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SCANNED NOV 0 3 2011

Form 990-EZ Department of the Treasury

Internal Revenue Service

Short Form

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)

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

A	For th	e 2010 c	alendar year, or tax year beginning		and ending			
B	Check (f applicab	ole	C Name of organization			D Emple	yer ide	entification number
닏		ess change	INCOMPANDA OPETABLE DELLER		TNO	1 ~~	2.2	20776
닏		e change	LAW ENFORCEMENT OFFICERS RELIEF	FUND		1		38776
닏		l return	Number and street (or P O box, if mail is not delivered to street address)			E Telep		
느	Term	nated	1549 RINGLING BOULEVARD		600			87-2560
Ļ		nded return	City or town, state or country, and ZIP + 4			F Group) Exem	ption
L	Applic	ation pending	SARASOTA, FL 34236			Numt	ber 돈	
G	Accour	nting Meth			<u></u>	H Chec	k ►L	if the organization is not
		_	WWW.LEORF.ORG			requi	red to a	ttach Schedule B
<u>J</u>	Tax-ex	empt stati	us (check only one) $ \boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) ($$) \blacktriangleleft (insert no)	49	047(a)(1) or 527	(Forn	1 990, S	990-EZ, or 990-PF)
K	Check	▶ □	if the organization is not a section 509(a)(3) supporting organization and its	s gross re	eceipts are normally <mark>no</mark>	t more th	an \$50	,000. A Form 990-EZ or
	Form 9	90 return	is not required though Form 990-N (e-postcard) may be required (see instri	uctions)	But if the organization	chooses	to file a	return, be sure to file a
_	comple	ete return						
L	Add lın	es 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,		
_	line 25		B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<u> </u>	\$	13,254.
P	art l	_ Reve	enue, Expenses, and Changes in Net Assets or Fur	nd Bala	ances (see the instr	uctions fo	or Part I	
		Check	if the organization used Schedule O to respond to any question in this Part I					X
	1	Contribut	tions, gifts, grants, and similar amounts received				1	13,254.
	2	Program	service revenue including government fees and contracts				2	
	3	Members	ship dues and assessments				3	
	4	Investme	int income				4	
	5a	Gross an	nount from sale of assets other than inventory	5a				
	b	Less cos	st or other basis and sales expenses	5b				
	C	Gain or (I	loss) from sale of assets other than inventory (Subtract line 5b from line 5a))			5c	
	6	Gaming a	and fundraising events					
9	a	Gross inc	come from gaming (attach Schedule G if greater than					
aun		\$15,000)		6a				
Revenue	b	Gross inc	come from fundraising events (not including \$	of cor	ntributions			
ш		from fun	draising events reported on line 1) (attach Schedule G if the sum of such					
		gross inc	come and contributions exceeds \$15,000)	6b				
	C	Less dire	ect ex <u>penses from gaming and fundraising ev</u> ents	6c				
	d	Net incor	ne or(loss) from paning and fund alsing events (add lines 6a and 6b and s	ubtract lii	ne 6c)		6d	
	7a	Gross sa	les of inventory, less returns and allowances	7a				
	b	Less cos	st of goods sold	7b				
	C	Gross pr	ofit or (1955) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8	Other rev	renue (des <u>cribe in Schedule O)</u>				8	
_	g	Total rev	enue Add liges 1273 425c 6d 7c, and 8	>	9	13,254.		
	10	Grants ar	nd sım <u>ılar amolinis paid (list in Schedule O)</u>				10	
	11	Benefits	paid to or for members				11	
es	12	Salaries,	other compensation, and employee benefits				12	
Expenses	13	Profession	onal fees and other payments to independent contractors				13	7,357.
×	14	Occupan	cy, rent, utilities, and maintenance				14	
ш	15	Printing,	publications, postage, and shipping		_	. L	15	
	16	Other exp	penses (describe in Schedule O)	EE S	CHEDULE O	L	16	6,006.
_	17	Total exp	penses. Add lines 10 through 16			•	17	13,363.
S	18	Excess o	r (deficit) for the year (Subtract line 17 from line 9)				18	-109.
Net Assets	19	Net asset	ts or fund balances at beginning of year (from line 27, column (A))			Γ		
As		(must ag	ree with end-of-year figure reported on prior year's return)				19	-8,261.
Net	20	Other ch	anges in net assets or fund balances (explain in Schedule O)				20	0.
_	21	Net asse	ts or fund balances at end of year. Combine lines 18 through 20			>	21	-8,370.
LH	IA For	Paperwo	rk Reduction Act Notice, see the separate instructions					Form 990-EZ (2010)

