

2017

▶ 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/form990ez.

Open to Public Inspection

F Group Exemption
Number ▶ 1199

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

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. ▶ \$ 98,829

Check if the organization used Schedule O to respond to any question in this Part I ☒

Form **990-EZ** (2017)

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	103,738	22 115,370
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	103,738	25 115,370
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	103,738	27 115,370

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
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Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

Educational or instructive, the purpose being to improve conditions of work, and to improve products and efficiency

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.

28
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here . . . ► ☐

29 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here . . . ☐

30 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here . . . ☐

31 Other program services (continued)[illegible]

Part IV List of Officers

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

Case No.	Case Name	Case Type	Case Status	Case Date	Case Location
1	Case 1	Case 1	Case 1	Case 1	Case 1
2	Case 2	Case 2	Case 2	Case 2	Case 2
3	Case 3	Case 3	Case 3	Case 3	Case 3
4	Case 4	Case 4	Case 4	Case 4	Case 4
5	Case 5	Case 5	Case 5	Case 5	Case 5
6	Case 6	Case 6	Case 6	Case 6	Case 6
7	Case 7	Case 7	Case 7	Case 7	Case 7
8	Case 8	Case 8	Case 8	Case 8	Case 8
9	Case 9	Case 9	Case 9	Case 9	Case 9
10	Case 10	Case 10	Case 10	Case 10	Case 10
11	Case 11	Case 11	Case 11	Case 11	Case 11
12	Case 12	Case 12	Case 12	Case 12	Case 12
13	Case 13	Case 13	Case 13	Case 13	Case 13
14	Case 14	Case 14	Case 14	Case 14	Case 14
15	Case 15	Case 15	Case 15	Case 15	Case 15
16	Case 16	Case 16	Case 16	Case 16	Case 16
17	Case 17	Case 17	Case 17	Case 17	Case 17
18	Case 18	Case 18	Case 18	Case 18	Case 18
19	Case 19	Case 19	Case 19	Case 19	Case 19
20	Case 20	Case 20	Case 20	Case 20	Case 20
21	Case 21	Case 21	Case 21	Case 21	Case 21
22	Case 22	Case 22	Case 22	Case 22	Case 22
23	Case 23	Case 23	Case 23	Case 23	Case 23
24	Case 24	Case 24	Case 24	Case 24	Case 24
25	Case 25	Case 25	Case 25	Case 25	Case 25
26	Case 26	Case 26	Case 26	Case 26	Case 26
27	Case 27	Case 27	Case 27	Case 27	Case 27
28	Case 28	Case 28	Case 28	Case 28	Case 28
29	Case 29	Case 29	Case 29	Case 29	Case 29
30	Case 30	Case 30	Case 30	Case 30	Case 30
31	Case 31	Case 31	Case 31	Case 31	Case 31
32	Case 32	Case 32	Case 32	Case 32	Case 32
33	Case 33	Case 33	Case 33	Case 33	Case 33
34	Case 34	Case 34	Case 34	Case 34	Case 34
35	Case 35	Case 35	Case 35	Case 35	Case 35
36	Case 36	Case 36	Case 36	Case 36	Case 36
37	Case 37	Case 37	Case 37	Case 37	Case 37
38	Case 38	Case 38	Case 38	Case 38	Case 38
39	Case 39	Case 39	Case 39	Case 39	Case 39
40	Case 40	Case 40	Case 40	Case 40	Case 40
41	Case 41	Case 41	Case 41	Case 41	Case 41
42	Case 42	Case 42	Case 42	Case 42	Case 42
43	Case 43	Case 43	Case 43	Case 43	Case 43
44	Case 44	Case 44	Case 44	Case 44	Case 44
45	Case 45	Case 45	Case 45	Case 45	Case 45
46	Case 46	Case 46	Case 46	Case 46	Case 46
47	Case 47	Case 47	Case 47	Case 47	Case 47
48	Case 48	Case 48	Case 48	Case 48	Case 48
49	Case 49	Case 49	Case 49	Case 49	Case 49
50	Case 50	Case 50	Case 50	Case 50	Case 50
51	Case 51	Case 51	Case 51	Case 51	Case 51
52	Case 52	Case 52	Case 52	Case 52	Case 52
53	Case 53	Case 53	Case 53	Case 53	Case 53
54	Case 54	Case 54	Case 54	Case 54	Case 54
55	Case 55	Case 55	Case 55	Case 55	Case 55
56	Case 56	Case 56	Case 56	Case 56	Case 56
57	Case 57	Case 57	Case 57	Case 57	Case 57
58	Case 58	Case 58	Case 58	Case 58	Case 58
59	Case 59	Case 59	Case 59	Case 59	Case 59
60	Case 60	Case 60	Case 60	Case 60	Case 60
61	Case 61	Case 61	Case 61	Case 61	Case 61
62	Case 62	Case 62	Case 62	Case 62	Case 62
63	Case 63	Case 63	Case 63	Case 63	

