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Form **990**

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public → Inspection

Depa	artment of the Treasury rnal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be ma Information about Form 990 and its instructions is at www.irs.gov							/ be made irs.gov/f	public orm990.			Open to Inspec		3 ⋅ } ∮		
		ne 2013 calend	dar year, o	r tax	year beg	jinning		, 20	13, and	ending				,		
В	Check I	f applicable	C Name of	organiz	ation PE	EACE OFFI	CERS RI	ELIEF & F	EDUC	FOUND	ATION	D Emplo	yer Ident	ification Num	ber	
	Ac	idress change	Doing Bu	isiness i		_					_	94-	2677	725		
	Na	ame change	Number a	and stre	et (or P O	box if mail is not de	livered to stre	et address)		Room/su	ite	E Teleph				
	Ini	tial return	4010 T	RUXE	EL ROA	AD						(91	6) 9	28-3777	7	
	Те	erminated	City or to	wn, stat	e or provinc	ce, country, and ZIP	or foreign po	stal code				,				
	Ar	nended return	SACRAM	ENTO)			C	A 95	834		G Gross	receipts	\$ 89.	821.	
	Ar	pplication pending	F Name an			pal officer	-				l(a) Is this a	group retur	n for subc		Yes	XNo
			MICHAEL I	DURAN'	T 4010	TRUXEL ROA	AD SACR	RAMENTO	CA 95	834 H	(b) Are all	subordinates attach a list	ıncluded	² [Yes	No
ī	Tax-	exempt status	X 501(c)(3		501(c)		insert no)	4947(a)(1		527	If 'No,'	attach a list	(see instr	uctions)		
J	Wel	bsite: ► N/	A		1	<u>, , , , , , , , , , , , , , , , , , , </u>				·	(c) Group	exemption nu	ımber •	•		
\overline{K}	Form	of organization	X Corporat	ion	Trust	Association	Other •		L Year o	f formation	198	1 M	State of le	egal domicile	CA	
	rt I	Summar	<u> </u>				1 1									
<u> </u>	1			nızatıc	n's miss	ion or most sig	nıficant ac	ctivities	EDUCA	ATION	SCHO	LARSHI	PS			
a)		-	_			· ·			==:							
Ě																
Activities & Governance																
8	2	Check this box				on discontinue							ssets			
98	3					rning body (Pa							3			11
es o	4					s of the govern							4			11
ŧ	6					n calendar yea necessary)							5			0 0
듗	7a	Total unrelate		•		• •							7a			0.
_		Net unrelated											7b			
REZININI VOTO							,					rior Year		Curre	nt Yea	ar
	8	Contributions	and grants	(Part	VIII, line	1h)					<u> </u>	67,2				404.
嬃	9					e 2g)						<u> </u>			927	
63	10	(21,	158.		28,	417.
(E)	11	Other revenue	(Part VIII,	colun	nn (A), Iir	nes 5, 6d, 8c, 9	c, 10c, an	id 11e)		!}						
	12	Total revenue	add line	s 8 th	rough 11	(must equal F	art VIII, co	olumn (A), line	12) .	<u></u>		88,	750.		89,	821.
	13	Grants and sir	nılar amoui	nts pa	ıd (Part I	X, column (A),	lines 1-3)					37,5	500.		41,	084.
⊨	14					<, column (A), I										
e:	15	Salaries, other	r compensa	ation,	employe	e benefits (Par	t IX, colun	nn (A), lines 5	-10) .							
ig:	16a	Professional fu	undraising t	fees (l	Part IX, d	column (A), line	<u> 11e)</u>									
Εχράηββε	b	Total fundraisi	ng expense	es (Pa	art IX. col	lumn (D), line 25) RECEIVED 0.						3	έ,	Tr.	\$ 10	£ 4
ŭ	17	Other expense										44,8			ΛΩ .	245.
		Total expense				11					 	82,3				329.
	19					8 from line 12		0 4 2014					137.			492.
8											Reginner	ng of Curre		End o	of Yea	
afan	20	Total assets (F	Part X, line	16) .			-0G	DEN. U	Τ	:	Degima	714,5			785,	
Net Assets or Fund Balance	21	Total liabilities	(Part X, lin	ne 26)		l <u>.</u>			'	٠ ب		12,5			00,	0.
ž.	22	Net assets or	fund baland	ces S	ubtract li	ne 21 from line	20					702,0			7.8.5	298.
Pa	rt II	Signatur										1021	<u>, , , . ,</u>		00,	200.
				examin	ied this retu	rn. including ccorr	panving sche	edules and statem	ents and to	n the best	of my know	ledge and be	hef it is ti	nue correct an	н	
comp	lete De	ies of perjury, I decl claration of prepare	r (other than o	fficer) is	based on a	all information of wh	ich preparer	has any knowledg	e			oogo ana oo			•	
		N.				1						1-28.	2014	,		
Sig	ın	Signatur	e of officer								Ďа	ite				
He		▶ MICH	HAEL DU	RAN'	Г						PRESI	DENT				
_		Type or	print name and	d title												
		Print/Type pr	eparer's name			Preparer's sig	nature		1 Date	al . L.		Check	X If	PTIN		
Pai	id	P. DOM	INIC F	ORNE	ER CPA		<u>ئەم</u>	rn 41	<u> </u>	441	ou	self-employ	ed	P003780	027	
	pare			IKLE		ORNER CPA	E	1 4	· · · · ·	1	-			_	_	
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					ENTO			CA 95	821			Phone no		5) 485-		 5
May	the If	RS discuss this				shown above?	(see instr							. X Yes	T	No

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

Form 990 (2013)

