

Short Form

OMB No. 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.A For the 2018 calendar year, or tax year beginning Jan 1, 2018, and ending Dec 31, 2018

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

FRATERNAL order of Police

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. Box 2846

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Jackson TN 3830208

D Employer identification number

23-7585748

E Telephone number

731-422-5798

F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____I Website: _____J Tax-exempt status (check only one) - ☐ 501(c)(3) ☐ 501(c) (8) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

\$253,208.07**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 ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<u>83219.00</u>
	2	Program service revenue including government fees and contracts	2	<u>—</u>
	3	Membership dues and assessments	3	<u>38773.88</u>
	4	Investment income	4	<u>222.78</u>
	5a	Gross amount from sale of assets other than inventory	5a	<u>—</u>
	b	Less: cost or other basis and sales expenses	5b	<u>—</u>
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>—</u>
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	<u>—</u>
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	<u>—</u>	
c	Less: direct expenses from gaming and fundraising events	6c	<u>—</u>	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<u>—</u>	
7a	Gross sales of inventory, less returns and allowances	7a	<u>—</u>	
b	Less: cost of goods sold	7b	<u>—</u>	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>—</u>	
8	Other revenue (describe in Schedule O)	8	<u>—</u>	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>122220.61</u>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	<u>—</u>
	11	Benefits paid to or for members	11	<u>10487.00</u>
	12	Salaries, other compensation, and employee benefits	12	<u>3600.00</u>
	13	Professional fees and other payments to independent contractors	13	<u>—</u>
	14	Occupancy, rent, utilities, and maintenance	14	<u>5444.19</u>
	15	Printing, publications, postage, and shipping	15	<u>718.00</u>
	16	Other expenses (describe in Schedule O)	16	<u>107824.78</u>
	17	Total expenses. Add lines 10 through 16	17	<u>128073.97</u>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>-5853.36</u>
	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	<u>259061.38</u>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	<u>—</u>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>253208.07</u>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2018)

SCANNED MAR 27 2019

2949204706442 9

Legal. Assoc. for Member Secretary fee

RECEIVED

FEB 11 2019

688

CCDEN UT

RS-OSC

☐Form **990-EZ** (2018)

- 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

	Yes	No
46		<input checked="" type="checkbox"/>

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
- 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."

	Yes	No
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		<input checked="" type="checkbox"/>

(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 <u>Louis Fullerton Jr</u>	Date <u>1.30.19</u>
	Type or print name and title <u>Louis Fullerton, Jr</u>	

Paid Preparer Use Only	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 ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

23-7585748

Part I Line 1 Fund Raiser Area Benefit 83219.00

990 Iris Drive Conyers Ga 30094

Line 16 Expense Fund Raiser 5409535

Grand Lodge FOP Per Capita Tax for members 2574.50

Tennessee State Lodge FOP Per Capita Tax for members 6660.00

Teenage Center for Lodge Bldg & Trailer 85.00

Supper for members 4750.00

Shop with A Cop Christmas 21 children 5277.70

Insurance on Lodge 3134.00

Donation for Needy Families 5944.61

P.O. Box Rented 140.00

Annual Web Site Hosting 300.00

Flower for Deceased members 200.00

Supper 1198.27

Surety Bond 100.00

Charter Commemorative Cable for Lodge 1351.44

State of Tennessee Filing Fee 180.00

Property Tax on Trailer 33.00

IRS Soc Security Tax 550.80

Repair 768.21

Check Printing 37.50

Cutting Tree 2000.00

New Roof on Lodge Bldg 9000.00

New well 1450.00

State FOP Biennial Conference 3155.62

3 College Scholarships 2250.00

Name of the organization

FRATERNAL ORDER OF POLICE

Employer identification number

73-7585748

Repair Buttons	1033.00
Install GRAB BARS in Bathroom	161.25
Install Elect Wiring to Range	685.00
Elect Wiring for Range	309.03
Door PRZs	500.00
<hr/>	
Total	107874.78