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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)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-1150

2016

Open to Public  
Inspection

► 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](http://www.irs.gov/form990).

<b>A For the 2016 calendar year, or tax year beginning</b>		January 1	, 2016, and ending	31 December	, 2016
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change		Fraternal Order of Police Huachuca Lodge #28		23-7178923	
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number	
<input checked="" type="checkbox"/> Initial return		P O Box 518		5202663115	
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		<b>F Group Exemption Number</b>	
<input type="checkbox"/> Amended return		Sierra Vista, AZ 85636		► 23-7178923	
<input type="checkbox"/> Application pending					
<b>G Accounting Method</b>		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►		<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>	
<b>I Website:</b> ►					
<b>J Tax-exempt status</b> (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>K Form of organization</b>		<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other Fraternal			
<b>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. ► \$</b>					

### 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

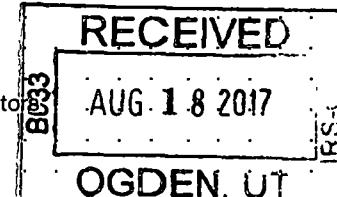
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 30702 61
	2 Program service revenue including government fees and contracts . . . . .	2 0
	3 Membership dues and assessments . . . . .	3 57331 91
	4 Investment income . . . . .	4 0
	5a Gross amount from sale of assets other than inventory . . . . .	5a 0
	b Less: cost or other basis and sales expenses . . . . .	5b 0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a 0
	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 0
c Less: direct expenses from gaming and fundraising events . . . . .	6c 0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 0	
7a Gross sales of inventory, less returns and allowances . . . . .	7a 0	
b Less: cost of goods sold . . . . .	7b 0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c 0	
8 Other revenue (describe in Schedule O) . . . . .	8 0	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	<b>9</b> 88034 52	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 41135 60
	11 Benefits paid to or for members . . . . .	11 40589 31
	12 Salaries, other compensation, and employee benefits . . . . .	12 0
	13 Professional fees and other payments to independent contractors . . . . .	13 0
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 0
	15 Printing, publications, postage, and shipping . . . . .	15 388 67
	16 Other expenses (describe in Schedule O) . . . . .	16 0
	<b>17 Total expenses.</b> Add lines 10 through 16 ►	<b>17</b> 82113 58
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 5920 94
	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 86218 50
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 0	
<b>21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►</b>	<b>21</b> 92139 44	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form 990-EZ (2016)

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## 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
<b>22 Cash, savings, and investments</b>	86218 50	<b>22</b> 92139 44
<b>23 Land and buildings</b>	0	<b>23</b> 0
<b>24 Other assets (describe in Schedule O)</b>	0	<b>24</b> 0
<b>25 Total assets</b>	86218 50	<b>25</b> 92139 44
<b>26 Total liabilities (describe in Schedule O)</b>	0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	86218 50	<b>27</b> 92139 44

**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

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	Provide fraternalism for members of law enforcement and their families through organization and activities. Provide an avenue for members of the organization to access assistance with law enforcement related issues (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	40589 31
29	Provide a method of raising and giving funds back to youth activities within the community and serve as a an avenue resources of other community activities (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	41135 60
30		30a	
31	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	32	
	<b>Total program service expenses</b> (add lines 28a through 31a) . . . ► <input type="checkbox"/>		

**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.

**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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	37b	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	38a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	39b	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	40a	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	40b	<input checked="" type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	<input type="checkbox"/>
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	40d	<input type="checkbox"/>
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	40e	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
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	42a	<input type="checkbox"/>
41 List the states with which a copy of this return is filed ► _____	Telephone no. ► 5202663115	<input type="checkbox"/>
42a The organization's books are in care of ► Thomas Located at ► 2569 Cabo Burela Sierra Vista, AZ	ZIP + 4 ► 85650	<input type="checkbox"/>
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ► _____	42c	<input checked="" type="checkbox"/>
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>	44a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44d	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45b	<input checked="" type="checkbox"/>
b 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	<input type="checkbox"/>

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.

**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

		Yes	No
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	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	✓
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."		

f Total number of other employees paid over \$100,000

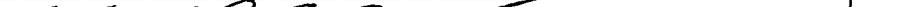
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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.

<b>Sign Here</b>	 Signature of officer	7/16/17 Date
	 Thomas P Ransford TREASURER <small>Type or print name and title</small>	

<b>Paid Preparer Use Only</b>	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.

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Form 990-EZ (2016)