TEEA0101 11/08/13

Form			ELIEF & EDUC FOUNDAT	ON	94-267 <u>7</u> 72	Page 2
Par	·	_	rvice Accomplishments			
				art III	<u>.</u>	
1		the organization's mission	1			
	EDUCATION	SCHOLARSHIPS	- 		 _	
			- 			
			- 			
						
2				ear which were not listed on the prior		v 🗔 v
						Yes X No
•		these new services on S				v [] vi-
3		these changes on Scheo		conducts, any program services?.	🗀	Yes X No
4		_		there leavest answers common or many		
4	Section 501(c)(3) and 501(c)(4) organizat	ce accomplishments for each of its ions and section 4947(a)(1) trusts a f any, for each program service rep	three largest program services, as mare required to report the amount of gorted	grants and alloc	ations to
	(Code) (Expenses \$	81.498 including grants	of \$ 40,000.)(Reve	enue \$	61,404.)
		 ''' 	AWARDED TO CHILDREN			01, 101.
			, OR DISABLED/RETIRED			. – – – – – –
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4 t	(Code) (Expenses \$	including grants	of \$)(Reve	enue \$)
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4 0		ervices (Describe in Sch				
	(Expenses \$		including grants of \$) (Revenue \$)
BAA		service expenses -	81,498.	2		Form 990 (2013)
			TEEA0102 07/02/1	ა		. 51111 330 (2013)

Form 990 (2013) PEACE OFFICERS RELIEF & EDUC FOUNDATION 94-2677725 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х 2 Χ 2 Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II . . . 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV Х q Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Х permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х ______ 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. 11b Х c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Χ 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Χ 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 11 f Х 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Х 12 b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 14a Did the organization maintain an office, employees, or agents outside of the United States?.... Χ 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV Χ 15 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

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lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

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20 b

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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

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or Χ 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part Χ 22 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 Х 23 Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х 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 Χ 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Χ 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an Х 28c Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II . . . Χ 32 Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Χ 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2 Χ 36 37 Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38

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Form 990 (2013)

38

For	m 990 (2013) PEACE OFFICERS RELIEF & EDUC FOUNDATION 94-267772	25	F	age
Pâ	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. [
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable) 🥻 ,	ă.	
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			ž ,,
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	\$ % 2.	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	· La	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		₹¥.
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	2000	X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		H
	·	100		 -
	 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
		- `	. ",	*
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	_ م		X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	 	_^
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	 	
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		图字	
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	-	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	<u> </u>		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	- 7 e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	<u> </u>		
	as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	a Did the organization make any taxable distributions under section 4966?	9a		
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter	30		
	a Initiation fees and capital contributions included on Part VIII, line 12	alz.		# ·
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	- 1	8.08.7886	} %.*
	Section 501(c)(12) organizations. Enter	┥ 、゙		
	a Gross income from members or shareholders	1.4	W.	j. v. í
	b Gross income from other sources (Do not net amounts due or paid to other sources	- 3: 1	. ***	! 3
	against amounts due or received from them)			(a
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
I	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	ş 👯		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	ita itika	123	ĹĽ
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.		11	7
I	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		3.43	

 \boldsymbol{c} Enter the amount of reserves on hand $\ \ldots \ \ldots \ \ldots \ \ldots \ \ldots \ \ldots \ \ldots$

14 a

14b

Då	rt VI Governance. Management and Disclosure For each 'Yes' response to lines 2 through 7b below		1 50 "					
Га	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	/, and In	i ior					
	Schedule O. See instructions.			_				
	Check if Schedule O contains a response or note to any line in this Part VI			. X				
Sec	ction A. Governing Body and Management							
			Yes	No				
1 :	a Enter the number of voting members of the governing body at the end of the tax year			v 0				
	of the governing body, or if the governing body delegated broad	_		*				
	authority to an executive committee or similar committee, explain in Schedule O							
	b Enter the number of voting members included in line 1a, above, who are independent 1b 11							
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				
2								
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		Х				
4	Did the organization make any significant changes to its governing documents							
	since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7 :	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more							
members of the governing body?								
ļ	b Are any governance decisions of the organization reserved to (or subject to approval by) members,							
stockholders, or other persons other than the governing body?								
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
		8 a	X					
a The governing body?								
b Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9						
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven		ode l					
	The state of the s		Yes	No				
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a	X					
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their							
	operations are consistent with the organization's exempt purposes?	10 b	Х					
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990	Ł,	,					
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х					
ı	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in		7.					
	Schedule O how this was done	12 c	Х					
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent			4				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			لـــــــــــــــــــــــــــــــــــــ				
	a The organization's CEO, Executive Director, or top management official	15 a		X				
				X				
	b Other officers of key employees of the organization	15 b						
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)	15 b						
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			لہ ہے۔ا				
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	15b 16a		X				
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			X				
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?							
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) a 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						
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed California	16a 5 16b						
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed California Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	16a 5 16b						
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed California Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection.	16a 5 16b						
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed California Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O)	16 a 16 b						
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed California Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection.	16 a 16 b						
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed California Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection Indicate how you make these available Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available	16 a 16 b for pu						
16 a Sec 17 18 19	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply Own website Another's website W. Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	16 a 16 b for pu	blic					

Form 990 (20	13) PEACE OFFICERS RELIEF & EDUC FOUNDATION	94-2677725 Page 7
Part VII C	Compensation of Officers, Directors, Trustees, Key Employees, independent Contractors	Highest Compensated Employees, and
	New Solution	

