

Form 990

Department of the  
Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2018

Open to Public  
Inspection

## A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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 ARIZONA STATE LODGE		D Employer identification number 86-0211010
Doing business as		E Telephone number (520) 954-7129
Number and street (or P O box if mail is not delivered to street address) PO BOX 17629		Room/suite
City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 857317629		G Gross receipts \$ 669,236

F Name and address of principal officer SUE EARLEY PO BOX 17629 TUCSON, AZ 857317629	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "No," attach a list (see instructions)
	H(c) Group exemption number ►

I Tax-exempt status  501(c)(3)  501(c)(8) ► (insert no)  4947(a)(1) or  527

J Website: ► N/A

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1936 M State of legal domicile AZ

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
 THE PURPOSE OF THE STATE OF ARIZONA FRATERNAL ORDER OF POLICE IS TO PROMOTE AND FOSTER THE ENFORCEMENT OF LAW AND ORDER IN ADDITION TO IMPROVING INDIVIDUAL PROFICIENCY OF OUR MEMBERS IN THE PERFORMANCE OF THEIR DUTIES. THE FOP ENCOURAGES SOCIAL, CHARITABLE AND EDUCATIONAL ACTIVITIES AMONG ALL POLICE OFFICERS AND DEPARTMENTS, AND ALSO WITH THE COMMUNITY. THE FOP CULTIVATES A SPIRIT OF FRATERNALISM AND MUTUAL COOPERATION AMONG OUR MEMBERS, OTHER ENFORCEMENT AGENCIES AND THE PEOPLE WE SERVE. ADDITIONALLY, MANY BENEFITS ARE PROVIDED FOR OUR MEMBERS SUCH AS A LEGAL DEFENSE PACKAGE, ETC.

2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3	47	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	47	
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0	
6 Total number of volunteers (estimate if necessary)	6	43	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	

Revenue		Prior Year	Current Year
		3	47
8 Contributions and grants (Part VIII, line 1h)	1,171,293	599,308	
9 Program service revenue (Part VIII, line 2g)	67,604	66,609	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	283	364	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-425	2,955	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,238,755	669,236	

Expenses		Prior Year	Current Year
		37	5,500
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,657	32,537	
14 Benefits paid to or for members (Part IX, column (A), line 4)	28,200	29,400	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	924,470	443,191	
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ► 0	107,611	141,399	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,090,975	652,027	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	147,780	17,209	
19 Revenue less expenses Subtract line 18 from line 12			

Net Assets or Fund Balances	Beginning of Current Year	End of Year
	492,680	495,079
20 Total assets (Part X, line 16)	0	0
21 Total liabilities (Part X, line 26)	492,680	495,079
22 Net assets or fund balances Subtract line 21 from line 20		

## Part II Signature Block

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	*****	2019-07-29
	Signature of officer	Date
SUE EARLEY TREASURER		
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2019-07-29	Check <input type="checkbox"/> if self-employed	PTIN P01709931
	Firm's name ► REGIER CARR & MONROE LLP			Firm's EIN ► 48-0573184	
	Firm's address ► 4801 E BROADWAY BLVD SUITE 501 TUCSON, AZ 85711			Phone no (520) 624-8229	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1 Briefly describe the organization's mission**

THE PURPOSE OF THE STATE OF ARIZONA FRATERNAL ORDER OF POLICE IS TO PROMOTE AND FOSTER THE ENFORCEMENT OF LAW AND ORDER IN ADDITION TO IMPROVING INDIVIDUAL PROFICIENCY OF OUR MEMBERS IN THE PERFORMANCE OF THEIR DUTIES. THE FOP ENCOURAGES SOCIAL, CHARITABLE AND EDUCATIONAL ACTIVITIES AMONG ALL POLICE OFFICERS AND DEPARTMENTS, AS WELL AS WITH THE COMMUNITY. THE FOP CULTIVATES A SPIRIT OF FRATERNALISM AND MUTUAL COOPERATION AMONG OUR MEMBERS, OTHER ENFORCEMENT AGENCIES AND THE PEOPLE WE SERVE. ADDITIONALLY, MANY BENEFITS ARE PROVIDED FOR OUR MEMBERS SUCH AS A LEGAL DEFENSE PACKAGE, ETC.