032171 02-02-11

Check the organization used Schedule Q1o respond to any question in the Part III 22 Cash, savings, and investments 23 Land and buildings 24 Other sasts (describe in Schedule Q) 25 Total sasts. 26 Total sasts. 27 Total sasts. 28 Total sasts. 29 Total sasts. 29 Total sasts. 20 Total sasts. 21 Total sasts. 22 Total sasts. 23 Total sasts. 24 Total sasts. 25 Total sasts. 26 Total sasts. 27 Net sasts of publishages. 28 Total sasts. 29 Total sasts. 29 Total sasts. 20 Total sasts. 21 Total sasts. 22 Total sasts. 23 Total sasts. 24 Total sasts. 25 Total sasts. 26 Total sasts. 27 Total sasts. 28 No PROGRAM SERVICES STATED. 28 EXENDED EXENSES. 29 Total sasts. 20 Total sas	Pa	art II	Balance Sheets. (see the instructions for Part II)					
22 2, 43.3.			Check if the organization used Schedule O to respond to any question	in this Part II .				X
23 de Other sansit (seache in Schedule O) 25 Total statilitate (describe in Schedule O) 26 Total statilitate (describe in Schedule O) 27 Net assets or bind balances (line 27 of column (8) must agree with fine 21) 28 A					(A) Beginning of year		(B) E	nd of year
23 defined and buildings 24 Other asset (Secrete in Schedule 0) 25 Total stabilities (describe in Schedule 0) 27. Net asset or fund balancer (Inn 27 of column (f) must agree with line 21) 28. 8, 66, 5, 5s 1, 10, 80, 3. 29. Net asset or fund balancer (Inn 27 of column (f) must agree with line 21) 29. Check of the organization used Schedule (10 persons of law) guestion in the Part III 20. Check of the organization used Schedule (10 persons of law) guestion of the Part III 21. Check of the organization used Schedule (10 persons of law) guestion of the Services provided, the number of persons benefited, and other relevant information for each program title. 22. Total program services (describe in Schedule O) 23. (Grants \$) if this amount includes foreign grants, check here 23. (Grants \$) if this amount includes foreign grants, check here 24. (Grants \$) if this amount includes foreign grants, check here 25. (Grants \$) if this amount includes foreign grants, check here 26. (Grants \$) if this amount includes foreign grants, check here 27. (Grants \$) if this amount includes foreign grants, check here 28. (Grants \$) if this amount includes foreign grants, check here 29. (Grants \$) if this amount includes foreign grants, check here 29. (Grants \$) if this amount includes foreign grants, check here 29. (Grants \$) if this amount includes foreign grants, check here 20. (Grants \$) if this amount includes foreign grants, check here 20. (Grants \$) if this amount includes foreign grants, check here 20. (Grants \$) if this amount includes foreign grants, check here 20. (Grants \$) if this amount includes foreign grants, check here 20. (Grants \$) if this amount includes foreign grants, check here 20. (Grants \$) if this amount includes foreign grants, check here 20. (Grants \$) if this amount includes foreign grants, check here 20. (Grants \$) if this amount includes foreign grants, check here 20. (Grants \$) if this amount includes foreign grants, check here 20. (Grants \$) if this amount includes	22	Cash,	savings, and investments		404.	22		2,433.
25 Total liabilities (describe in Schedule 0) SEE SCHEDULE O 2, A, 65.5, 12, 10, 80.3. 27. Met assets or long balances (time 27 of column (8) must agree with fine 21) — 8, 26.1, 127 — 8, 270. Part III Statement of Program Service Accomplishments (see the instructions for Part III) Statement of Program Service Accomplishments (see the instructions for Part III) Statement of Program Service Accomplishments (see the instructions for Part III) Statement of Program Service Accomplishments (see the instructions for Part III) Statement of Program Service Accomplishments (see the instructions for Part III) Statement of Program Service Accomplishments (see the instructions for Part III) Statement of Program Service Accomplishments (see the instructions for Part III) Statement of Part III) Statement of Program Service Schedule Olionate III Statement (see the instructions for Part III) Statement (see the instruction for Part III) Statement (see the instruc	23					23		
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Grants \$ if this amount includes foreign grants, check here 31a 31a 32 7,660	21			grants, check here			304	
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Design D			(a) Name and address	1 ' '		to	employee	
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	Check if the organization used Schedule O to respond to any question in this Part V		· 	X
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			١,,
	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	_		v
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			1
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or	_		,,
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	27 /	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	i		
	complete applicable parts of Schedule N	36	,,,,,	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	4		
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
þ	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			
þ	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 ▶ 0 . , section 4912 ▶ 0 . , section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) 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?			ļ
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization •			
е	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 SEE SCHEDULE O			
42 a	The organization's books are in care of \blacktriangleright THE ORGANIZATION Telephone no \blacktriangleright 941-48	37-2	560	
	Located at ▶ 1549 RINGLING BOULEVARD, 6TH FLOOR, SARASOTA, FL ZIP+4 ▶ 3	423	6	
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Ì		
C	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		ightharpoons	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
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
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
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đ	in Schedule O	440		