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

Check this box if neither the organization	T Total any ten	1	guii	(C		отпро	, iout	ed any current officer,	uncolor, or trustee.	
(A) Name and Title	(B) Average hours per	one bo	x, unl	not c	heck erson	more the is both r/trustee	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1) MICHAEL DURANT	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) BRENT MEYER	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
_(3)_MARCELO_BLANCO	1.00									
TREASURER		Х		Х				0.	0.	0.
_ (4)_ BUDDY MAGOR	1.00							-		_
SECRETARY		Х		Х				0.	0.	0.
(5) SHAUN DUFOSEE	1.00									-
DIRECTOR		Х						0.	0.	0.
(6) BARRY DONELAN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JACKY _PARKS	1.00									
DIRECTOR	_	Х						0.	0.	0.
(8) RANDY BEINTEMA	1.00									
DIRECTOR		Х		_				0.	0.	0.
(9) JOE FLANNAGAN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) TONY SANDERS	1 .00									
DIRECTOR		Χ					Ì	0.	0.	0.
(11) LAREN LEICHLITER	1.00				İ					
DIRECTOR		Χ						0.	0.	0.
(12)										
(13)					-					
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(B)			_(0						
' (A) Name and title	Average hours per	Вох	, unle	heck ss pe	rson	than o s both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours	or d	hsht	Officer	K ey	emp High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	for related organiza	individual trustee or director	nstitutional trustee	ěť	Key employee	Highest compensated employee	ner Ter			and related organizations
	- tions below	trust	sunt li		yee	mpen				
	dotted fine)	8	tee			sated				
<u>(15)</u>							_			
<u>(16)</u>										
(17)										
<u>(18)</u>										
(19)							<u> </u>			
(20)										
(21)						<u> </u>				
(22)										
(23)										
(24)									-	
(25)										
1 b Sub-total							>	0.	0.	0.
c Total from continuation sheets to Part VII, Sectior d Total (add lines 1b and 1c)							-	0.	0.	0.
2 Total number of individuals (including but not limited to							ive			
from the organization										Yes No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind	or trustee	e, key	em	ploy	ee,	or hig	hes	st compensated en	nployee	Yes No
For any individual listed on line 1a, is the sum of reporting organization and related organizations greater that	rtable co	ompe 000?	nsat <i>If "</i> Y	ion a 'es' d	and	other	cor Sch	mpensation from		
such individual	 npensat	on fr	 om a	 any i	 unre	 lated	org		fual	. 4 X
for services rendered to the organization? If 'Yes,' con Section B. Independent Contractors	mplete S	ched	ule .	J for	suc	h per	son	<u> </u>		. 5 X
Complete this table for your five highest compensation compensation from the organization. Report compensation.	d indepe sation fo	nden	t cor	ntrac ndar	ctors	that ar end	rec	eived more than \$1 with or within the	100,000 of organization's tax ye	ar
(A) Name and business addres	s				-		_	(B) Description o	f services	(C) Compensation
			_				_			
							_			
2 Total number of independent contractors (including bis \$100,000 of compensation from the organization	ut not lim	nited	to th	ose	liste	d ab	ove)) who received mor	re than	
# 100,000 of compensation from the organization										<u> </u>

		Check if Schedule O contains a response or no	ote to any lii	ne in this Part VIII .	<u> </u>	<u> </u>	<u> </u>
;	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 S	1 a	Federated campaigns 1a			-		
\$ 3	t	Membership dues					
S, G AMC	ď	Fundraising events 1 c					
IS, GIFT	c	Related organizations 1 d		·			•
Ş.Ş.	e	Government grants (contributions) 1 e					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f		61,404.				
ξě	ç	Noncash contributions included in lines 1a-1f \$		The American Kanasa amin's			
<u>~</u>	ŀ	Total. Add lines 1a-1f		61,404.			
3	•		ess Code				
2	2 a						
뜅	b	<u> </u>					
₹	C	; 	<u> </u>				
꼸	0						
R	e •	All other	_ .				
စ္က	ī	All other program service revenue			. 4 3/6	**	
		Total. Add lines 2a-2f			3 3 1 £ 1 (* *	× ′. %	*
	3	Investment income (including dividends, interest other similar amounts)	>	28,417.	0.	0.	28,417.
	5	Royalties					
	,		Personal	**			
	6 a	Gross rents		2.			
		Less rental expenses		,*	•		·
		Rental income or (loss)					
		Net rental income or (loss)			-	-	
		(v) Securities (ii) Other	*			
		Gross amount from sales of assets other than inventory					
		and sales expenses		*			
		· · · · ·		v ^			
ш		Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				
OTHER REVENUE		(not including. \$,,	•		
ĒVE		of contributions reported on line 1c)		``			
8		See Part IV, line 18 a					
E		Less. direct expenses b		~ ***		36 30 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
	С	Net income or (loss) from fundraising events	<u>.</u> >				
	9 a	Gross income from gaming activities See Part IV, line 19		, , ,			
	b	Less direct expenses b					
	С	Net income or (loss) from gaming activities		The statement of animal or			
	10 a	Gross sales of inventory, less returns and allowances					
		<u></u>					
		Less cost of goods sold b					
	C						
	11 a	00311	ess Code				
	ııa b						
	b	·			 · · · - i		
İ	ن	All other revenue · · · · · · · · ·		<u> </u>			
		Total. Add lines 11a-11d					
	14	Total revenue. See instructions	· · · · •	89,821.	0.	0.1	28,417.

