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Click on the question-mark icons to display help windows

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you

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)

2017

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Chart replease Address charge Name charge Institution Production Product	A	For the	or the 2017 calendar year, or tax year beginning , 2017, and ending			, 20				
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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 I Column (8) below) are \$500,000 or more, file Form 990 instead of Form 990 E2					nore, or if total	assets				
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 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross ales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Cordial revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 2 MAY 2 1 2018 13 (1) G72 14 Occupancy, rent, utilities, and maintenance 14 DAY 2 1 2018 15 Other expenses (describe in Schedule O) 16 Other expenses (describe in Schedule O) 17 Other expenses (describe in Schedule O) 18 Other expenses (describe in Schedule O) 19 Total expenses. Add lines 10 through 16 10 Other expenses (describe in Schedule O) 11 Grants and similar amounts posted in the payments to independent contractions. 11 Other expenses (describe in Schedule O) 12 Occupancy, rent, utilities, and maintenance 13 Other revenue (describe in Schedule O) 14 Occupancy, rent, util						•	· 76 436			
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end-of-year figure reported on prior year's return)	\ss	1				- 1	9 777 872			
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20 Other changes in her assets or fund balances (explain in Schedule 0)	Ž	1				_				
For Paperwork Reduction Act Notice, see the separate instructions. Cat No. 106421 Form 990-EZ (2017)	E-				N= 100101					

	Form 990-EZ (2017) Page 2 Part II Balance Sheets (see the instructions for Part II)					
, ra	Check if the organization used Schedule		nv question in this F	Part II.		
		<u> </u>		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments		[HS, 032 2	22 47,972	
23	Land and buildings			332 800 2	23 336,000	
24	Other assets (describe in Schedule O) .			0 2	24 0	
25	Total assets			377, 832 2	25 383 472	
26		26				
27 Par	Net assets or fund balances (line 27 of column Statement of Program Service Accomp			- 41 A 44 11 11 11 11 11 11 11 11 11 11 11 11	27 383 972	
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Wha		Police Rone			(Required for section	
	cribe the organization's program service accomplis				501(c)(3) and 501(c)(4) organizations, optional for	
as m	neasured by expenses. In a clear and concise m	anner, describe the	services provided	og. a oo. 7.000,	others)	
pers	ons benefited, and other relevant information for ea	ch program title.				
28	Police Bone Volence And Member	Support for	Approximately	205		
	Members, Provide A gathering	g TOCULTY	to membe	s of fow		
27	entorcement				9211	
30		includes foreign gra	nts, check here	12:00 TOOCH	28a 7 <i>34</i>	
29	the Land Rids Program - Drov	TAD ADDA	CKILLY AT	Phristure		
•	STORE TO Applications of I BO 10	car ricing	cigiales pi	Little 19 19 4147		
	(Grants \$) If this amount	includes foreign gra	nts, check here .	. > 🗆	29a /5,870	
30	Pretrass Fund - provide Assista	no trot iniv	ped or dece	ose /sw		
	enforcement officers And The	er familye	s. For 2011	Two		
	donations were made				41	
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31	31 Other program services (describe in Schedule O)					
22					31a /500	
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	Part	· · · · · · · · · · · · · · · · · · ·			
		instructions for Part V) Check if the organization used Schedule O to respond to any question in this	rant	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	. 33	V.
?;	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		
	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	ن	
	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		i
	С	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		V
	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		V
	37a		[]		
	b	Did the organization file Form 1120-POL for this year?	37b	igwdap	<u> </u>
_	-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?	202	-	, / E
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	$\vdash\vdash\vdash$	
	39	Section 501(c)(7) organizations Enter			1
	а	Initiation fees and capital contributions included on line 9			1
	b	Gross receipts, included on line 9, for public use of club facilities	1		į.
	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), 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		
	С	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			1
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	i		
	е	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		1
	41	List the states with which a copy of this return is filed \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	42a	The organization's books are in care of ► Lust Warman Telephone no. ► Syc			471
	b	Located at ► 3700 Fall Local Lane Fredericks by ZIP + 4 ► 32 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)?	408	Yes	No
		If "Yes," enter the name of the foreign country	42b	\vdash	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	С	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		V
	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	- 🗆
				Yes	No
	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		i
	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	-	V
	C	Did the organization receive any payments for indoor tanning services during the year?	44c]	V
	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	igsqcup	1
	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)	45b]	
			1 700	. '	_