	2010) LAW ENFORCEMENT OFFICERS	REBIEL TOND 1		26-33387	
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=	ated organization a controlled entity of the organization within the	- , ,	, ,	510414100	45
	rganization receive any payment from or engage in any transaction	-	e meaning of section	,	
·	form 990 and Schedule R may need to be completed instead of For			-	45a
	rganization engage, directly or indirectly, in political campaign activ	nues on benan of or in opposition	n to candidates for p	ublic office	46
22.	somplete Schedule C, Part I Section 501(c)(3) organizations and section	4047/a)(1) nanayamnt	oboritoblo tru	oto only Alla	46 C
	organizations and section 4947(a)(1) nonexempt charitable trusts			-	
	Check if the organization used Schedule O to respond to any quest		and 52, and complet	e the tables for inf	es so and
	onock in the digamental accessorate to the respond to any quest				Ye
47 Did the or	rganization engage in lobbying activities? If "Yes," complete Sci	hedule C. Part II		Г	47
	ganization a school as described in section 170(b)(1)(A)(ii)? If "Ye				48
-	rganization make any transfers to an exempt non-charitable related	•			49a
b If "Yes," v	vas the related organization a section 527 organization?				49b
50 Complete	this table for the organization's five highest compensated employ	ees (other than officers, directors	s, trustees and key ei	mployees) who ea	ch receive
than \$10	0,000 of compensation from the organization. If there is none, ente	er "None "		,	
		(b) Title and average hours	(c) Compensation	(d) Contributions to employee	(e) E>
	(a) Name and address of each employee paid more	per week devoted to position	<u> </u>	benefit plans &	other all
	than \$100,000 NONE	hosinou		deferred compensation	other all
		_			
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		_			
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	· · · · · · · · · · · · · · · · · · ·	-			
					1
f Total nur	mber of other employees paid over \$100,000	>		<u> </u>	
51 Complete	mber of other employees paid over \$100,000 e this table for the organization's five highest compensated indepertion. If there is none, enter "None"	►	ved more than \$100	,000 of compensa	tion from
51 Complete	e this table for the organization's five highest compensated indeper		ved more than \$100		tion from
51 Complete	e this table for the organization's five highest compensated indepertion. If there is none, enter "None" NONE		·1···		
51 Complete	e this table for the organization's five highest compensated indepertion. If there is none, enter "None" NONE		·1···		
51 Complete	e this table for the organization's five highest compensated indepertion. If there is none, enter "None" NONE		·1···		
51 Complete	e this table for the organization's five highest compensated indepertion. If there is none, enter "None" NONE		·1···		
51 Complete	e this table for the organization's five highest compensated indepertion. If there is none, enter "None" NONE		·1···		
51 Complete	e this table for the organization's five highest compensated indepertion. If there is none, enter "None" NONE		·1···		
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51 Complete	e this table for the organization's five highest compensated indepertion. If there is none, enter "None" NONE		·1···		
51 Complete organizat	e this table for the organization's five highest compensated indepertion. If there is none, enter "None" NONE	e than \$100,000	·1···		
51 Complete organizat d Total nur 52 Did the o	this table for the organization's five highest compensated independent If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more more part of other independent contractors each receiving over \$100,00 organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A?	e than \$100,000 00 20 20 20 20 20 20 20	(b) Type of ser	vice (c) Compen
51 Complete organizat d Total nur 52 Did the o	this table for the organization's five highest compensated independent If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more more part of other independent contractors each receiving over \$100,00 organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A?	e than \$100,000 00 20 20 20 20 20 20 20	(b) Type of ser	vice (c) Compen
51 Complete organizat d Total nur 52 Did the o	e this table for the organization's five highest compensated independent If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more some some some some some some some som	e than \$100,000 00 20 20 20 20 20 20 20	(b) Type of ser	vice (c) Compen
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d Total nur 52 Did the o charitable	this table for the organization's five highest compensated independent If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more more of other independent contractors each receiving over \$100,00 organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A organization complete Schedule A organization of perjury, I dealine that I have prantined this return, including a correct, and complete Declaration of prepare other than officer) is based on all standards of officer.	e than \$100,000 00 20 20 20 20 20 20 20	(b) Type of ser	vice (c) Compen
d Total nur 52 Did the o charitable	this table for the organization's five highest compensated independent If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more more of other independent contractors each receiving over \$100,00 organization complete Schedule A? Note: All section 501(c)(3) organization completes Schedule A. Under penalties of perjury, I deal in that I have a strained this return, including a correct, and pomplete.	e than \$100,000 00 20 20 20 20 20 20 20	(b) Type of ser	vice (c) Compen
d Total nur 52 Did the o charitable	this table for the organization's five highest compensated independent Indepen	e than \$100,000 OO Inizations and 4947(a)(1) nonexel accompanying schedules and statement information of which preparer has any	(b) Type of ser	vice (c) Compen
