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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Depa	artment nai Rev	of the Treasury renue Service		► The organization may have t	o use a copy of this retur	n to satisfy state	reporting req	uırements	Op	en to l	Public Insp	ection
	For th	he 2009 calend	ar year,	or tax year beginning		, 2009, and	ending					
В	Check	if applicable.		C Name of organization				D Employ	er Idor	ntuficatio	n Number	
	∏ Ad	ddress change	Please use (RS label		ement Officer	s Assoc. 1	Foundati	on 52-1	L85	0114		
	∏ _{Nã}	ame change	or print or type.	Number and street (or P.O be	x if mail is not delivered to	o street addr)	Room/suite	E Telepho	กอ กษา	mber		
		itial return	See specific	P.O. Box 1306				(845	5) (638-4	4527	
	Те	ermination	Instruc- tions.	City, town or country		State ZIP o	ode + 4					
	X A	mended return		New York		NY 101	163-130	6 G Gross re	eceipts	s 2	11,153	
	Па	optication pending	F Name	and address of principal officer			H(a) Is	this a group return	n for a	ffiliates?	Yes	X No
	ш ·		Thomas	Casey PO Box 1306	New York	NY 103		re all affiliates incl			Yes	☐ No
ī	Tax	exempt status		1(c) (3) (insert no		1) or 52	7 "	'No,' attach a list.	(see ii	nstruction	15)	
<u></u>				oa.org	7 1.1 =		H(c) G	roup exemption nu	mber	•		
ĸ			X Corpor		n Other ►	L Year of	Formation 1				micile NY	
	rt I	Summa		<u> </u>								
				ganization's mission or mos	t significant activitie	s: See A	ttached	1			·	
60				•								
Š												
Ĕ								zq.				
Activities & Governance	2	Check this box	(▶ 📗	if the organization disconti	25% of its as	sets	٠,					
8	3	Number of voti	ıng mem	ibers of the governing body	(Part VI, IIII) 101	FIELLI HOS	31511-111A		<u> </u>	13		
es	4	Number of ind	ependen	nt voting members of the go	verning body (Hart)	Olfruite' (tab) s	1940 1		5	0		
Ξ			•	yees (Part V, line 2a) teers (estimate if necessary	\	MAY 1 7	2011	•	6	5		
Act				ousiness revenue from Part			2011		7 8		1.	426.
				s taxable income from Form			VED		71			
_								Prior Year			Current Ye	ar
	8	Contributions a	and oran	nts (Part VIII, line 1h)		1561	שן טו	159,8	85.			727.
Revenue	I		•	nue (Part VIII, line 2g)			` 					
Ķ	I	-		art VIII, column (A), lines 3,	4, and 7d)			6,5	41.		1,	426.
æ	I		•	III, column (A), lines 5, 6d,		e)					·	
	12	Total revenue	– add lii	nes 8 through 11 (must equ	al Part VIII, column	(A), line 12)		166,4	26.		211,	153.
	13	Grants and sin	nılar ame	ounts paid (Part IX, column	(A), lines 1-3)			148,5	40.		192,	275.
	14	Benefits paid t	o or for	members (Part IX, column	(A), line 4) .							
m	15	Salaries, other				↓						
Expenses	16a	Professional fu										
ğ	Ь	Total fundraisi										
ā	į.			IX, column (A), lines 11a-1	<u> </u>	8.9	33.	15,630.				
		•		nes 13-17 (must equal Part				157,4		_		905.
		•		s Subtract line 18 from line		. 20,			53.			248.
		Trevende less	схрензе	3 COOLECT IIIC TO HOW IIIC	, 12	• •		Beginning of Y		1	End of Ye	
ances	20	Total assets (F	Part Y Iu	na 16)				324,6		_		859.
A B		Total liabilities	-	-					140	:	· · · ·	740.
Net Asset Fund Balar	,		•	ances Subtract line 21 fron	 . lma 20	•	·	320,8		+		119.
	rt II	Signatu			i iiie 20			320,0	,,,,,			
<u> </u>					rehum unehudung angampa	rena cahadulas	and statements	and in the hest of	of my i	koowledo	e and helief if	15
		true, correct, an	d complete	declare that I have examined this Declaration of preparer tother than	n officer) is based on all in	formation of which	n preparer has	any knowledge	. ر د ر			
Sig	าก	▶		term /	(unin			15-	16	・ン	011	
He	re	Signature o	f officer					Date				
		 	HOM	AS X.' CASI	y TR	CA541	en					
		Type or prin	it name an	d little	/							
						Date		Check if		Preparer (see inst	's identifying r ructions)	ıumber
Pai	id	Drama and a		I				self- employed ►	111	•	•	
Pre	-	Preparer's signature	► Jam	es DeMinne		05/1	13/11					
	rer's	Firm's name (or		ES DEMINNO, CPA,	PC							
Us On		yours if self- employed),	→ 337		· ·			EIN >				
JII	y	address, and ZIP + 4		CITY	NY	10956		Phone no. ►	(84	45) (638-452	7
May	the II			with the preparer shown ab	ove? (see instruction	ns)				. х	Yes	No
				work Reduction Act Notice				TEEA0101	07/	20/09	Form 99 0	(2009)

