balances at end of year Combine lines 18 through 20</td><td>21</td><td>24,990</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	73,405	2	Program service revenue including government fees and contracts	2		3	Membership dues and assessments	3		4	Investment income	4	1	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		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)	6b	1,885	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	1,885	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	103,487	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	178,778	10	Grants and similar amounts paid (list in Schedule O)	10		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	1,792	14	Occupancy, rent, utilities, and maintenance	14	3,882	15	Printing, publications, postage, and shipping	15		16	Other expenses (describe in Schedule O)	16	159,527	17	Total expenses. Add lines 10 through 16	17	165,201	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,577	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	11,413	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	24,990	<table border="0"> <tr><td>Revenue</td><td></td></tr> <tr><td>Expenses</td><td></td></tr> <tr><td>Net Assets</td><td></td></tr> </table>	Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	73,405																																																																																																																								
2	Program service revenue including government fees and contracts	2																																																																																																																									
3	Membership dues and assessments	3																																																																																																																									
4	Investment income	4	1																																																																																																																								
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																																																																																																																									
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)	6b	1,885																																																																																																																								
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	1,885																																																																																																																								
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	103,487																																																																																																																								
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	178,778																																																																																																																								
10	Grants and similar amounts paid (list in Schedule O)	10																																																																																																																									
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	1,792																																																																																																																								
14	Occupancy, rent, utilities, and maintenance	14	3,882																																																																																																																								
15	Printing, publications, postage, and shipping	15																																																																																																																									
16	Other expenses (describe in Schedule O)	16	159,527																																																																																																																								
17	Total expenses. Add lines 10 through 16	17	165,201																																																																																																																								
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,577																																																																																																																								
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	11,413																																																																																																																								
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0																																																																																																																								
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	24,990																																																																																																																								
Revenue																																																																																																																											
Expenses																																																																																																																											
Net Assets																																																																																																																											

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	11,413	22	9,616
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	0	24	15,374
25 Total assets	11,413	25	24,990
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,413	27	24,990

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 III

What is the organization's primary exempt purpose?

FRATERNAL BENEFICIARY SOCIETY

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)

28 THE FRATERNAL ORDER OF POLICE IS A FRATERNAL BENEFICIARY SOCIETY COMPOSED OF LAW ENFORCEMENT OFFICERS WHICH OPERATES UNDER THE LODGE SYSTEM FOR THE EXCLUSIVE BENEFIT OF IT'S MEMBERS
(Grants \$ 0) If this amount includes foreign grants, check here **28a** 0

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 (describe in Schedule O)**

(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 instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) 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
JOHN OHRNBERGER PRESIDENT	1 00	0	0	0
LARRY PANGLE VICE PRESIDENT	1 00	0	0	0
PATRICK MACMAC DIRECTOR	1 00	0	0	0
DERRICK KEKIC VICE PRESIDENT	1 00	0	0	0
TIMOTHY ORTWEIN TREASURER	2 00	0	0	0

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		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		
38a		No
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		No
41	VA	
42a	TIMOTHY ORTWEIN	Telephone no (703) 509-1842
	Located at PO BOX 6304 LEESBURG, VA	ZIP + 4 20175
42b		No
42c		No
43		<input checked="" type="checkbox"/>
43	43	
44a		No
44b		No
44c		No
44d		
45a		No
45b		

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

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)

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)?

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

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

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

37a 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?

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?

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 **40a**, section 4912 **40a**, section 4955 **40a**

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 **40b**

c 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 **40c**

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization **40d**

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**

41 List the states with which a copy of this return is filed **41**

42a The organization's books are in care of **42a** Telephone no (703) 509-1842

Located at **42a** ZIP + 4 **42a**

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 **42b**

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

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**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here **43** and enter the amount of tax-exempt interest received or accrued during the tax year

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**

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**

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

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**

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

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**

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 type="checkbox"/> No
46		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

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 type="checkbox"/> 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	(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.

Sign Here	***** Signature of officer JOHN OHRNBERGER TREASURER Type or print name and title	2015-06-26 Date
------------------	--	--------------------

Paid Preparer Use Only	Print/Type preparer's name PAUL CURATOLO	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00635745
	Firm's name <input type="checkbox"/> SASSETTI LLC	Firm's EIN <input type="checkbox"/> 36-2239746			
	Firm's address <input type="checkbox"/> 6611 NORTH AVENUE OAK PARK, IL 60302	Phone no (708) 386-1433			

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2014****Open to Public
Inspection**

Name of the organization FRATERNAL ORDER OF POLICE LOUDOUN-DULLES LODGE #69	Employer identification number 54-2026030
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AND DIVIDENDS AMOUNT 1
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION TRANSFERS FROM FOUNDATION AMOUNT 100,727 DESCRIPTION UNCATEGORIZED INCOME AMOUNT 2,025 DESCRIPTION REFUND AMOUNT 735 TOTAL TO FORM 990-EZ, LINE 8 103,487
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 3,882
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CHARITY/DONATIONS AMOUNT 10,682 DESCRIPTION OFFICE EXPENSE AMOUNT 5,592 DESCRIPTION BENEVOLENT PROGRAM EXPENSES AMOUNT 60,131 DESCRIPTION MEMBER BENEFITS AMOUNT 42,803 DESCRIPTION BANKING EXPENSES AMOUNT 1,325 DESCRIPTION MEETINGS/MEALS AMOUNT 15,157 DESCRIPTION OPERATING EXPENSES AMOUNT 600 DESCRIPTION TRAVEL EXPENSE S AMOUNT 650 DESCRIPTION MARKETING AMOUNT 3,670 DESCRIPTION MEMBERSHIP DUES AOUN T 1,294 DESCRIPTION VEHICLE EXPENSES AMOUNT 4,361 DESCRIPTION STATE CONFRENCE AMOU NT 6,244 DESCRIPTION MISCELLANEOUS EXPENSE AMOUNT 860 DESCRIPTION PER CAPITA EXPENS E AMOUNT 4,441 DESCRIPTION EXECUTIVE AND PRESIDENT EXPENSES AMOUNT 588 DESCRIPTION INSURANCE AMOUNT 1,129 TOTAL TO FORM 990-EZ, LINE 16 159,527
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 15,374

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: FRATERNAL ORDER OF POLICE LOUDOUN-DULLES LODGE #69

EIN: 54-2026030

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.