d Total nur 52 Did the o charitable Sign Here	this table for the organization's five highest compensated independent In there is none, enter "None" NONE (a) Name and address of each independent contractor paid more more of other independent contractors each receiving over \$100,00 organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A under penalties of perjury, I dealine that I have prantined this return, including a correct, and complete Declaration of prepare other than officer) is based on all such as the section of the section	e than \$100,000 OO Inizations and 4947(a)(1) nonexe accompanying schedules and statement information of which preparer has any	(b) Type of ser	y knowledge and bel) Compen
d Total nur 52 Did the o charitable Sign Here	this table for the organization's five highest compensated independent Independent Independent Independent Contractor Paid more (a) Name and address of each independent contractor paid more mber of other independent contractors each receiving over \$100,00 organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Independent Contractor Paid in the Independent Contractor Paid	e than \$100,000 DO anizations and 4947(a)(1) nonexe accompanying schedules and statement information of which preparer has any	(b) Type of ser	y knowledge and bel) Compen
d Total nur 52 Did the o charitable Sign Here	this table for the organization's five highest compensated independent in If there is none, enter "None" (a) Name and address of each independent contractor paid more in the properties of other independent contractors each receiving over \$100,00 organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Note: All section 501(c)(3) organization expenses of periory, I dealine that I have a shined this return, including a correct, and complete Declaration of prepare other than officer) is based on all signature of officer SAM A CABRAL, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature JUDITH P. BARNHARD	e than \$100,000 On anizations and 4947(a)(1) nonexel accompanying schedules and statement information of which preparer has any tire Date 10/03	cmpt Check self-emplo	y knowledge and bel) Compen
d Total nur 52 Did the o charitable Sign Here	this table for the organization's five highest compensated independent in If there is none, enter "None" (a) Name and address of each independent contractor paid more in the properties of other independent contractors each receiving over \$100,00 organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Note: All section 501(c)(3) organization expenses of periory, I dealine that I have a shined this return, including a correct, and complete Declaration of prepare other than officer) is based on all signature of officer SAM A CABRAL, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature JUDITH P. BARNHARD	e than \$100,000 DO anizations and 4947(a)(1) nonexe accompanying schedules and statement information of which preparer has any	(b) Type of ser	y knowledge and bel Date PTIN Dyed	Yes
d Total nur 52 Did the o charitable Sign Here	this table for the organization's five highest compensated independent in If there is none, enter "None" (a) Name and address of each independent contractor paid more receiving over \$100,00 arganization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A inder penalusy of perjury, I deal re that I have partitioned this return, including a correct, and complete Declaration of prepare other than officer is based on all such as a complete Declaration of prepare other than officer is based on all such as a complete Declaration of prepare other than officer is based on all such as a complete Declaration of prepare other than officer is based on all such as a complete Declaration of prepare other than officer is based on all such as a complete Declaration of prepare other than officer is based on all such as a complete Declaration of prepare other than officer is based on all such as a complete Declaration of prepare other than officer is based on all such as a complete Declaration of prepare other than officer is based on all such as a complete Declaration of prepare other than officer is based on all such as a complete Declaration of prepare other than officer is based on all such as a complete Declaration of prepare other than officer is based on all such as a complete Declaration of prepare other than officer is based on all such as a complete Declaration of the complete Declara	e than \$100,000 On anizations and 4947(a)(1) nonexel accompanying schedules and statement information of which preparer has any tire Date 10/03	Check self-emplo	y knowledge and bel	Yes
d Total nur 52 Did the o charitable Sign Here Paid Preparer Use Only	this table for the organization's five highest compensated independent in If there is none, enter "None" (a) Name and address of each independent contractor paid more granization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A. Inder penalter of perior, I dealine that I have promised this return, including a correct, and complete Declaration of prepare other than officer is based on all support of periors. SAM A CABRAL, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature of officer JUDITH P. BARNHARD Firm's name MAY & BARNHARD, PC, (1)	e than \$100,000 Do anizations and 4947(a)(1) nonexe accompanying schedules and statement information of which preparer has any tire Date 10/03	Check self-emplo	y knowledge and bel Dafe PTIN Oyed (301)	Yes
d Total nur 52 Did the o charitable Sign Here Paid Preparer Use Only	this table for the organization's five highest compensated independent in If there is none, enter "None" (a) Name and address of each independent contractor paid more and address of each independent contractor paid more arganization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Note: All section 501(c)(3) organization particles of perjury, I dealine that I have a similar this return, including a correct, and complete Occipation of prepare other than officer is based on all some of officer. SAM A CABRAL, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature of officer. JUDITH P. BARNHARD Firm's name MAY & BARNHARD Firm's address 4840 CORDELL AVENUE BETHESDA, MD 20814	e than \$100,000 Do anizations and 4947(a)(1) nonexe accompanying schedules and statement information of which preparer has any tire Date 10/03	Check self-emplo	y knowledge and bel Dafe PTIN Oyed (301)	Yes et, it is true