	930 (2009) rederal Law Enforcement Officers Assoc. Foundation	52-1	850114	Page 2
Par				
1	Briefly describe the organization's mission:			
	See Attached			
	Did the experience undertake any experience are seen as during the year which were not led	ad on the near		
~	Did the organization undertake any significant program services during the year which were not list			
	Form 990 or 990-EZ?		Yes	XI 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 progra	m services? .	Yes	X No
	If 'Yes,' describe these changes on Schedule O.			
4	Describe the exempt purpose achievements for each of the organization's three largest program se and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran expenses, and revenue, if any, for each program service reported.	rvices by expense its and allocations	es. Section 501 s to others, the	(c)(3) total
	(Code:) (Expenses \$ 85,500. including grants of \$	0) (Revenue	\$	0)
74	Drowided maximum of \$5 000 to seven the related events.	O.) (Nevenue	¥ <u></u>	
	Provided maximum of \$5,000 to cover the related expenses			
	of officers who lost their lives or killed in the line			
	of duty.			
	(Code:) (Expenses \$ 30,500. including grants of \$ Provided funds for medical expenses for costs not provided by insurance carriers as it relates to line of duty injuries.			
				
	~			
		. =		
	(Code:) (Expenses \$ 44,500. including grants of \$ Provided funds for individual scholarships of \$500 - \$1,000 to 40 high school graduates for college expenses, based on merit and financial need.			
				-
,				
•				
	04			
	Other program services. (Describe in Schedule O.)	_		
	(Expenses \$ 31,775. including grants of \$ 0.) (Reve	nue \$	0.)
4e	Total program service expenses ► 192,275.			

			Yes	No
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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		х
5	Section 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	_ 5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; 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		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, of X as applicable	11		х
,	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
	• 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			
1	• 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			
	• 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			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	 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? If'Yes,' complete Schedule D, Part X 			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12		х
12/	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		_x_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.	16		х
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	17		х
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		х
	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		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	<u> </u>

Part IV * Checklist of Required Schedules (continued) Yes No 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. 22 X 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* 23 X 24a X **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 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? ... 24d 25a X 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 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. 26 X 27 The state of the s Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV . 28b X c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV. 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M....... 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L . . . 31 31 Х 32 X 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 X 36 Х 37 X

38 BAA

Form 990 (2009)

38

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0		,
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reporta (gambling) winnings to prize winners?	able gaming 1c	х	
2a 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 2a	0		,
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns	? 2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see inst			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other autifinancial account in a foreign country (such as a bank account, securities account, or other financial acco	hority over, a unt)? 4a		х
b If 'Yes,' enter the name of the foreign country: ▶			-:3
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bant Financial Accounts.	k and	*	·v
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n? _ 5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardin Tax Shelter Transaction?	g Prohibited 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or solicit any contributions that were not tax deductible?	ganization		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions of deductible?	or gifts were not		
7 Organizations that may receive deductible contributions under section 170(c).	7.		1.5
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good provided to the payor?	ds and services 7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		\vdash	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re-		\vdash	
Form 8282?	7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	onal) ~ ,	<u></u>
benefit contract?			<u> </u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<u>x</u> _
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	}		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess be holdings at any time during the year?	ousiness 8		X
9 Sponsoring organizations maintaining donor advised funds.		,	4.3
a Did the organization make any taxable distributions under section 4966?	9a		X
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		Х
10 Section 501(c)(7) organizations. Enter:		13.9	
a Initiation fees and capital contributions included on Part VIII, line 12	7.5		37
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			100
11 Section 501(c)(12) organizations. Enter:		13	
a Gross income from other members or shareholders		1	75.
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			1863
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	? 12a	المشائد	لتنت
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	**	<u>ا </u>	