Part IX 'Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX							
Do i 6b,	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 United States See Part IV, line 21			* * *	\$ 76. ³		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	41,084.	41,084.	** * *			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16.						
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	Other salaries and wages				_		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)						
9	Other employee benefits				_		
10	Payroll taxes	 					
11	Fees for services (non-employees)						
	Management						
	Legal	····					
C	Accounting						
	Lobbying				-		
e	Professional fundraising services See Part IV, line 17 .		\ \	13. 1. 13.4			
f	Investment management fees	6,207.	0.	6,207.	0.		
	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)			0,207.	0.		
	Advertising and promotion						
13	Office expenses						
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel	1,464.	0.	1,464.	0.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	<u></u>					
20	Interest						
21	Payments to affiliates			 			
22	Depreciation, depletion, and amortization						
23	Insurance				_ 		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses	* *	**	* ;			
	of line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	* *	, <u>,</u>	?∜	* ***		
а	PROGRAM EXPENSES	32,914.	32,914.	0.	0.		
	REFURBISHMENT	7,500.	7,500.	0	0.		
	ORGANIZATIONAL EXPENSES	25.	0.	25.			
	DOCETA CE				0.		
	All other expenses	135.	0.	135.			
	· · · · · · · · · · · · · · · · · · ·	00.005		 _			
23	Total functional expenses Add lines 1 through 24e	89,329.	<u>8</u> 1,498.	7,831.	0.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)						

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash - non-interest-bearing 1 116,656. 86,114 2 2 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges . 9 500 0 10 a 10 b 100 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 . 12 12 589,332 697,024. Investments - program-related See Part IV, line 11 13 13 14 14 Other assets. See Part IV, line 11 15 15 6,089 2,160 16 Total assets. Add lines 1 through 15 (must equal line 34) 714,577 16 785,298 17 17 10,000 18 Grants payable. 18 Deferred revenue . . . 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . 22 Secured mortgages and notes payable to unrelated third parties $\ . \ .$ 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24). Complete Part X of Schedule D500 25 0 26 Total liabilities. Add lines 17 through 25. 26 12,500 0 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete S- 1 lines 27 through 29, and lines 33 and 34. 27 27 Temporarily restricted net assets 28 28 702,077 785,298 Permanently restricted net assets 29 29 Q R Organizations that do not follow SFAS 117 (ASC 958), check here > 16 and complete lines 30 through 34. FUZD 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 BALANCES

BAA

32

33

34

785,298. Form 990 (2013)

785,298

32

33

34

702,077

714,577

Retained earnings, endowment, accumulated income, or other funds

Form 990 (2013) PEACE OFFICERS RELIEF & EDUC F	OUNDATION	94-2677725	; Pa	age 12		
Part XI Reconciliation of Net Assets		-				
Check if Schedule O contains a response or note to any lin	e in this Part XI	<u></u>	<u> </u>	. []		
1 Total revenue (must equal Part VIII, column (A), line 12)		1 1	89,8	821.		
2 Total expenses (must equal Part IX, column (A), line 25)		2	89,3	329.		
3 Revenue less expenses Subtract line 2 from line 1		3	4	<u> 492.</u>		
4 Net assets or fund balances at beginning of year (must equal Part	X, line 33, column (A))	4	702,0	<u> </u>		
5 Net unrealized gains (losses) on investments		5	82,7	729 <u>.</u>		
6 Donated services and use of facilities						
7 Investment expenses						
•				_		
9 Other changes in net assets or fund balances (explain in Schedul	e O)	9				
10 Net assets or fund balances at end of year Combine lines 3 throucolumn (B))	gh 9 (must equal Part X, line 33,	. 10	785,2	298.		
Part XII Financial Statements and Reporting						
Check if Schedule O contains a response or note to any lin	e in this Part XII			ſ.		
		- , , , ,	Yes	No		
1 Accounting method used to prepare the Form 990 Cash	X Accrual Other			2 %		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2 a Were the organization's financial statements compiled or reviewed	d by an independent accountant?		2 a	Х		
If 'Yes,' check a box below to indicate whether the financial staten separate basis, consolidated basis, or both	nents for the year were compiled or reviewed	I on a		3 7 3 3		
Separate basis Consolidated basis Both co	onsolidated and separate basis		mann and comm			
b Were the organization's financial statements audited by an independent	endent accountant?		2 b X			
If 'Yes,' check a box below to indicate whether the financial staten basis, consolidated basis, o <u>r b</u> oth	nents for the year were audited on a separat	е				
Separate basis X Consolidated basis Both c	onsolidated and separate basis			<u> </u>		
c If 'Yes' to line 2a or 2b, does the organization have a committee the review, or compilation of its financial statements and selection of a selection.	nat assumes responsibility for oversight of than independent accountant?	e audıt,	2 c X			
If the organization changed either its oversight process or selection Schedule O	n process during the tax year, explain			j. ,		
3 a As a result of a federal award, was the organization required to ur Audit Act and OMB Circular A-133?	dergo an audit or audits as set forth in the S	ıngle	3 a	Х		
b If 'Yes,' did the organization undergo the required audit or audits?	If the organization did not undergo the requi	red audit				
or audits, explain why in Schedule O and describe any steps take			3 b			
BAA			Form 990 (2	2013)		

Form **990** (2013)

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.