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

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

OMB No 1545-0047

2010

Open to Public Inspection

Van	ne of t	he organizati	on				-		E	mployer	identificati	on nur	nber
			LAW ENF	ORCEMENT OFF	ICERS	RELI	EF FU	ND IN	C	26	5-3338	776	
Pa	rt I	Reason	for Public Chari	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
Γhe	organ	ization is not a	private foundation l	pecause it is: (For lines 1	through '	11, check	only one b	ox.)	-				
1		A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
3		A hospital or	a cooperative hospit	al service organization o	described	ın section	170(b)(1)(A)(iii).					
4		A medical res	search organization of	perated in conjunction	with a hos	pital desci	ibed in se	ction 170	(b)(1)(A)(i	ii). Enter t	he hospital	's nam	e,
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organizati	on that normally rec	eives a substantial part (of its supp	ort from a	governme	ntal unit o	r from the	e general p	public desc	nbed ir	7
		section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9		An organizati	on that normally rec	eives [.] (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembersh	ıp fees, ar	nd gross red	eipts f	from
		activities rela	ted to its exempt fur	octions - subject to certa	ıın excepti	ons, and (2	2) no more	than 33 1	/3% of its	s support	from gross	ınvestr	ment
		income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	anızatıon a	after June 3	0, 197	5
		See section	509(a)(2). (Complete	Part III.)									
10	\square	_		-		•			•				
11	ш	-	-	•		•				•			or
		-				•). See se c	tion 509	(a)(3). Che	eck the box	that	
				- - '		-				- F	1		
		a Type I						-		d			
e	•			-		-	-	-					n
										9(a)(1) or s	section 509	(a)(2)	
f					ine ino ina	atitisa ty	рет, туре	ii, or Type	: 113				Γ
			_		av aft or co	ontribution	from any	of the follo	awing per	rone?			L
g	,	_		- ,	• •		•					Voc	No
			-	-	one or tog	011101 111111	porcorio	000110001	11 (11) 4114	(111) 551511,		103	-110
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h	,	1.		, ,,	• •						(_: <u></u>		
			J			. ,							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) !	s the	(vii) An	nount of	f
•		inization	(, =	/desembed on lines 4.0	in col (i) lis	sted in your	organizat	on in col	l (ı) organı	zed in the l			
				above or IRC section	governing	document?	(I) of your	support	11 08	5?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
				(1)(A)(iv). (Complete Part II.) or local government or governmental unit described in section 170(b)(1)(A)(v). It that normally receives a substantial part of its support from a governmental unit or from the general public described in (1)(A)(v). (Complete Part II.) It that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from d to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment related business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 (9a)(2). (Complete Part III.) organized and operated exclusively to test for public safety. See section 509(a)(4). organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that yie of supporting organization and complete lines 11e through 11h b Type III c Type III c Type III - Functionally integrated d Type III - Other is sox, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than agers and other than one or more publicly supported organizations described in section 509(a)(2) on received a written determination from the IRS that it is a Type II, Type III, or Type III or Type III and the supported organization? In globy of the supported organization? In globy or indirectly controls, either alone or together with persons described in (ii) and (iii) below, ing body of the supported organization? In globy or indirectly controls, either alone or together with persons described in (ii) and (iii) below, in general the person described in (ii)									
