

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

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.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning MAY 1, 2016 and ending APR 30, 2017

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 FAMILY
AUXILIARY CHICAGO LODGE NUMBER 7
4936 NORTH CALIFORNIA
CHICAGO, IL 60625

D Employer identification number
45-2295055
E Telephone number
312-771-0015
F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

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

I Website: N/A

J Tax-exempt status (check only one) - [] 501(c)(3) [X] 501(c)(8) (insert no.) [] 4947(a)(1) or [] 527

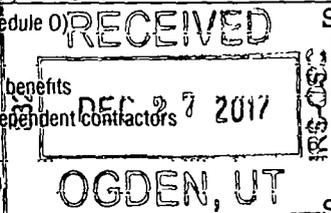
K Form of organization: [X] Corporation [] Trust [] Association [] Other

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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 52,912.

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 [X]

Table with 21 rows and 2 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (3,498); 2 Program service revenue including government fees and contracts (3,931); 3 Membership dues and assessments (605); 4 Investment income; 5a Gross amount from sale of assets other than inventory; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events; 6c Less: direct expenses from gaming and fundraising events; 6d Net income or (loss) from gaming and fundraising events; 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue (describe in Schedule O) SEE SCHEDULE O (44,878); 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 (52,912); 10 Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O (694); 11 Benefits paid to or for members (1,000); 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors; 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping; 16 Other expenses (describe in Schedule O) SEE SCHEDULE O (52,420); 17 Total expenses Add lines 10 through 16 (54,114); 18 Excess or (deficit) for the year (Subtract line 17 from line 9) (-1,202); 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) (19,859); 20 Other changes in net assets or fund balances (explain in Schedule O) (0); 21 Net assets or fund balances at end of year. Combine lines 18 through 20 (18,657).



LHA For Paperwork Reduction Act Notice, see the separate instructions.

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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 Sch. O to respond to any question in this Part V

		Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
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		X
35 a 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		X
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	N/A	
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		X
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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <u>0.</u>			
b Did the organization file Form 1120-POL for this year?	37b		X
38 a 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		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A	
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>			
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	N/A	
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 ▶ <u>N/A</u>			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>N/A</u>			
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		X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>			
42 a The organization's books are in care of ▶ <u>ANGELA HAYNES</u> Telephone no. ▶ <u>312-771-0015</u> Located at ▶ <u>4936 NORTH CALIFORNIA, CHICAGO, IL</u> ZIP + 4 ▶ <u>60625</u>			
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		X
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		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u> N/A			
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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		

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
 If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VII 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 Sch. C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?
 b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		
48		
49a		
49b		

(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
N/A				

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." N/A

(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: *Angela Haynes* Date: 12-15-17
 ANGELA HAYNES, PRESIDENT
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: JAMES ROBBS
 Preparer's signature: *James E. Robbs* Date: 12/07/17
 Check if self-employed PTIN: P01266623
 Firm's name: SASSETTI LLC Firm's EIN: 36-2239746
 Firm's address: 6611 NORTH AVENUE OAK PARK, IL 60302 Phone no. (708) 386-1433

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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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

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

Name of the organization **FRATERNAL ORDER OF POLICE FAMILY
AUXILIARY CHICAGO LODGE NUMBER 7** Employer identification number
45-2295055

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
OTHER	2.
ANNUAL GOLF OUTING	40,900.
GUN RAFFLE	3,976.
TOTAL TO FORM 990-EZ, LINE 8	44,878.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: FOP GRAND LODGE

AFFILIATE ADDRESS: 701 MARRIOTT DRIVE NASHVILLE, TN 37214

PURPOSE OF PAYMENT: PER CAPITA DUES

AMOUNT OF PAYMENT: 282.

AFFILIATE NAME: FOP ILLINOIS STATE LODGE

AFFILIATE ADDRESS: 4341 ACER GROVE, SUITE B SPRINGFIELD, IL 62711

PURPOSE OF PAYMENT: PER CAPITA DUES

AMOUNT OF PAYMENT: 412.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 694.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
GOLF OUTING	35,111.
SCHOLARSHIPS	5,000.
DONATIONS	2,825.
PROGRAM EXPENSES	1,373.
GUN RAFFLE COSTS	1,044.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

832211 08-25-16

SCHEDULE O
(Form 990 or 990-EZ)

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CONFERENCE EXPENSE	1,637.
BOARD MEETINGS	907.
ANNUAL DINNER PARTY	638.
GIFTS	525.
SUPPLIES	1,537.
OTHER	15.
MEETING EXPENSES	1,808.
TOTAL TO FORM 990-EZ, LINE 16	52,420.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ORGANIZATION PURPOSE IS TO
 SUPPORT THE CHICAGO FRATERNAL ORDER OF POLICE AND TO PROVIDE HIGH
 SCHOOL SCHOLARSHIPS TO ELIGIBLE CANDIDATES ENTERING HIGH SCHOOL AND
 SUPPORT THE FAMILIES OF POLICE OFFICERS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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.