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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 private foundations)

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Contributions, grifts, grants, and small amounts from sale of assets other than inventory in the contributions of a contributions of the contributions of	Α		or the 2014 calendar year, or tax year beginning , 2014, and ending				,		
EMOND FRATERNAL ORDER OF POLICE - LODGE #136   73-1256.085	<b>B</b> _	Check if applicable.				) Employer identification number			
Institution to the content of the	⊨	1	•	EDMOND FRATERNAL ORDER OF POLICE - LODGE #136			73-1256085		
Partice Revenue   Partice   Partic	-	1		Number and street (or P O box, if mail is not delivered to street address) Room	n/suite				
Particular personnel   Citimo roll   Citim	-	1		P.O. BOX 5441		(405)	359-4487		
Accounting Method   Cash   Accrual   Other (specify)		Amend	led return	City or town, state or province country, and ZIP or foreign postal code					
G Accounting Method		Applica	ation pending	Edmond OK 730		Number	Number 1199		
Website: N/A   Taxexempt status (check only one)   S01(c)(3)   S01(c)(8)   4 finset no)   4947(a)(1) or   S77   S78   S990-EZ, or 990-PF	G	Acco	unting Meth						
K Form of organization: S 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 (2ntl., column (8b) below) are \$500,000 or more, life Form 990 instead of Form 990-EZ.	ı	Web	site: ► <u>N</u>	/A	require	d to attach	Schedule B		
LAdd lines \$b, 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 \$90 instead of Form \$90-EZC	J	Tax-e	xempt status	s (check only one) — 501(c)(3) X 501(c) ( 8 ) ◄(insert no ) 4947(a)(1) or	527 (Form	990, 990-EZ	., or 990-PF)		
assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			•			······································			
Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments 4 Intersement income. 4 Intersement income. 5 a Gross amount from sale of assets other than inventory. 5 b Less cost or other basis and sales expenses. 5 b  Luif 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). 5 a Gross income from fundraising events (attach Schedule G if the sum of subgross income from fundraising events (attach Schedule G if the sum of a subtract line 6c). 5 a Gross income from gaming and fundraising events. 5 c Luif 6 Gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 5 a Gross sales of inventory, less returns and allowances. 5 c Less cost of goods sold. 7 a Gross sales of inventory, less returns and allowances. 5 c Less cost of goods sold. 7 a Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances. 7 a Less cost of goods sold. 7 b Less cost of goods sold. 7 b Less cost of goods sold. 7 c Gross profit or (loss) from gaming and fundraising events. 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 8 CREVED 9 8 74, 280. 8 7		asset	s (Part II, c	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	<u></u>		74,280.		
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11   Benefits paid to or for members   12   3,600   12   3,600   13   Professional fees and other payments to independent contractors   13   7,996   14   Occupancy, rent, utilities, and maintenance   14   420   15   Printing, publications, postage, and shipping   15   312   16   Other expenses (describe in Schedule O)   See Form 990-EZ, Part I, Line 16 Other Expenses   16   28,359   17   Total expenses   Add lines 10 through 16   17   40,687   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   33,593   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   50,926   20   20   Net assets or fund balances at end of year. Combine lines 18 through 20   21   84,519	_	10	Grants and	d similar amounts paid (list in Schedule O)		<u>2\                                    </u>	14,200.		
12   3,600.   13   Professional fees and other payments to independent contractors   14   Occupancy, rent, utilities, and maintenance.   15   Printing, publications, postage, and shipping   15   312.   16   Other expenses (describe in Schedule O)   See Form 990-EZ, Part  , Line 16 Other Expenses   16   28,359.   17   Total expenses. Add lines 10 through 16   17   40,687.   18   Excess or (deficit) for the year (Subtract line 17 from line 9).   18   33,593.   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   50,926.   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   84,519.		1	Benefits p	aid to or for members	13. 7. 1	~ 1 1 <del> 1</del>			
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16 Other expenses (describe in Schedule O)	E	15	Printing, p	ublications, postage, and shipping		15			
17 Total expenses. Add lines 10 through 16		16	6 Other expenses (describe in Schedule O)						
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	Total exp	enses. Add lines 10 through 16		. ► 17			
NS EE TI S Other changes in net assets or fund balances at end of year. Combine 18 through 20		18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	NS EE TT S	19	figure reported on prior year's return)	- 4					
21 Net assets or fund balances at end of year. Combine lines 18 through 20					50,926.				
	<del></del>	<u> </u>				. 🕨 21			