► Attach to Form 990 or Form 990-EZ

Department of the Treasury Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Employer identification number

Schedule A (Form 990 or 990-EZ) 2013

PEACE OFFICERS RELIEF & EDUC FOUNDATION 94-2677725 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I Type il Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or if the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? . 11 g (iii) Provide the following information about the supported organization(s) h (in EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (I) Name of supported organization (iv) is the (v) Did you notify (vi) Is the (vii) Amount of monetary organization in the organization in organization in support column (I) of your support? column (I) janized in the column (ı) listed in your governing document? Yes Nο Yes No Yes No (A) (B) (C) (D) (E) i, À Total

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

Part II 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)

Section A. Public Support								
	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	81,331.	67,610.	71,320.	67,292.	61,404.	348,957.	
2	Tax revenues levied for the organization'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	81,331.	67,610.	71,320.	67,292.	61,404.	348,957.	
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)							
6	Public support. Subtract line 5 from line 4 · · · · · · · · ·						348,957.	
Sec	ction B. Total Support	<u> </u>	***************************************	Addition to sold also the "Malliot	19 2.28		340,337.	
Cale	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	81,331.	67,610.	71,320.	67,292.	61,404.	348,957.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,523.	12,036.	22,246.	21,458.	28,417.	94,680.	
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	si an mair s	* % **		, A62	`	443,637.	
12	Gross receipts from related activities	es, etc (see instruc	tions)			12		
	First five years. If the Form 990 is organization, check this box and st	top here		hırd, fourth, or fifth	tax year as a sect	ion 501(c)(3)		
	tion C. Computation of Pul							
	Public support percentage for 2013						<u>78.66 %</u>	
	Public support percentage from 20						83.44 %	
	a 33-1/3% support test — 2013. If t and stop here. The organization q	ualifies as a public	ly supported orgar	nization			► X	
ı	o 33-1/3% support test — 2012. If the and stop here. The organization q	ne organization did jualifies as a public	not check a box o by supported organ	n line 13 or 16a, a nization	nd line 15 is 33-1/3	3% or more, check	this box	
17:	a 10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	ets the 'facts-and-	circumstances' tes	t, check this box a	nd stop here. Exp	lain in Part IV how		
	o 10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-c	eets the 'facts-and- circumstances' test	circumstances' tes The organization	t, check this box a qualifies as a publ	nd stop here. Exp licly supported org	laın ın Part IV how anızatıon	the ▶ □	
18 	Private foundation. If the organiza	ation did not check	a box on line 13,	16a, 16b, 17a, or 1		and see instruction		

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

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

Sec	tion A. Public Support		_				
	idar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2	Gross receipts from admis-						
	sions, merchandise sold or		•				
	services performed, 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 business under section 513.						
4	Tax revenues levied for the						
	organization'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.						_
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
k	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				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	Public support (Subtract line 7c from line 6)		satr v 🖠			. A	
	tion B. Total Support						
	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received						
	on securities loans, rents,						
	royalties and income from similar sources						
b	similar sources						
	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 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 assets (Explain in						
	Part IV)						
13	Total Support. (Add Ins 9,10c, 11 and 12)						-
14	First five years. If the Form 990 is	s for the organization	on's first, second, th	nird, fourth, or fifth			
	organization, check this box and s			· · · · · · · · · · · ·	· · · · · · · · ·		
	tion C. Computation of Pu			(0)		T T	
	Public support percentage for 201						
	Public support percentage from 20					16	용
	tion D. Computation of Inv						
	Investment income percentage for						<u>%</u>
	Investment income percentage fro						
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the	his box and stop he	e re. The organizatı	on qualifies as a p	oublicly supported o	organization	▶
	33-1/3% support tests – 2012. If line 18 is not more than 33-1/3%, or	check this box and	stop here. The org	ganızatıon qualıfie:	s as a publicly sup	ported organization	▶
20	Private foundation. If the organiz	ation did not check	a box on line 14, 1	9a, or 19b, check	this box and see in	nstructions	▶ 🗍

	A (Form 990 or 990-EZ) 201		FICERS REL	IEF & EDUC	FOUNDATION	94-2677725	Page 4
Part IV	Supplemental Infor or 17b; and Part III, I (See instructions).	mation. Providine 12. Also cor	le the explanat nplete this par	ions required to t for any additi	by Part II, line 10; onal information.	Part II, line 17a	_
							
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

PE	ACE OFFICERS RELIEF & EDUC FOU	NDNTTON		94-2677725
Pai			r Similar Fur	
LI al	Complete if the organization answer	ered 'Yes' to Form 990, Pa	rt IV. line 6.	ids of Accounts.
		(a) Donor advised fur		(b) Funds and other accounts
1	Total number at end of year	(a) Bollol advised lai	143	(b) I unus and other accounts
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
7				
5	Did the organization inform all donors and donor are the organization's property, subject to the organization's	janization's exclusive legal contro	٠١٠	Yes No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or for	any other purpo:	be used only se conferring Yes No
Pai	t II Conservation Easements. Complete if the organization answer	ered 'Yes' to Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that app	oly)	
	Preservation of land for public use (e g , recr	eation or education)	Preservation of	an historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space	_	_	
2	Complete lines 2a through 2d if the organization	held a qualified conservation conf	tribution in the foi	rm of a conservation easement on the
	last day of the tax year.	·		
				Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easeme			
•	Number of conservation easements on a certified	historic structure included in (a)		. 2c
(Number of conservation easements included in (or structure listed in the National Register	c) acquired after 8/17/06, and not	on a historic	. 2 d
3	Number of conservation easements modified, tra tax year ►	nsferred, released, extinguished,	or terminated by	the organization during the
4	Number of states where property subject to cons	ervation easement is located 🕨		
5	Does the organization have a written policy regar and enforcement of the conservation easements	ding the periodic monitoring, inspirit holds?	ection, handling	of violations,
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conserv	vation easements	during the year
7	Amount of expenses incurred in monitoring, inspect ► \$	ecting, and enforcing conservation	n easements dur	ng the year
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requiren	nents of section	170(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements	s conservation easements in its re e organization's financial stateme	evenue and expe ents that describe	nse statement, and balance sheet, and statement, and balance sheet, and statement, and balance sheet, and
Par	Organizations Maintaining Collection Complete if the organization answer	ctions of Art, Historical T ered 'Yes' to Form 990, Par	reasures, or rt IV, line 8.	Other Similar Assets.
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, education	i, or research in fi	stement and balance sheet works of urtherance of public service, provide,
t	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items	AS 116 (ASC 958), to report in its public exhibition, education, or	s revenue statem research in furth	nent and balance sheet works of art, erance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, lin	e 1		▶ \$
	(ii) Assets included in Form 990, Part X			·
2	If the organization received or held works of art, h amounts required to be reported under SFAS 116	istorical treasures, or other simila	ar assets for finar	·
а	Revenues included in Form 990, Part VIII, line 1	-		▶\$
	Assets included in Form 990, Part X			·

