

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning

, 2020, and ending

, 20

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) ?

Room/suite

P. O. BOX 2846

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

08

JACKSON, TN, USA, 38302

D Employer identification number ?

(23-7855748) 23-1585748

E Telephone number

731-697-8693

F Group Exemption

Number ► ?G Accounting Method Cash Accrual Other (specify) ►H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

(Form 990, 990-EZ, or 990-PF)

I Website: ► FOP@JacksonTnFOP.comJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(8) ▲ (insert no.) 4947(a)(1) or 527K 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.

► \$ 129,234

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 ?

1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3 30,937
4	Investment income	4 222
5a	Gross amount from sale of assets other than inventory	5a
b	Less cost or other basis and sales expenses	5b
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	
6	Gaming and fundraising events	5c
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b	Gross income from fundraising events (not including \$ 0 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 98,075
c	Less: direct expenses from gaming and fundraising events	6c 44,283
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 53,792
7a	Gross sales of inventory, less returns and allowances	7a
b	Less: cost of goods sold	7b
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c
8	Other revenue (describe in Schedule O)	8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 84,951

10	Grants and similar amounts paid (list in Schedule O)	10
11	Benefits paid to or for members	11 11,537
12	Salaries, other compensation, and employee benefits ?	12 3,570
13	Professional fees and other payments to independent contractors ?	13 2,428
14	Occupancy, rent, utilities, and maintenance	14 5,586
15	Printing, publications, postage, and shipping	15
16	Other expenses (describe in Schedule O) ?	16 36,454
17	Total expenses. Add lines 10 through 16	17 59,575

18	Excess or (deficit) for the year (subtract line 17 from line 9)	18 25,376
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)	19 261,884
20	Other changes in net assets or fund balances (explain in Schedule O)	20
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 287,260

SCANNED MAY 03 2022

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	261,884	22 287,260
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	1	25 1
26 Total liabilities (describe in Schedule O)	1	26 1
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	✓ 261,884	27 ✓ 287,260

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?

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)

28		
29		
30		
31	Other program services (describe in Schedule O)		
32	Total program service expenses (add lines 28a through 31a)		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	2
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	2
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	2
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	2
	32		2

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
Jeff Sheppard, President	0	0	0	0
Gray Benton, Vice President	0	0	0	0
Jerry Priddy, State Trustee	0	0	0	0
Randall Hampton, Secretary	2	3,570	0	0
Louis Fullerton, Treasurer	0	0	0	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

	Yes	No
33	33	✓
34	34	✓
35a	35a	✓
b	35b	✓
c	35c	✓
36	36	✓
37a	37a	0
b	37b	✓
38a	38a	✓
b	38b	
39	39a	
a	39b	
40a	40b	
b	40c	
c	40d	
d	40e	✓
41	List the states with which a copy of this return is filed ► Tennessee	
42a	The organization's books are in care of ► Randall Hampton Located at ► 154 Waterford Dr, Jackson, TN 38305	Telephone no. ► 731-697-8693 ZIP + 4 ► 38305-9068
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 United States? 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	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
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b

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

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete the table for the organization's related organizations. If there are more than 10 related organizations, attach a separate table.		

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 		6-28-2021
	Signature of officer	Date
	Randall Hampton, Secretary/Treasurer	
	Type or print name and title	

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

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

2020

Open to Public
Inspection

Name of the organization

FRATERNAL ORDER OF POLICE

Employer identification number

23-7855748

PART I, LINE 16

Payroll tax	\$551
Property Tax	\$33
Insurance	\$3,140
Per Capital Tax	\$9,027
Fees	\$445
Scholarships	\$1,500
Donation	\$6,100
Equipment	\$7,671
Supplies	\$1,786
Surety bond	\$100
Repair/ Maintenance	\$6,101
Total	\$36,454