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**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?**  Yes  No

If "Yes," describe these new services on Schedule O

**3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?**  Yes  No

If "Yes," describe these changes on Schedule O

**4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**

**4a** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )  
 See Additional Data

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**4b** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )  
 See Additional Data

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**4c** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )  
 See Additional Data

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**4d** Other program services (Describe in Schedule O )  
 (Expenses \$  including grants of \$  ) (Revenue \$  )

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**4e Total program service expenses ►**

## Part IV Checklist of Required Schedules

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes
4 <b>Section 501(c)(3) organizations.</b> 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	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

## Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b	No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes

## Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	6
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	<b>3b</b>			
<b>4a</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)?	<b>4a</b>	No		
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	Yes		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	Yes		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	No		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>8</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9a</b>			
<b>9b</b>	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter				
<b>a</b> Gross income from members or shareholders	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	No		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	No		

## Part VI

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.



### Section A. Governing Body and Management

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	1a	47
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	1b	47
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b> Did the organization have members or stockholders?	6	Yes
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	8a	Yes
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	No
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a	Yes
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	No
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	No
<b>13</b> Did the organization have a written whistleblower policy?	13	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	14	Yes
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	Yes
<b>b</b> Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	No

### Section C. Disclosure

<b>17</b> List the States with which a copy of this Form 990 is required to be filed►		
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply		
<input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)		
<b>19</b> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year		
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records		
►THE ORGANIZATION PO BOX 17629 TUCSON, AZ 857317629 (520) 954-7129		

## Part VII

## **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

## Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
See Additional Data Table		Former	Highest compensated employee	key employee	Officer	Individual trustee	Institutional Trustee	
1b Sub-Total . . . . .		►						
c Total from continuation sheets to Part VII, Section A . . . . .		►						
d Total (add lines 1b and 1c) . . . . .		►				30,000	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

	<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	<b>3</b>	No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	<b>4</b>	No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	<b>5</b>	No

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

## Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII 

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
1a Federated campaigns . . .	1a						
b Membership dues . . .	1b	81,852					
c Fundraising events . . .	1c						
d Related organizations	1d						
e Government grants (contributions)	1e						
f All other contributions, gifts, grants, and similar amounts not included above	1f	517,456					
g Noncash contributions included in lines 1a - 1f \$							
<b>h Total.</b> Add lines 1a-1f . . . . .		599,308					
Program Service Revenue		Business Code					
		2a LEGISLATIVE SERVICES	900099	43,794	43,794		
		b TRAINING	900099	11,522	11,522		
		c CONFERENCE EVENTS	900099	11,293	11,293		
		d					
		e					
		f All other program service revenue		66,609			
<b>g Total.</b> Add lines 2a-2f . . . . .							
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts) . . . . .	364				
		4 Income from investment of tax-exempt bond proceeds					
		5 Royalties . . . . .					
		6a Gross rents	(i) Real	(ii) Personal			
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) . . . . .					
		7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss) . . . . .					
		8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b Less direct expenses . . . . .	b						
c Net income or (loss) from fundraising events . . . . .							
9a Gross income from gaming activities See Part IV, line 19 . . . . .	a						
b Less direct expenses . . . . .	b						
c Net income or (loss) from gaming activities . . . . .							
10a Gross sales of inventory, less returns and allowances . . . . .	a						
b Less cost of goods sold . . . . .	b						
c Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
11a FOP LICENSE PLATE	900099	2,955	2,955				
b							
c							
d All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		2,955					
<b>12 Total revenue.</b> See Instructions . . . . .		669,236	69,564	0	364		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,500			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members	32,537			
5 Compensation of current officers, directors, trustees, and key employees	29,400			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	2,295			
d Lobbying	65,956			
e Professional fundraising services See Part IV, line 17	443,191			
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,483			
12 Advertising and promotion				
13 Office expenses	1,322			
14 Information technology	4,045			
15 Royalties				
16 Occupancy				
17 Travel	11,713			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,364			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,180			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a AZ FOP PAC	20,624			
b PHONE/INTERNET	4,569			
c MEALS	1,919			
d DUES	845			
e All other expenses	1,084			
<b>25 Total functional expenses.</b> Add lines 1 through 24e	652,027			
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX 