Sche	dule D (Form 990) 2013 P	PEACE OFFICER	RS RELI	EF & EDUC	FOU	UNDATION	94-26	77725 Page 2
Part							r Other Similar As	sets (continued)
3	Using the organization's acquitems (check all that apply)	uisition, accession,	and other re	ecords, check	any of	the following that	are a significant use of	its collection
а	Public exhibition			d Loan o	or exch	ange programs		
b	Scholarly research			e Other				
С				_				_
4	Provide a description of the Part XIII.	organization's collec	tions and e	xplain how the	y furthe	er the organizatio	n's exempt purpose in	
	During the year, did the orga to be sold to raise funds rath	er than to be mainta	ained as pai	rt of the organi	zation's	s collection?		
Part	line 9, or reported	todial Arranger an amount on F	nents. Co Form 990	omplete if th , Part X, line	ne org e 21.	anızation ans	wered 'Yes' to Forn	n 990, Part IV,
1 a	Is the organization an agent on Form 990, Part X?	trustee, custodian,	or other int	ermediary for o	contribu	utions or other as	sets not included	Yes No
	If 'Yes,' explain the arrangen							□
	, ,							Amount
С	Beginning balance						1 c	
d	Additions during the year						1 d	
е	Distributions during the year						. 1e	
f	Ending balance						. 1f	
2 a	Did the organization include	an amount on Form	990, Part)	K, line 21?				Yes No
b	If 'Yes,' explain the arrangen	nent in Part XIII Chi	eck here if t	he explantion	has be	en provided in Pa	ırt XIII	·····
Part	V Endowment Fund	ds. Complete if	the orgar	ization ans	wered	l 'Yes' to Form	n 990, Part IV, line 1	10.
		(a) Current		(b) Prior year		(c) Two years back		
1 a	Beginning of year balance .					-		
þ	Contributions	• •						
	Net investment earnings, gar and losses							
d	Grants or scholarships						-	
e	Other expenditures for facilit and programs	ies						
f	Administrative expenses			_				
g	End of year balance			-				
2	Provide the estimated percei	ntage of the current	year end ba	alance (line 1g	, colum	ın (a)) held as		
а	Board designated or quasi-e	ndowment >		엉				
b	Permanent endowment >	9						
С	Temporarily restricted endow	vment >		ુ				
	The percentages in lines 2a,	2b, and 2c should e	qual 100%					
3 a	Are there endowment funds organization by.	not in the possessio	n of the org	janization that	are hel	d and administer	ed for the	Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
	If 'Yes' to 3a(II), are the relate							. 3b
	Describe in Part XIII the inter		-					<u> </u>
	VI Land, Buildings,							
				s' to Form 9	90. Pa	art IV. line 11a	a. See Form 990, P	art X line 10
	Description of prop			other basis				(d) Book value
	- Boodingson of propi		(inves	stment)	ba ba	Cost or other asis (other)	(c) Accumulated depreciation	(u) book value
1 a	Land						, "	
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other	<u> </u>						
Total.	Add lines 1a through 1e (Co	olumn (d) must eaua	al Form 990	Part X. colun	nn (B)	line 10(c))		

Schedule **D** (Form 990) 2013

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Page 3 94-2677725 PEACE OFFICERS RELIEF & EDUC FOUNDATION Schedule **D** (Form 990) 2013 Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. Part VII Investments - Other Securities. (c) Method of valuation Cost or end-of-year market value (b) Book value (a) Description of security or category (including name of security) (1) Financial derivatives . . (2) Closely-held equity interests FMV 382,786. (A) MUTUAL FUNDS - SCH ____-FMV 314,238. (B) MUTUAL FUNDS - MEM (D) (E) (F) (G) (H) 697,024. Total (Column (b) must equal Form 990, Part X, column (B) line 12) Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Part VIII Investments - Program Related. (c) Method of valuation Cost or end-of-year market value (b) Book value (a) Description of investment type (1) (2)(3) (4)(5) (6)(7)(8)(9) (10)Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Part IX (b) Book value (a) Description (1)(2)(3)(4)(5) (6)(7) (8) (9)Part X Other Liabilities.

otal. (Column (b) most equal 7 cm		OF	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form of the organization and the organizati	oon Part IV, line 11e or	or 11f See Form 990, Part X, line 25	
Complete if the organization answered res to rorm	(b) Book value		
(a) Description of liability	(6) 500	7	
(1) Federal income taxes	0.		
(2) DUE TO AFFILIATES			n , a
(3)			. ^
(4)			r,
(5)	<u> </u>		
(6)	ļ		, " ,
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			4
(8)	<u> </u>		*
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(10)	T		
(11)	0.	\	ortain
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	to the organization's financia	cial statements that reports the organization's liability for unit	[
Total (Column (b) must equal Form 990, Part X, column (B) line 25). 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote has	been provided in Part XIII		
2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has	TEEA3303 10/02/13	Schedule D (Fo	orm 990) 201

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Schedule **D** (Form 990) 2013

Concaule D	COMPANIE SOCIETY OF THE STATE O	<u> </u>	rage 3
Part XIII	Supplemental Information (continued)		
- -		-	
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Grants and Other Assistance to Organizations, SCHEDULE I Nam PE