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Form 990 (2009)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management		
		Yes No
1a Enter the number of voting members of the governing body		
b Enter the number of voting members that are independent		
2 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	X
3 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	x
4 Did the organization make any significant changes to its organizational documents	4	Х
since the prior Form 990 was filed?		
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	x
6 Does the organization have members or stockholders?	6	Х
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	x
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	х
b Each committee with authority to act on behalf of the governing body?	8b	$\frac{x}{x}$
9 Is there any officer, director or 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	<u> </u>
Section B. Policies (This Section B requests information about policies not required by the Internal		
Revenue Code.)		
		Yes No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c	
13 Does the organization have a written whistleblower policy?	13	Х
14 Does the organization have a written document retention and destruction policy?	14	Х
15 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?		
a The organization's CEO, Executive Director, or top management official	15a	Х
b Other officers of key employees of the organization	15b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		ظرم
16a 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	X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
Section C. Disclosures		***
17 List the states with which a copy of this Form 990 is required to be filed ► New York		
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as inspection. Indicate how you make these available. Check all that apply.	aılable	for public
Own website Another's website X Upon request		
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polistatements available to the public.	•	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.		
►Thomas X Casey 5700 Arlington Ave, # 21s, Bronx, NY 10471-1524 (8	<u>15)_63</u>	38-4527

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees'
- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 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.

X Check this box if the organization did not		ate ar	ıy cı			ficer, c	direc			(F)		
(A)	(B)	_			c) 			(D)				
Name and Title	Average hours per week		_			hat appl	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization		
		andividual trustee	institutional trustee	3	Key employee	Highest companied employee	ner	(**21033-11300)	(** 21055-11100)	organization and related organizations		
			â			10 et						
Robert E. Van Etten President	8.00	x		x				0.	0.	0.		
Richard Gallo									٥			
Vice President Jams Whelan	8.00	<u>x</u> _		X			 	0.	0.	0.		
Secretary	8.00	х	<u> </u>	х			<u> </u>	0.	0.	0.		
Thomas X. Casy								0.	0.	0.		
Treasurer	8.00	_A		Х				0.				
			\vdash	-			-			· · · · · · · · · · · · · · · · · · ·		
		<u> </u>		_	-		F					
			_									
)	-		-		_					
		1										

Part VII Section A. Officers, Directors, Trus	tees, K	(ey	Em	plq	уе	es,	and	d Highest Con	pensated Emp	loyees (cont.)
(A)	(B)	' ',						(D)	(E)	(F)
Name and Title	hours	-	Position (check all that a					Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensate	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
						led.				
								·		
1 b Total	1	<u>. </u>]				0.	0.	0.
2 Total number of individuals (including but not limited				labo	ove)	wh			<u> </u>	
from the organization	_									Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	ee, I	key	emp	oloy	ee, d	or hi	ghest compensat	ed employee	235 B. S.
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to	portable han \$15	cor 0,00	npe 10?	nsat If 'Y						
 individual	• • • • • • •	• • •	• • •	• • •		• •	•	• • • • • • • • • • • • • • • • • • • •		. 4 X
rendered to the organization? If 'Yes,' complete Sch Section B. Independent Contractors	hedule J	for	suc	h pe	erso	n.			····	. 5 X
Complete this table for your five highest compensation from the organization.	ed inde	pend	lent	con	itrac	tors	tha	t received more t	han \$100,000 of	····
(A) Name and business address (B) Description of Services										(C) Compensation
2 Total number of independent contractors (including \$100.000 in compensation from the organization ▶	but not	lımıt	ed	to th	ose	list	ed a	bove) who receiv	ed more than	