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	33,798	<b>1</b>	9,626
	<b>2</b> Savings and temporary cash investments	458,882	<b>2</b>	485,453
	<b>3</b> Pledges and grants receivable, net	3		
	<b>4</b> Accounts receivable, net	4		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6		
	<b>7</b> Notes and loans receivable, net	7		
	<b>8</b> Inventories for sale or use	8		
	<b>9</b> Prepaid expenses and deferred charges	9		
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less accumulated depreciation	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities	11		
	<b>12</b> Investments—other securities See Part IV, line 11	12		
	<b>13</b> Investments—program-related See Part IV, line 11	13		
	<b>14</b> Intangible assets	14		
	<b>15</b> Other assets See Part IV, line 11	15		
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	492,680	<b>16</b>	495,079
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	17		
	<b>18</b> Grants payable	18		
	<b>19</b> Deferred revenue	19		
	<b>20</b> Tax-exempt bond liabilities	20		
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	25		
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	0	<b>26</b>	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets		27	
	<b>28</b> Temporarily restricted net assets		28	
	<b>29</b> Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	492,680	<b>32</b>	495,079
	<b>33</b> Total net assets or fund balances	492,680	<b>33</b>	495,079
	<b>34</b> Total liabilities and net assets/fund balances	492,680	<b>34</b>	495,079

## Part XI

**Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	669,236
2	Total expenses (must equal Part IX, column (A), line 25)	2	652,027
3	Revenue less expenses Subtract line 2 from line 1	3	17,209
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	492,680
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-14,810
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	495,079

Part XII **Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b		No
2c		
3a		No
3b		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 86-0211010

**Name:** FRATERNAL ORDER OF POLICE ARIZONA  
STATE LODGE

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

LEGISLATIVE SERVICE

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**Form 990, Part III, Line 4b:**  
**PUBLIC RELATION AND EDUCATION**

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**Form 990, Part III, Line 4c:**  
**DONATIONS**  

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Key Employee	Honoraria and Compensation	Honoraria and Compensation	Honoraria and Compensation	Honoraria and Compensation			
LEE RAPPLEYEA ..... ADVISOR	5 00 .....	X						0	0	0
KENNETH MAGOCH ..... ADVISOR	5 00 .....	X						0	0	0
KEVIN WATTS ..... ADVISOR	5 00 .....	X						0	0	0
SAM GRIMES ..... ADVISOR	5 00 .....	X						0	0	0
MARY ANN UHL ..... ADVISOR	5 00 .....	X						0	0	0
JOE AGOSTINI ..... ADVISOR	5 00 .....	X						0	0	0
STEPHEN CLARK ..... ADVISOR	5 00 .....	X						0	0	0
RICK PRENDERGAST ..... ADVISOR	5 00 .....	X						0	0	0
BRANDON KEFFER ..... ADVISOR	5 00 .....	X						0	0	0
RAY STOCK ..... ADVISOR	5 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Key Employee	Hig hest Com pens ed	Foun der					
THOMAS NEMETH ..... ADVISOR	5 00 .....	X						0	0	0
PAT MULLEN ..... ADVISOR	5 00 .....	X						0	0	0
KEVIN PERLAK ..... ADVISOR	5 00 .....	X						0	0	0
MARK O'DELL ..... ADVISOR	5 00 .....	X						0	0	0
JOE MARQUEZ ..... ADVISOR	5 00 .....	X						0	0	0
R BISHOP ..... ADVISOR	5 00 .....	X						0	0	0
GILBERT FUENTES ..... ADVISOR	5 00 .....	X						0	0	0
ED MCNEIL ..... ADVISOR	5 00 .....	X						0	0	0
CHET ANDERSON ..... ADVISOR	5 00 .....	X						0	0	0
ROGER RODRIGUEZ ..... ADVISOR	5 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Key Employee	Highest Compensated	Foun der					
LEE POTTEIGER ..... ADVISOR	5 00 .....	X						0	0	0
BRIAN JACOBS ..... ADVISOR	5 00 .....	X						0	0	0
ZACH TURNBULL ..... ADVISOR	5 00 .....	X						0	0	0
ROSALIND WILLIAMS ..... ADVISOR	5 00 .....	X						0	0	0
PAM EDGERTON ..... ADVISOR	5 00 .....	X						0	0	0
SARAH BUCHANAN ..... ADVISOR	5 00 .....	X						0	0	0
JOHN WALSH ..... ADVISOR	5 00 .....	X						0	0	0
LEEANN BRYDGES ..... ADVISOR	5 00 .....	X						0	0	0
ROSS DISKIN ..... ADVISOR	5 00 .....	X						0	0	0
TYLER RASPILLER ..... ADVISOR	5 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
LEE GARRETT ..... ADVISOR	5 00 .....	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key Employee <input type="checkbox"/> Executive Compensation Advisor <input type="checkbox"/> Director	0	0	0
KEVIN ALBERT ..... ADVISOR	5 00 .....	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key Employee <input type="checkbox"/> Executive Compensation Advisor <input type="checkbox"/> Director	0	0	0
MIKE SWEETZER ..... ADVISOR	5 00 .....	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key Employee <input type="checkbox"/> Executive Compensation Advisor <input type="checkbox"/> Director	0	0	0
EMMANUEL BUTELLO ..... ADVISOR	5 00 .....	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key Employee <input type="checkbox"/> Executive Compensation Advisor <input type="checkbox"/> Director	0	0	0
STEVEN EGENDORFER ..... ADVISOR	5 00 .....	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key Employee <input type="checkbox"/> Executive Compensation Advisor <input type="checkbox"/> Director	0	0	0
PETER SHEPARD ..... ADVISOR	5 00 .....	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key Employee <input type="checkbox"/> Executive Compensation Advisor <input type="checkbox"/> Director	0	0	0
BRYAN SOLLER ..... ADVISOR	5 00 .....	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key Employee <input type="checkbox"/> Executive Compensation Advisor <input type="checkbox"/> Director	0	0	0