OMB No 1545-0047

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2013	Open to Public	**************************************	ation number	5		X Yes]	s' to	(h) Purpose of grant or assistance											
	I	:	Employer identification number	94-2677725				on answered 'Yes	(g) Description of non-cash assistance											
ites or 22.	000	OWIGINI330.				or assistance, and		te if the organization if additional space	(f) Method of valuation (book, FMV, appraisal, other)				-							
the United Sta		LLIUIIS IS AL WWW.IIS.Y				s' eligibility for the grants		ed States. Comple can be duplicated	(e) Amount of non-cash assistance											
Governments, and Individuals in the United States omplete if the organization answered 'Yes' to Form 990. Part IV. line 21 or 22	► Attach to Form 990.	סנווו פאסן מווח וויפ ווויפתי				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?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	(d) Amount of cash grant		-									
rernments, an	o la chahada a sanada a	about Sciledule I (r			ance	nount of the grants or	ng the use of grant fur	ents and Organizat received more	(c) IRC section if applicable											
		HIOIIIIatio		JC FOUNDATION	General Information on Grants and Assistance	to substantiate the ar grants or assistance?	rocedures for monitori	nce to Governme	(b) EIN											
				RELIEF & EDUC	formation on Gr	tion maintain records ia used to award the	/ the organization's pr	d Other Assistar Part IV, line 21 fc	ess of organization rnment		1 1 1 1 1 1	1 1 1 1		1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1	
(Form 990)	Department of the Treasury	menial Nevelide Service	~	ا.,	Part General In	1 Does the organiza the selection criter	2 Describe in Part IV	Part II Grants an Form 990,	(a) Name and address of organization or government	[1]		(2)		(3)	(4)	(5)				

3 Enter total number of other organizations listed in the line 1 table		
r total number of other organizations listed in the line 1 table	•	
r total number of other organizations listed in the line 1 table	:	
r total number of other organizations listed in the line 1 table Paperwork Reduction Act Notice, see the Instructions f	:	
r total number of other organizations listed in the line 1 table Paperwork Reduction Act Notice, see the Instructions f		30.
r total number of other organizations listed in the line 1 table Paperwork Reduction Act Notice, see the Instructions f	:	n 99
r total number of other organizations listed in the line 1 table Paperwork Reduction Act Notice, see the Instructions f	:	-or
r total number of other organizations listed in the line 1 t Paperwork Reduction Act Notice, see the Instruction	0	or
r total number of other organizations listed in the line 1 Paperwork Reduction Act Notice, see the Instruction	tabl	ns t
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2013)

Part

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 40,000 (c) Amount of cash grant 20 (b) Number of recipients 1 EDUCATIONAL SCHOLARSHIPS (a) Type of grant or assistance Part IV 7 က Ŋ 9

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Schedule I (Form 990) (2013)

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 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number PEACE OFFICERS RELIEF & EDUC FOUNDATION 94-2677725 Pt VI, Line 11b THE FORM 990 IS REVIEWED BY THE PRESIDENT, VP, TREASURER, AND THE ACCOUTANT PRIOR TO FILING Pt_VI, Line 12c _ THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST_ POLICY FOR BOTH EMPLOYEES AND BOARD OF DIRECTORS. BOTH POLICIES REQUIRE THE INDIVIDUAL TO DISCLOSE ANY SUCH CONFLICTS. BOARD OF DIRECTORS ARE REMINDED PERIODICALLY <u>AT ANNUAL SEXUAL HARASSMENT TRAINING AND NEW DIRECTOR'S </u> TRAINING. EMPLOYEES ARE REMINDED PERIODICALLY AT STAFF MEETINGS AND THE POLICY IS INCLUDED IN THE EMP HANDBOOK. Pt VI, Line 19 AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

& EDUC FOUNDATION

PEACE OFFICERS RELIEF

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Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

* Attach to Form 990. * See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2013

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

94-2677725

(f) Direct controlling entity (e) End-of-year assets Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. (d) Total income (c)
Legal domicile (state or foreign country) (b)
Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity 1 | |

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	13) uty?
						Yes	No
	REP OF PEAC						
23-7077256	OFFICERS	CA	501C(5)		N/A		×
NDITURE							
<u>SACRAMENTO, CA_95816</u>	SUPPORT CANDIDATES FOR						
27-2440153	STATE AND LOCAL OFFICE CA	CA	527		N/A		×
(3) PORAC_POLITICAL ACTION_COMMITTEE							
555_CAPITOL_MALL1_STE_1425							
 	SUPPORT CANDIDATES FOR						
94-2881214	STATE AND LOCAL OFFICE	CA	527		N/A		×
(4) PORAC_OFFICAL_LAW_ENFORCEVOTER							
555_CAPITOL_MALL,_STE_1425							
 	POLITICAL						
68-0344989	ACTIVITIES	CA	527		N/A		×
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 99	ctions for Form 990.		TEEA5001 06/26/13		Schedule R (Form 990) 2013	Form 990) 2	2013

Schedule R (Form 990) 2013 PEACE OFFICERS RELIEF & EDUC FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproportonate allocations?	or- e amount in box ons? 20 of Schedule K-1 (Form	/-UB! In box shedule	(j) General or managing partner?		(K) Percéntage ownership
		country)		512-514)				Yes	No 106	35)	Yes	No	
									•				
		,											
(2)												_	
(3)													
	_												
Part IV* Identification o	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization a line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	izations re related	Taxable as I organizatio	a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, ons treated as a corporation or trust during the tax year.	on or Trus a corpora	st Complete ation or trust	of the organized units of the taxet of taxet of the taxet of the taxet of the taxet of taxet of the taxet of	ation answ x year.	rered 'Yes' o	on Form	n 990, Pa	art IV,	
(a) Name, address, and EIN of related organization	f related organization		(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling		Type of entity Sr (C corp, S corp, tota	(f) Share of total income	(g) Share of end-of- year assets		(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	o)(13) entity?
				country)			ust)					Yes	Š
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1 1 1 1 1 1 1 1 1 1													
ВАА				TEEA	TEEA5002 06/27/13					Sch	Schedule R (Form 990) 2013	Form 990) 2013