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Par	Balance Sheets (see the instr	ructions for Part II)				П
	Check if the organization used Sched	ule O to respond to any question		A) Beginning of year		(B) End of year
22	Cash, savings, and investments		<del>  ^</del>	50,926		84,519.
23	Land and buildings			0		04,313.
24	Other assets (describe in Schedule O)			0	24	0.
25	Total assets		1	50,926	. 25	84,519.
26	Total liabilities (describe in Schedule O) .			0	T T	0.
27	Net assets or fund balances (line 27 of c	olumn (B) must agree with line	21)	50,926	. 27	84,519.
Par	Statement of Program Service A	ccomplishments (see the ins	tructions for Part III)			Expenses
	Check if the organization used Sche					red for section 501
What	is the organization's primary exempt purpose?	tional or instructive, the purpose being to i	more conditions of work, and to 1	rprove products and efficien		and 501(c)(4) zations, optional
meas	cribe the organization's program service acc sured by expenses. In a clear and concise in	nanner, describe the services p	provided, the number of	persons	for oth	
bene	fited, and other relevant information for eac	h program title	<del> </del>	· 		
28			. <b></b>			
			<del>-</del> -			
	70	s amount includes foreign gran			20.0	
20	(Grants \$ ) If thi	s amount includes foreign gran	its, check here		28 a	
29						
	(Grants \$ ) If thi	s amount includes foreign grar	ots check here		29 a	
30	7 I th		, 0.1001(11010 1 1 1 1			
-						
	(Grants \$ ) if the	s amount includes foreign grar	nts, check here	<b>-</b>	30 a	
31		dule O)				<del></del>
		is amount includes foreign grar		▶ □	31 a	
32	Total program service expenses (add lin				32	
Par	RIM List of Officers, Directors,	Trustees, and Key Emp	lovees (list each one eve	en if not compensated –	- see the	e instructions for Part IV)
	Check if the organization used Scho					
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo benefit plans, and defe	yee erred	(e) Estimated amount of other compensation
	(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 emplo benefit plans, and defe compensation	yee erred	(e) Estimated amount of other compensation
	MY_GWARTNET	position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe	erred	other compensation
PRI	MMY_GWARTNET		(Forms W-2/1099-MISC)	benefit plans, and defe	o, oyee orred	(e) Estimated amount of other compensation
PRE	MY_GWARTNET	6.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	O.	O .
PRE MI( VP	MMY_GWARTNETES CHAEL KING	position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	erred	other compensation
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNETES CHAEL KING	6.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	O.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .
PRE MI( VP ANT	MMY_GWARTNET ES CHAEL KING CHONY NEWSOM	6.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe compensation	0. 0.	O .

orr	n 990-EZ (2014) EDMOND FRATERNAL ORDER OF POLICE ~ LODGE #136 73-125608	35	Pa	age 3
	(Note the Schedule A and personal benefit contract statement requirements in			<u> </u>
	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		Yes	. L
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	163	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			
35	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		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	35 b		
	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	35 c		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		Х
			4	
	b Did the organization file Form 1120-POL for this year?	37 b	£a 1 .5	X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	- 1.	X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	S.T.		THE THE
39	Section 501(c)(7) organizations. Enter:	_ 1 2 2 2	- 1	
i	a Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			4
	b Gross receipts, included on line 9, for public use of club facilities		-	
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under  section 4911  ; section 4912  ; section 4915		1	
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess		- 1	
	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	40 b		
	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 ▶		30.00	
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed			
	by the organization		-	
41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
71	List the states with which beepy or this retain is nice			
42	a The organization's books are in care of ► TONY NEWSOM  Telephone no ► (405)	359-	448	7
	Located at ► PO BOX 2970 EDMOND OK ZIP+4 ► 73083			
	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)?	42 b	Yes	No
	If 'Yes,' enter the name of the foreign country:	42.0	)	X
		: cu	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
		veling !		
		1		
	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 US?	42 c		<u>X</u>
	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	··· 1	V	- NF-
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		Yes	No
	of Form 990-EZ	44 a		Х
	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	44 b		Х
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
	d If 'Yes' to line 44c, has the organi :ation filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	44 d		
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		X
	b Did the organization receive any paymen- 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)	45 b		X
		orm 990	-EZ (	

Form 990-l	EZ (2014) EDMOND FRATERNAL OF	DER OF POLICE	- LODGE #136	73-125	56085	Page 4
46 Did t	he organization engage, directly or indirectly idates for public office? If 'Yes,' complete So	, in political campaign ac	ctivities on behalf of or in	opposition to	100	s No X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only s must answer que:	stions 47-49b and 5	2, and complete the	e tables	
	Check if the organization used Schedule	O to respond to any que	stion in this Part VI	· · · · · · · · · · · · · · · · · · ·		🗍
	he organization engage in lobbying activities		n) election in effect during	•	47	s No
	e organization a school as described in sect he organization make any transfers to an ex					1
b If 'Ye	s, was the related organization a section 52	27 organization?	• • • • • • • • • • • •		49 b	+
50 Com empl	plete this table for the organization's five hig oyees) who each received more than \$100,	hest compensated empt 000 of compensation fro	oyees (other than officers m the organization If the	s, directors, trustees and re is none, enter 'None'	l key	
	(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 amoi other compensal	
				:		
51 Com	number of other employees paid over \$100 plete this table for the organization's five hig pensation from the organization. If there is n	hest compensated indep	pendent contractors who	each received more than	n \$100,000 of	
	(a) Name and business address of each independent con		(b) Type	of service	(c) Compensat	ion
				<u>.</u>		
				•	,	
52 Did t	number of other independent contractors e he organization complete Schedule A? <b>Note</b> bleted Schedule A	•		a 	. ► Yes	No
Under penaltie true, correct, a	s of perjury, I declare that I have examined this return, incl nd complete Declaration of preparer (other than officer) is	uding accompanying schedules based on all information of whic	and statements, and to the best on the preparer has any knowledge	of my knowledge and belief, it is		
Sign Here	Signature of officer  Another D. S.  Type or print name and the	Isan JP	TASULTR	Date 11/13/15		
Paid	Print/Type preparer's name Billy R. Hebblethwaite	Preparer's signature  BHA624	) Date 10/15/1	Check If	PTIN P00046943	
Preparer Use Only	l- 1	THWAITE, P.C.		Firm's EIN	73-1579658	3
Manuals 15	EDMOND		ок 73013-3	836 Phone no (40		
may the IR	S discuss this return with the preparer show	n above? See instructio	ns	· · · · · · · · · · · · · · · · · · ·	. X Yes	No (2014)

## **SCHEDULE 0** (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2014

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Department of the Treasury Internal Revenue Service Name of the organization

EDMOND FRATERNAL ORDER OF POLICE - LODGE #136

Employer identification number

73-1256085