										-			
				· 	-				<u> </u>	-			
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032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 LAW ENFORCEMENT OFFICERS RELIEF FUND INC26-3338776 Page 2

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 I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support	·	<u> </u>				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					13,254.	13,254.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					13,254.	13,254.
5	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						13,254.
Sec	ction B. Total Support		T		··		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4					13,254.	13,254.
8	Gross income from interest,						
	dividends, payments received on			1	i		
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					_	
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						13,254.
12	Gross receipts from related activities	, etc. (see ınstructı	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
_	organization, check this box and stop			 <u>.</u>			► X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (line 6, column (f) d	ivided by line 11,	column (f))		14	<u>%</u>
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	
16a	33 1/3% support test - 2010.If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this box	and
	stop here. The organization qualifies		•				▶ []
b	33 1/3% support test - 2009.If the o				line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	, ,					▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art IV how the organi	zation
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶∟
b	10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶ 🛄
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instructions	▶ □
					Sch	edule A (Form 990	or 990-FZ\ 2010

Part Ift | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						_
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				_		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	[
4	Tax revenues levied for the organ-						-
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that		•				
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b		-			-	
	Public support (Subtract line 7c from line 6)		-		-		
	ction B. Total Support	<u> </u>			1	<u></u>	L
_	indar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	1.7 = 3 3 3	\ -,	(0) 2000	(0).2000	(0) 2010	17 7014
	Gross income from interest,				•		
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						-
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization'	e firet eacond thu	rd fourth or fifth t	av vear ac a coctu	n 501(c)(3) organia	I
• •	check this box and stop here	the organization :	3 11131, 3000110, 11111	a, toottii, or mitir t	ax year as a section	on soricios organiz	Lation,
Se	ction C. Computation of Publ	ic Support Pe	rcentage		· ·		
	Public support percentage for 2010 (column (fl)		15	%
	Public support percentage from 2009		· ·	column (i))		16	
	ction D. Computation of Inve					1.0_1.	
17						17	
	Investment income percentage from			10, column (i <i>))</i>	•	18	
	33 1/3% support tests - 2010. If the		· ·	on line 14, and line	a 15 is more than	·	
136	more than 33 1/3%, check this box a						I / IS IIOL
	o 33 1/3% support tests - 2009. If the						. -
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
<u>-v</u>	- invate roundation, it the organization	ar did not check a	LOOK OIT HITE 14, 19	a, or 190, check th	riis_box and see in	อแนบแบทร	

SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LAW ENFORCEMENT OFFICERS RELIEF FUND INC

Employer identification number 26-3338776

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
BUSINESS LICENSES AND PERMITS		61.
STATE REGISTRATION FEES		1,025.
BANK SERVICE CHARGES		399.
COMMEMORATIVE COINS		1,284.
SUPPLIES		577.
TRAVEL		986.
MEETINGS		1,674.
TOTAL TO FORM 990-EZ, LINE 16		6,006.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE	S:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO AFFILIATE	8,665.	10,803.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -	THE LAW ENFORCEM	ENT RELIEF
FUND WAS ESTABLISHED TO PROVIDE SUPPORT AND RES	OURCES TO OFFICER	S AND
FAMILY MEMBERS OF THE LAW ENFORCEMENT COMMUNITY	. THE ORGANIZATI	ON
WILL, WITHOUT RESTRICTION, PROVIDE ASSISTANCE B	Y ALL MANNER AND	MEANS
TO LAW ENFORCEMENT PERSONNEL, AS WELL AS THE IM	MEDIATE FAMILY ME	MBERS,
WHO HAVE SUFFERED LOSS AS A RESULT OF DISASTER,	VIOLENCE, INJURY	OR ANY
OTHER CALAMITY.	-	
FORM 990-EZ PART V, LINE 41, LIST OF STATES REC	EIVING COPY OF FO	RM 990-EZ:
AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, MA, MD, ME, MI		
OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WI, WV	, , , , , , , , , , , , , , , , , , , ,	, ,
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 9	990 or 990-EZ) (2010)
01-24-11		

SCHEDULE 0

(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.

2010 Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** LAW ENFORCEMENT OFFICERS RELIEF FUND INC 26-3338776 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.

Form 8868

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

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 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. **Employer identification number** Type or Name of exempt organization print LAW ENFORCEMENT OFFICERS RELIEF FUND INC 26-3338776 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1549 RINGLING BOULEVARD, NO. 600 return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SARASOTA, FL 34236 0 3 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code 01 Form 990-T (corporation) 07 Form 990 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 THE ORGANIZATION The books are in the care of ► 1549 RINGLING BOULEVARD, 6TH FLOOR - SARASOTA, FL 34236 Telephone No. ► 941-487-2560 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2010 or tax year beginning lnıtıal return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3ь Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. Form 8868 (Rev. 1-2011) For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)	_				Page 2			
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II and check this bo	×	>	X			
Note. Only complete Part II if you have already been granted an a			Form	8868.				
If you are filing for an Automatic 3-Month Extension, complete								
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	ples	needed).				
Type or Name of exempt organization			Emp	loyer identification	number			
LAW ENFORCEMENT OFFICERS REI	LIEF	FUND INC	2	6-3338776				
Number, street, and room or suite no. If a PO box, so due date for 1549 RINGLING BOULEVARD, NO.		tions.						
return See City, town or post office, state, and ZIP code. For a fo		ress, see instructions.			-			
SARASOTA, FL 34236				····				
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 3			
Application	Return	Application			Return			
ls For	Code	Is For			Code			
Form 990	01							
Form 990-BL	02	Form 1041-A			08			
Form 990-EZ	03	Form 4720			09			
Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust)	04 05	Form 5227 Form 6069			10			
Form 990-T (trust other than above)	06	Form 8870			11			
STOP! Do not complete Part II if you were not already granted			elv file	ed Form 8868	12			
Telephone No. ▶ 941-487-2560 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit of box ▶ If it is for part of the group, check this box ▶ I request an additional 3-month extension of time until 15 For calendar year 2010, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, cl	 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box I request an additional 3-month extension of time until NOVEMBER 15, 2011. For calendar year 2010 , or other tax year beginning, and ending If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension OUR INDEPENDENT ACCOUNTANTS ARE STILL REVIEWING OUR BOOKS, AND NEED 							
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$								
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 8c \$								
_		d Verification	<u> </u>					
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this fo	ng accomp		best o	f my knowledge and bel	ief,			
Signature ► Title ► F	RESI	DENT	Date	<u> </u>	<u> </u>			
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Form **8868** (Rev 1-2011)