Pa	in v	/III Statement of Revenue			,		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
20	1.	a Federated campaigns 1a					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		b Membership dues 1b					
9.0	١.	c Fundraising events 1c					
FTS	İ.	d Related organizations 1d					
ਲ ≦	1	<u> </u>					
SKS] `						
Ĕ	[1	f All other contributions, gifts, grants, and similar amounts not included above 1 f					
8 P			209,727.				
ξg	!	g Noncash contribns included in Ins 1a-1f: . \$					
<u> </u>	1	h Total. Add lines 1a-1f	▶	209,727.			
J.		B	usiness Code				
Ã	2:	a		· · · · · · · · · · · · · · · · · · ·			
Ã	l i	b					
<u> </u>		c					
Ě							· · · · · · · · · · · · · · · · · · ·
S		d					
Æ							
PROGRAM SERVICE REVENUE		All other program service revenue					
	9	g Total. Add lines 2a-2f	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (including dividends, int	erest and				
		other similar amounts)		1,426.	0.	1,426.	0.
	4	Income from investment of tax-exempt bond	d proceeds. 🟲				
	5	Royalties	▶				
		(i) Real	(ii) Personal				
	68	Gross Rents					
	Ŀ	Less: rental expenses					
		Rental income or (loss) .					
		141 1 1 1	•	· · · · · · · · · · · · · · · · · · ·			
		(A) Securities	(ii) Other	••			
	7 a	Gross amount from sales of	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis	ĺ				
		and sales expenses		*			
	C	Gain or (loss)					
	d	Net gain or (loss)	▶				
J.	8a	Gross income from fundraising events (not including \$					
Ã.		of contributions reported on line 1c).	į				
8		0 0 104 11 40	į				
OTHER REVENI		 					
5		Less: direct expenses b					
		Net income or (loss) from fundraising event	s ▶				
	9a	Gross income from gaming activities See Part IV, line 19				!	
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	▶				
		Gross sales of inventory, less returns					
İ		and allowances		Į			
ļ	b	Less: cost of goods sold b					
	C	Net income or (loss) from sales of inventory					
ſ			ısiness Code		. <u> </u>		
ſ	11 a						·
- 1	Ь		*				
	c						
- 1	ų	All other revenue	+				
-		Total. Add lines 11a-11d		-			1
) _	011 150		1 105	
	14	Total revenue. See instructions	_	211,153.	0.	1,426.	0.

Page 10

Form 990 (2009) Federal Law Enforcement Off

Partix Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	192,275.	192,275.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				<u> </u>
10					
11	Fees for services (non-employees)				
	Management				
	b Legal				
	Accounting	550.	0.	550.	0.
	Lobbying			3331	· · · · · · · · · · · · · · · · · · ·
	Prof fundraising svcs. See Part IV, In 17				
1	Investment management fees				
	j Other			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion				
13	Office expenses				
14	Information technology		0.	1,962.	0.
15				1,902.	<u> </u>
16	Royalties				
17					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				···
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	_Fees	110.	0.	110.	0.
b	Plaques	1,459.	0.	1,459.	0.
	Postage	3,757.	0.	3,757.	0.
	Bank Fees	29.	0.	29.	0.
	Printing	7,108.	0.	7,108.	0.
	All other expenses	655.	0.	655.	0.
	Total functional expenses. Add lines 1 through 24f	207,905.	192,275.	15,630.	0.
	Joint costs. Check here ► If following				
-	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			,	
BAA		<u></u>		 	Form 990 (2009)

Part X Balance Sheet

BAA

Form 990 (2009)

(A) Beginning of year (B) End of year 23,332. 115,208. Cash — non-interest-bearing 1 2 Savings and temporary cash investments..... 301,279 2 212,651. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, 5 5 and highest compensated employees. Complete Part II of Schedule L.......... Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L... 6 7 8 Inventories for sale or use . 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. | 10a Complete Part VI of Schedule D **b** Less: accumulated depreciation.. 10Ы 10 c 11 12 13 Investments – program-related. See Part IV, line 11........... 13 14 14 15 15 Other assets. See Part IV. line 11 16 Total assets. Add lines 1 through 15 (must equal line 34)..... 324,611. 16 327,859. 17 17 Accounts payable and accrued expenses.... 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties..... 24 3,740. 25 3,740. 3,740. 26 3,740. Organizations that follow SFAS 117, check here | and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets ... 27 28 28 29 Q R Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. 30 31 Retained earnings, endowment, accumulated income, or other funds 320,871. 32 324,119. 320,871. **33** 324,119.Total liabilities and net assets/fund balances..... 34 324,611. 34 327,859.