[illegible]

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	No
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	No
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	No
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	
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	No
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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	No
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	No
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), 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 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ JASON LEWELLYN Telephone no ▶ (405) 403-2280 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)?	42b	No
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)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
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 ▶ <input type="checkbox"/> 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	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
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	No

		Yes	No
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	46	

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	
49b	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."

(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		2018-08-31 Date		
	JASON LEWELLYN TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BILLY R HEBBLETHWAITE	Preparer's signature	Date 2018-11-02	Check <input type="checkbox"/> if self-employed	PTIN P00046943
	Firm's name ► James A Marr PC			Firm's EIN ►	
	Firm's address ► 3201 NW 63rd St Oklahoma City, OK 73116			Phone no (405) 840-0026	

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ **Yes** ☐ **No**

Additional Data

Software ID:
Software Version:
EIN: 73-1256085
Name: EDMOND FRATERNAL ORDER OF POLICE - LODGE #136

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<div>28 DONATION FOR COPS AND KIDS</div> <div>(Grants \$)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	28a	7,655

Form 990EZ, Part III - Statement of Program Service Accomplishments

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29 DONATIONS TO VARIOUS ORGANIZATION (BOYS & GIRLS STATE, SPECIAL OLYMPICS) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	857

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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.)
<div>30 MEMBER RELATIONS</div> <div>(Grants \$)</div> <div>If this amount includes foreign grants, check here <input type="checkbox"/></div>	<div>30a</div> <div>6,735</div>

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

EDMOND FRATERNAL ORDER OF POLICE - LODGE #136

Employer identification number

73-1256085

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states?

☐ **Yes** ☐ **No**

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ **Yes** ☐ **No**

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records					
Name ►					
Address ►					
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$					
c If "Yes," enter name and address of the third party					
Name ►					
Address ►					
16 Gaming manager information					
Name ►					
Gaming manager compensation ► \$					
Description of services provided ►					
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor					
17 Mandatory distributions					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$					

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

EDMOND FRATERNAL ORDER OF POLICE - LODGE #136

Supplemental Information to Form 990 or 990-EZComplete 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

2017**Open to Public
Inspection**

Employer identification number

73-1256085

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	AWARDS & GRANTS 17050

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	OTHER EXPENSES 669

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	CONFERENCE 1614

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	TRAVEL 752

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	DONATIONS 665

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	OFFICE EXPENSES 5

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	FILING FEE 850

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	BANK CHARGE 23

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	DUES 7936

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	COPS & KIDS 7655

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	PUBLIC RELATIONS 437

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	Donations

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	Entry fee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	Meeting expenses

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	Members expenses

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	President expenses

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	Public relations

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	Scholarship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	Service charge

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	Uniforms

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	Computer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	Entertainment

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	Fire fighters

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e	Dive team