Page 3

94-2677725

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No	اه ا
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	sted in Parts II-IV?			•	ļ
a Receipt of (ii) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				_	×
b Gift, grant, or capital contribution to related organization(s)			1 p		l×
(0)			,		>
	•		; ;		: اه
			5 L	^	×l
e Loans or loan guarantees by related organization(s)				×	×
f Dividends from related organization(s)			1-		; ×
g Sale of assets to related organization(s)			1g	ļ^	×
h Purchase of assets from related organization(s)			-	1	$ \times$
i Exchange of assets with related organization(s)			; -		: ×
j Lease of facilities, equipment, or other assets to related organization(s)			 - -		: ×
					**
k Lease of facilities, equipment, or other assets from related organization(s)			- *		"] ⋈
1 Performance of services or membership or fundraising solicitations for related organization(s)			=	_	×
m Performance of services or membership or fundraising solicitations by related organization(s)			E .	×	\times
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			- -		×
o Sharing of paid employees with related organization(s)			10	×	l×
p Reimbursement paid to related organization(s) for expenses			1 p		×
q Reimbursement paid by related organization(s) for expenses			19	_	\times
					F
r Other transfer of cash or property to related organization(s)			11	×	×
s Other transfer of cash or property from related organization(s)			18	×	
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ed relationships and tra	insaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	termining	6
(1) PEACE OFFICERS RESEARCH ASSOCIATION	S	61,404.	AUDITED	FINANCIALS	ે ત્
(2)					
(3)			:		
(4)					
(5)					
(9)					
BAA TEEA5003 06/27/13		Sched	Schedule R (Form 990) 2013	990) 201	lΩ

Schedule R (Form 990) 2013

94-2677725

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

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

						- 4:						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?	artners artners (1)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	or- Code V-UBI amount in box is? 20 of Schedule K-1		(j) General or managing partner?	(k) Percentage ownership
			from tax under section 512-514)	, ,	4			,	Form (106			
(5)					2			_	2	-	S D	
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Schedule R	(Form 990) 2013	PEACE OFFICE	ERS RELIEF &	EDUC FOUN	DATION		94-2677725_	Page 5
Part VII	Supplementa	I Information on all information f						
	Provide addition	onal information t	for responses to	o questions or	Schedule R	(see instru	ctions).	
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Form **8868**

(Rev January 2014)

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.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

If you are	e filing for an Automatic 3-Month Extension, comp	lete only P	art I and check this box		> X						
If you are	e filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II (on page 2 of this fo	rm)							
Do not com	plete Part II unless you have already been granted	an automat	ic 3-month extention on a previously filed F	orm 8868							
corporation r request an ex Associated V	iling (e-file). You can electronically file Form 8868 if equired to file Form 990-T), or an additional (not aut xtension of time to file any of the forms listed in Part Vith Certain Personal Benefit Contracts, which must ng of this form, visit www irs gov/efile and click on e-	omatic) 3-m I or Part II v be sent to t	onth extension of time You can electronical with the exception of Form 8870, Information he IRS in paper format (see instructions). F	ally file Form 8868 to n Return for Transfe	ers						
Part I	Automatic 3-Month Extension of Time	Only sub	omit original (no copies needed)								
	required to file Form 990-T and requesting an auto			te Part I only							
income tax r	porations (including 1120-C filers), partnerships, REI eturns	viics, and ti	usis musi use Form 7004 to request an ext	ension of time to file	,						
			ng number, see instructions								
	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or									
Type or											
print	PEACE OFFICERS RELIEF & EDUC F	94-2677725									
File by the	Number, street, and room or suite number. If a P O box, see instru	Social security number (SSN)									
due date for filing your	4010 TRUXEL ROAD										
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions										
	SACRAMENTO	SACRAMENTO CA 95834									
Enter the Re	turn code for the return that this application is for (file	e a separate	e application for each return)		. 01						
Application Is For		Return Code	Application Is For		Return Code						
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07						
Form 990-BL	-	02	Form 1041-A		08						
Form 4720 (individual)	03	Form 4720 (other than individual)		09						
Form 990-Pf		04	Form 5227		10						
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11						
Form 990-T	(trust other than above)	06	Form 8870	12							
Telephor If the org If this is the exter I reque	Aug 15 _ , 20 14 _ , to file the exempt organization is for the organization is for the organization is for the organization.	Fax No ss in the Un t Group Exe ck this box.	emption Number (GEN) and attach a list with the name file Form 990-T) extension of time	this is for the whole	•						
► X calendar year 20 13 or											
▶ [tax year beginning , 20	, and endin	g,20								
_ _	ax year entered in line 1 is for less than 12 months, or lange in accounting period			al return							
3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions											
b If this application is for Forms 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											
c Baland EF_TPS	ce due. Subtract line 3b from line 3a Include your pa 6 (Electronic Federal Tax Payment System). See ins	ayment with tructions	this form, if required, by using	3 c \$	0.						
Caution. If y	ou are going to make an electronic funds withdrawal	I (direct deb	it) with this Form 8868, see Form 8453-EO	and Form 8879-EO	for						