rigary/xom tritational otatements and reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		î	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the air review, or compilation of its financial statements and selection of an independent accountant?	udit,	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued o consolidated basis, separate basis, or both:	na		
X Separate basis Consolidated basis Both consolidated and separate basis	}		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le 3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit 3b		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name	of the organization				-			Employe	r identifica	tion number	
			rs Assoc. Found						85 <u>011</u> 4		
Par	t∄ Reason for Pι	Iblic Charity Statu	is (All organizations	must o	comple	ete this	part.)	See i	nstruct	ions	
			use it is: (For lines 1 thro								
1	A church, convent	ion of churches or ass	sociation of churches des	cribed in	sectio	n 170(b)	(IXAXI)).			
2			A)(ii). (Attach Schedule			•					
3			e organization described		on 1700	bY1YAY	Gii).				
4		•	ed in conjunction with a h		_			0/5\11	AVIII) Fr	nter the hos	nıtal's
-	name, city, and st	-	ou in conjunction with a r	ospitai	40301150	.u		~(~X.X.	-X). L	itor the ries	pitars
5	An organization of 170(b)(1)(A)(iv).	perated for the benefit Complete Part II.)	of a college or university		·	-	•	rnmenta	l unit de	scribed in s	ection
6											
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part	II.)						
9	from activities rela investment income June 30, 1975. Se	ated to its exempt fund e and unrelated busine e section 509(a)(2). (C	•	n except section	tions, ar 511 tax	nd (2) no) from b	more fusiness	than 33- es acqu	1/3 % of	ts support	from gross
10	An organization or	rganized and operated	exclusively to test for pr	ublic saf	ety. See	section	n 509(a)	(4).			
11	more publicly supp	ported organizations of	exclusively for the bene described in section 509(zation and complete line	'a)(1) or	section	509(a)(nctions (2). See	of, or ca section	rry out tl 509(a)(3	he purposes 3). Check th	of one or e box that
	a Type I	b Type II	c Type II		-		ted		d \square	Type III-	Other
е	By checking this b	ox. I certify that the o	rganization is not control in one or more publicly s	lled direc	ctly or in	ndirectly	by one	or more ed in se	disqual ction 509	ified persor	ns other
f	If the organization check this box	received a written det	termination from the IRS	that is a	a Type I	, Type I	l or Typ	e III sup	porting	organization	· 🗆
g	Since August 17, 2	2006, has the organiza	ation accepted any gift of	r contrit	oution fr	om any	of the f	ollowing	persons	s?	
											Yes No
	(i) a person who	o directly or indirectly	controls, either alone or upported organization?.	togethe	r with pe	ersons d	escribe	d in (II)	and (III)	11.0	
	-	- ·	• •							11g (i)	
	· · ·	•	cribed in (i) above?							11 g (ii)	
			n described in (i) or (ii) a		• • • •		• • • • • • •		• • • • •	11 g (ii)	
<u>h</u>		Y	the supported organization	ons.		,		1			
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) liste	Is the tion in col d in your erning ment?	l col.	ou-notify nization in (i) of upport?	(i) organi	Is the tion in col. ized in the S.?	(vii) Amount	of Support
				Yes	No	Yes	No	Yes	No		
		}									
				ļ	ļ	ļ	ļ				
			_								
	 										
						<u> </u>					
	-										
Total											

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

Schedule A (Form 990 or 990-EZ) 2009

Page 2 Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part 1.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). 134,055 190,067 117,836 159,885 209,727 811,570. 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge ... 4 Total. Add lines 1-through 3 ... 134,055. 190,067. 117,836. 159,885 209,727 811,570. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ... Public support. Subtract line 5 from line 4 811,570. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4.... 134,055 190,067. 117,836. 159,885 209,727 811,570. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 5,742. 9,732 10,788 6,541 1,426 34,229. Net income from unrelated business activities, whether or not the business is regularly carried on . Other income Do not include gain or loss from the sale of capital assets (Explain in Total support. Add lines 7 through 10 845,799. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f). 14 95.95% 15 Public support percentage from 2008 Schedule A, Part II, line 14 95.47% 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization..... 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... **b 10%-facts-and-circumstances test** — **2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization........