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2018****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization FRATERNAL ORDER OF POLICE ARIZONA STATE LODGE	Employer identification number 86-0211010
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) FRATERNAL ORDER OF POLICE ARIZONA STATE LODGE POLITICAL ACTION COMMITTEE	PO BOX 17629 TUCSON, AZ 85731		0	20,624
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ►  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)		
<b>d</b>	Other exempt purpose expenditures		
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)		
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns		
<b>If the amount on line 1e, column (a) or (b) is:</b> <b>The lobbying nontaxable amount is:</b>			
Not over \$500,000		20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)		
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-		
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-		
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)	(b)
	Yes	No
	Amount	
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
<b>a</b> Volunteers?		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		
<b>c</b> Media advertisements?		
<b>d</b> Mailings to members, legislators, or the public?		
<b>e</b> Publications, or published or broadcast statements?		
<b>f</b> Grants to other organizations for lobbying purposes?		
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
<b>i</b> Other activities?		
<b>j</b> Total Add lines 1c through 1i		
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912		
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

	1
<b>1</b> Dues, assessments and similar amounts from members	1
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a
<b>a</b> Current year	2b
<b>b</b> Carryover from last year	2c
<b>c</b> Total	3
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-B, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
PART I-C, LINE 5	THE FRATERNAL ORDER OF POLICE ARIZONA STATE LODGE POLITICAL ACTION COMMITTEE IS A SEGREGATED FUND AS DEFINED UNDER INTERNAL REVENUE CODE SECTION 527(F)(3)AND COLLECTS AND DISBURSES DONATIONS TO SUPPORT CANDIDATES FOR OFFICE WHO CAN AFFECT LEGISLATION OF INTEREST TO THE ORGANIZATION \$2 OF MEMBERSHIP DUES IS A VOLUNTARY CONTRIBUTION TO THE PAC

SCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming Activities

2018

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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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest informationDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
FRATERNAL ORDER OF POLICE ARIZONA  
STATE LODGE