			-						Yes	No	
46		e organization engage, directly or includates for public office? If "Yes," co			on behalf of	or in opposit	1	46		- 1	72
Part '	VI :	Section 501(c)(3) organizations	only							<u>. r</u>	
		All section 501(c)(3) organizations	must answer que	stions 47-49b and	d 52, and c	omplete th	e tabl	es fo	r line	es	
		50 and 51. Check if the organization used Sch	edule () to respond	to any question in	this Part V	Ī					
	<u>_</u>	oneck if the organization used con	cause o to respond	to any question in	uno i ait v	<u> </u>	<u>· · · · </u>	·	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				I	47			?		
48	Is the	organization a school as described in	section 170(b)(1)(A)(II)? If "Yes," complete	e Schedule E			48			?
49a		e organization make any transfers to						49a			
ь 50		s," was the related organization a sec plete this table for the organization's t						49b	200	d kov	
50		byees) who each received more than								J Key	
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Heal contribution benefit plan	th benefits, as to employee s, and deferred	(e) Est		l amou		
				(1 OTHIS W-2/ 1039-MISC	comp	ensation					_
			<u>-</u>		 						
							L				
- 											
											
51	Comp \$100,	number of other employees paid over olete this table for the organization's 000 of compensation from the organ	s five highest compenization. If there is no	ensated independer one, enter "None "						than	
	(a)	Name and business address of each independent	ent contractor	(b) Type of se	ervice	(c) Compe	ensatio	n		
						 					
						 					
				İ		1					
						 _					
	•••										
- 4	Total	number of other independent contra	ctors each receiving	Over \$100,000	>						
52		he organization complete Schedul	5	•	-	must attac	h a				
		leted Schedule A	· · · · ·		,	· · · ·		Yes		No	
		of perjury, I declare that I have examined this red complete Declaration of preparer (other than					nowledg	e and	belief,	ıt ıs	
		(and Wehn	van-								
Sign Signature of officer Date						,, .					
Here	7:	Type or print name and title	Am, / MAS	U/Gy		MA	<i>Y_/1</i>	40	W	¥	
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	141	TIN			
Prep	arer					self-emplo	yed				
Use (Only	Firm's name				rm's EIN ▶	_				
May th	ne IRS	Firm's address ▶ discuss this return with the preparer	shown above? See	netructions	<u> </u>	hone no	<u> </u>	Voc		<u> </u>	

Page 4

Form 990-EZ (2017)

Form 990-EZ (2017)

SCHEDULE O (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.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

RAMANANACK Ares	Lodge #15 fraternal Order of Police, Tre 54-118245
PAT I, Line #8	"Put of Gold" 50/50 Raffel pt Lodge Men baship
	Meetings - #378
	Miscellaneous Ircome, Form 1099-MISC - \$600
Part I, Line #10	Scholarships - \$ 15500
	Par Copita TAX - AD,410
	Cops And Kids - \$ 15,870
	Officers Distress Fond - \$4,500
PArt I Line#16	Licensing Fee, Corporation Commission Fee, Bak Food
	etc 4/255
Part II, Line#31	Scholarship. One scholarship was Awarded for
•	Scholarship. One scholarship was Awarded for higher education in law enforcement during 2017
0 - 1	tor \$1,500.
Part I, Line#35	Rental of Lodge Hall to mambers And The
·	public. Funds gonarated Are used for the
	tax exempt programs of the Lodge.
······	