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Page 3

Partill Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (d) 2008 (c) 2007 (e) 2009(f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge ... 6 Total. Add lines 1 through 5... 7a Amounts included on lines 1. 2, 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the vear c Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6...... 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources ... **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.... Section C. Computation of Public Support Percentage 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17....... 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. . .

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Schedule A	(Form 990 or 9	90-EZ) 2009	Federal La	w Enforcemen	t Officer	s Assoc.	Foundation	52-1850114	1 Page 4
Part IV	Supplement Part II, line 1	al Informat 17a or 17b;	ion. Comple and Part III	ete this part t , line 12. Pro	to provide ovide any e	the expla	anations red litional info	52-1850114 quired by Part mation. See in	II, Iine 10; nstructions.
						_			
									
							·		
									
- -					· -				
									
-					 -				
							 -		

Schedule D (Form 990) 2009 Federal Law Enforceme	nt Officers Assoc	. Foundation	52-1850	114 Page
Part VIII Investments—Other Securities See Fo				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma		on et value
Financial derivatives				
Closely-held equity interests				
Other				
				
	ļ	<u> </u>		
				
				<u>.</u> .
				-
				···
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)				
Part VIII Investments-Program Related (See I	Form 990, Part X,	line 13)		
(a) Description of investment type	(b) Book value	(c)	Method of valuation	on .
		Cost or	end-of-year marke	t value
		 	- · · · · · · · · · · · · · · · · · · ·	
	 			
	<u> </u>			
				
				····
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)	15\			
Park Other Assets (See Form 990, Part X,				(b) De alemaker
(a) De	scription	<u> </u>		(b) Book value
		· ·		
				<u>-</u>
		····		
				
Total (Column (b) must sound Form 000 Port V and (B) I	- 15)			
Total. (Column (b) must equal Form 990, Part X, col.(B), li Part X Other Liabilities (See Form 990, Part	<u>пе 15)</u> У line 25)	· · · · · · · ·	<u> ▶ </u>	
(a) Description of Liability	(b) Amount			
Federal Income Taxes	(b) Amount			
Organizational Expenses	3,74	40.		
				
Total (Column (h) must sound Form 000 Book V and (D) Land Co.		10		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	3,74		Alank no a a de ale .	
2. FIN 48 Footnote. In Part XIV, provide the text of the footing under FIN 48	iote to the organization	n s ililanciai statements	mai reports the o	ryanization's liability

SCHEDULE I

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Governments and Individuals in the United States

OMB No. 1545-0047 2009

Inspection

Open to Publi

Schedule I (Form 990) 2009 ê □ (h) Purpose of grant or assistance Partill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Employer Identification number X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 52-1850114 : : . . . (g) Description of non-cash 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? (f) Method of valuation (book, FMV, appraisal, other) : (e) Amount of non-cash assistance : : . : : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Part IV and Schedule I-1 (Form 990) if additional space is needed Federal Law Enforcement Officers Assoc. Foundation (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations. (G) EIN 3 Enter total number of other organizations..... 1 (a) Name and address of organization or government Name of the organization ١ 1

TEEA3901 02/10/10

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Ration Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 52-1850114 (e) Method of valuation (book, FMV, appraisal, other) The organization continues to monitor the use of grant funds. (d) Amount of non-cash assistance Federal Law Enforcement Officers Assoc. Foundation ŧ (c) Amount of cash grant ١ ١ 1 (b) Number of recipients (a) Type of grant or assistance Schedule 1 (Form 990) 2009 Pt_I Line 2 [Park] [[]

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Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB[®]No. 1545-0047

2009

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Pepartment of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Federal Law Enforcement Officers Assoc. Foundation	52-1850114
Pt_VI-C, Line 19 The general public can request copies.	

Federal Lav	Enforcement Of	ficers Assoc. Foundation	52-1850114	•	, 1
		plemental Information to Form ne 4d (continued)	n 990		
services. report the	Section 501(c)(3	ose achievements for each of) and (4) organizations and 4 is and allocations to others, to orted.	947(a)(1) trusts are requi	red to	
Code:	Description:	Provided funds to I	aw Enforcement, r	elying on	_
Expenses	31,775.	community based req	ognized charities	•	_
Grants Of	0.			· · · · · · · · · · · · · · · · · · ·	_
Revenue	0.	·			_

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