Employer identification number

86-0211010

**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
1	PHONE SOLICITATION	Yes	No	191,354	166,676	24,678
RESIDENTIAL PROGRAMS INC 12 CHRISTOPHER WAY SUITE 200 EATONTOWN, NJ 07724						
2	PHONE SOLICITATION	Yes		162,888	141,713	21,175
OUTREACH CALLING 200 S VIRGINIA STREET 8TH FLOOR RENO, NV 89501						
3	PHONE SOLICITATION	Yes		160,865	134,801	26,064
MPI FUNDRAISERS PO BOX 769100 DALLAS, TX 75376						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				515,107	443,190	71,917

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

AZ

**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 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>				
1 Gross receipts . . . . .				
2 Less Contributions . . . . .				
3 Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>				
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))
<b>Revenue</b>				
1 Gross revenue . . . . .				
<b>Direct Expenses</b>				
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 \_\_\_\_\_

Yes  No

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?  Yes  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?  Yes  No

**13** Indicate the percentage of gaming activity conducted in

<b>a</b>	The organization's facility	13a	%
<b>b</b>	An outside facility	13b	%

**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?  Yes  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 ► .....

Director/officer  Employee  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?  Yes  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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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**Department of the  
Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

- Attach to Form 990.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public  
Inspection**Name of the organization  
FRATERNAL ORDER OF POLICE ARIZONA  
STATE LODGEEmployer identification number  
86-0211010**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OREGON STATE LODGE PMB 311 11954 NE GLISAN ST PORTLAND, OR 97230	45-5003915		500				GENERAL OPERATIONS
(2) ARIZONA FRATERNAL ORDER OF POLICE FOUNDATION 2510 E 11TH ST DOUGLAS, AZ 85607	86-0990456		5,000				ASSISTANCE TO HURRICANE VICTIMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ► 0

3 Enter total number of other organizations listed in the line 1 table . . . . . ► 2

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

**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](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public  
Inspection**

Name of the organization

FRATERNAL ORDER OF POLICE ARIZONA  
STATE LODGE

Employer identification number

86-0211010

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	FRATERNAL ORDER OF POLICE ARIZONA STATE LODGE HAS ROUGHLY 9,000 MEMBERS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OF THE ORGANIZATION ELECT MEMBERS OF THE GOVERNING BOARD AT THE BIENNIAL MEETING

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE BOARD AT THE BIENNIAL MEETING

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	COMMITTEES DO NOT ACT ON BEHALF OF THE LODGE COMMITTEES MEET AND MAKE RECOMMENDATIONS TO THE FULL BOARD OR AT CONFERENCE COMMITTEE CHAIRMAN KEEPS NOTES DEEMED NECESSARY TO MAKE SUCH RECOMMENDATIONS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AN OUTSIDE CPA FIRM PREPARES FORM 990 AND RELATED SCHEDULES AND SENDS AN ELECTRONIC COPY TO OFFICERS OF THE BOARD FOR REVIEW BEFORE FILING

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE LODGE DOES NOT HAVE EMPLOYEES THE PRESIDENT, VICE PRESIDENT, SECRETARY AND TREASURER EACH RECEIVE \$600 PER MONTH TO HELP DEFRAY THE COSTS AND TIME THEY CONTRIBUTE TO THE LODGE THESE ARE NOMINAL AMOUNTS DIRECT EXPENSES ARE REIMBURSED WITH A SIGNED/APPROVED VOUCHER AND RECEIPT THESE AMOUNTS ARE DETERMINED BY A VOTE AT THE BIENNIAL CONFERENCE

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

**SCHEDULE R  
(Form 990)**

## Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2018

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
FRATERNAL ORDER OF POLICE ARIZONA  
STATE LODGE

**Employer identification number**

86-0211010

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	<b>Yes</b>	<b>No</b>
1a		<b>No</b>
1b	<b>Yes</b>	
1c		<b>No</b>
1d		<b>No</b>
1e		<b>No</b>
1f		<b>No</b>
1g		<b>No</b>
1h		<b>No</b>
1i		<b>No</b>
1j		<b>No</b>
1k		<b>No</b>
1l		<b>No</b>
1m		<b>No</b>
1n		<b>No</b>
1o		<b>No</b>
1p		<b>No</b>
1q		<b>No</b>
1r		<b>No</b>
1s		<b>No</b>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1)AZ FRATERNAL ORDER OF POLICE FOUNDATION	B	5,000	

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

**Part VII      Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation