

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	44,822	22,668
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	7,498	5,512
25 Total assets	52,320	29,180
26 Total liabilities (describe in Schedule O)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,320	29,180

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 BENEFICIARY SOCIETY

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 ▶

28a

29

(Grants \$)

If this amount includes foreign grants, check here ▶

29a

30

(Grants \$)

If this amount includes foreign grants, check here ▶

30a

31 Other program services (describe in Schedule O)

(Grants \$)

If this amount includes foreign grants, check here ▶

31a

32 Total program service expenses (add lines 28a through 31a)

▶ 32

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

(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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOHN OHRNBERGER PRESIDENT	1 00	0		
DERRICK KEKIC VICE PRESIDE	1 00	0		
TIMOTHY ORTWEIN TRUSTEE	1 00	0		
CHRISTOPHER HAPSAS VICE PRESIDE	1 00	0		
TOM DOLAN TREASURER	1 00	0		
HOWARD MULHOLLAND SECRETARY	1 00	0		
PAT DALY SGT AT ARMS	1 00	0		
MIKE COX TRUSTEE	1 00	0		
KEN DONDERO TRUSTEE	1 00	0		

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

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

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

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file **Form 1120-POL** for this year? 37b

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

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

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 ► _____ 40b

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 ► _____ 40b

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____ 40b

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

41 List the states with which a copy of this return is filed ► VA

42a

The organization's books are in care of ► TOM DOLAN Telephone no ► (703) 509-1842

Located at ► PO BOX 6304 LEESBURG, VA

ZIP + 4 ► 20175

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

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____ 42c

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 ► 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

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

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

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37b		No
38a		No
40b		
40e		No
42b		No
42c		No
44a		No
44b		No
44c		No
44d		
45a		No
45b		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	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	46		No

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	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	49a		
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	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	2019-02-08 Date
	JOHN OHRNBERGER PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name FRANK S WARREN JR	Preparer's signature	Date 2019-02-08	Check <input type="checkbox"/> if self-employed	PTIN P00440601
	Firm's name <input type="checkbox"/> HARRIS HARDY & JOHNSTONE PC	Firm's EIN <input type="checkbox"/> 54-1451026			
	Firm's address <input type="checkbox"/> 300 ARBORETUM PL STE 660 RICHMOND, VA 23236	Phone no (804) 560-0560			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 54-2026030

Name: FRATERNAL ORDER OF POLICE
LOUDOUN-DULLES LODGE 69

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.)
<p>28 PROGRAM SERVICE ACCOMPLISHMENTS THE FRATERNAL ORDER OF POLICE IS A FRATERNAL BENEFICIARY SOCIETY COMPOSED OF LAW ENFORCEMENT OFFICERS WHICH OPERATES UNDER THE LODGE SYSTEM FOR THE EXCLUSIVE BENEFIT OF ITS MEMBERS</p> <p>(Grants \$)</p>	<p>28a</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: FRATERNAL ORDER OF POLICE
LOUDOUN-DULLES LODGE 69

EIN: 54-2026030

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

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

2018**Open to Public
Inspection**

Name of the organization

FRATERNAL ORDER OF POLICE
LOUDOUN-DULLES LODGE 69**Employer identification number**

54-2026030

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	REIMBURSEMENT FROM GRAND LODG 2,097 TOTAL 2,097

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10	LOUDOUN-DULLES FOP CHARITABLE FOUND SUPPORT POLICE 14,000 P O BOX 6304 LEESBURG VA 20175-7446

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10	NAME DONATIONS - OTHER NFPS CASH CONTRIBUTION 16,958

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 2,078 INFO TECH EXPENSES 7,340 BUSINESS TRAVEL 1,354 BUSINESS MEALS 17,872 STATE CONFERENCE 7,853 TRAINING CONFERENCES 7,372 BOD LIABILITY INSURANCE 1,790 LODGE BUSINESS OPERATING 3,235 MEMBERSHIP DUES - DULLES 2,955 MEMBERSHIP DUES - GRAND L4, 205 MEMBERSHIP DUES - STATE L 1,067 NOVA COALITION 1,000 PADDY WAGON EXPENSES 8,967 PROMO ITEMS & CLOTHING 2,455 USPS BOX AND STAMPS 699 MEMBER EVENTS 34,579 MEMBERSHIP GIFTS 1,419 REIMBURSABLE EXPENSES 1,110 SCHOLARSHIP 4,000 UNCATEGORIZED EXPENSES 2,641 BANK EXPENSES 67 NON-INVESTMENT DEPRECIATION 1,986 TOTAL 116,044

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24	DUE FROM CHARITABLE FOUNDATION 500 500 EQUIPMENNT 28,578 28,578 LESS ACCUMULATED DEPRECIATION 21,580 23,566 TOTAL 7,498 5,512

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	PROGRAM SERVICE ACCOMPLISHMENTS THE FRATERNAL ORDER OF POLICE IS A FRATERNAL BENEFICIARY SOCIETY COMPOSED OF LAW ENFORCEMENT OFFICERS WHICH OPERATES UNDER THE LODGE SYSTEM FOR THE EXCLUSIVE BENEFIT OF ITS MEMBERS