

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990** 

Department of the Treasury Internal Revenue Service

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

2016

Open to Public Inspection

<u>A</u>	For th	ne 2016 calen	dar year, or tax ye	ar beginning		, 2016,	and endin	<u>g</u>		<u>, , , , , , , , , , , , , , , , , , , </u>	
В	Check (	if applicable	C Name of organization	n PEACE OFFI	CERS REL	IEF & EDU	JC FOUN	DATION	D Employ	er identi	fication number
	Ad	ddress change	Doing business as						94-	2677	725
	HNE	ame change	Number and street (	or PO box if mail is not d	lelivered to street a	ddress)	Room/s	uite	E Telepho	ne numb	er
	$\vdash$	itial return	4010 TRUXEL	ROAD					(91	5) 92	28-3777
	$\vdash$	nal return/terminaled		r province, country, and Z	IP or foreign postal	code			( ) +	0, 52	
	H		1	, ,			0.5.0.2.4		G		: 100 001
	H	mended return	SACRAMENTO			CA	95834	H(a) le this	G Gross re		
	∐Æ	oplication pending	F Name and address				1				
				4010 TRUXEL RO		1	95834	If 'No,'	subordinates attach a list (	included see instru	Yes No
	Tax-	exempt status	X 501(c)(3)	501(c) ( ) ◀	(insert no )	4947(a)(1) or	527				
J	Wel	bsite: ► N/	Α					H(c) Group	exemption nu	mber 🟲	
ĸ	Form	n of organization	X Corporation	Trust Association	Other ►	LY	ear of formation	n 198	1 M s	tate of le	gal domicile CA
Pa	rt I	<b>∌</b> Summar	v		•	·					
_				s mission or most si	gnificant activi	ties ED	UCATIO	N SCHO	LARSHI	PS	
4		<u></u>			<u> </u>	==					
ဋ											
Governance											
<u>s</u>	2	Check this bo	x If the orga	anization discontinu	ed its operation	ns or dispose	d of more th	nan 25% d	of its net a	ssets	
				governing body (P						3	11
Activities &				embers of the gove						4	11
ţį.	5	Total number	of individuals employed	oyed in calendar ye	ar 2016 (Part \	√, line 2a)				5	
≅				nate if necessary)						6	0
Aci	7a	Total unrelate	ed business revenue	from Part VIII, colu	ımn (C), line 1	2				7a	0.
	b	Net unrelated	business taxable in	come from Form 99	90-T, line 34 .					7b	0.
								Р	rior Year	<u> </u>	Current Year
_	8	Contributions	and grants (Part VI	II, line 1h)					78,7	49.	104,065.
Revenue	9			III, line 2g)							201/0001
Ver	10	_		umn (A), lines 3, 4,					22,2	66	18,766.
2	11			(A), lines 5, 6d, 8c,					22,2	32.	10,7001
	12			ugh 11 (must equal		•			101,0		122,831.
	13			(Part IX, column (A					50,0		50,000.
	14			Part IX, column (A)					30,0	,00.	30,000.
							- (				
es	15			nployee benefits (Pa							
Expenses	16 a	Professional f	fundraising fees (Pa	ırt IX, column (A), lır	ne 11e) 🏋 😾 🛴	- 4 - 7- 2017	2	STREET, CON	augentur den 19. ekter	ieraraija, re	C. THEN HAMILIES THE ACCESS.
ğ	b	Total fundrais	ing expenses (Part	IX, column (D), line	25) >	2.4	0.			2.00 kg	
ш	17	Other expens	es (Part IX, column	(A), lines 11a-11d,	11f-24e)		<del></del>		41,0	47.	44,427.
	18	•	•	(must equal Part IX					91,0		94,427.
	19			t line 18 from line 1					10,0		28,404.
გ წ		11010/100	Compositore Capting						na of Curre		End of Year
- 0	20	Total assets (	Part X line 16)					Degilili	777,4		836,445.
Net Assets Fund Balan	21	•	s (Part X, line 26)					<del>  -</del>	111,5	105.	030,443.
100			•					-			
	22			stract line 21 from lii	ne 20				777,4	65.	836,445.
	~ £ '	Signatui									
Unde	er penali	ties of perjury, I ded	clare that I have examined	this return, including accounted on all information of	ompanying schedu	les and statements	s, and to the be	est of my know	wledge and b	elief, it is t	true, correct, and
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			ure of officer	R					7///	$\bot \angle$	<u> </u>
Siç	gn 💮	Signatu	ire of officer					U	ate /	,	
He	re		HAEL DURANT					PRES	IDENT		
		Type or	r print name and title								
		Print/Type p	oreparer's name	Preparer	signature	7 0.0	Date		Check	Χď	PTIN
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			SACRAME		<u>/</u>	CA 9582	1		Phone no		
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				eparer shown above						• • •	
BA	A For	r Paperwork F	reduction Act Noti	ce, see the separa	ite instructior	IS.	TER	EA0101 11/	16/16		Form 990 (2016)

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orm 990 (2016)	PEACE OFFICERS RELIEF & EDUC FOUNDATION	94-2677725	Page 2
Part III Stat	ement of Program Service Accomplishments		
Chec	k if Schedule O contains a response or note to any line in this Part III		
1 Briefly descri	ibe the organization's mission		
		. <b></b>	
			<b></b>
	nization undertake any significant program services during the year which were not l		
	990-EZ?	Yes	S X No
	ribe these new services on Schedule O		
	nization cease conducting, or make significant changes in how it conducts, any prog	ram services? Yes	s X No
	ribe these changes on Schedule O		
Section 501(	e organization's program service accomplishments for each of its three largest progra (c)(3) and 501(c)(4) organizations are required to report the amount of grants and all it, if any, for each program service reported	m services, as measured by expensocations to others, the total expens	es,
4 a (Code	) (Expenses \$ 55,714. including grants of \$ 50		29 <b>,</b> 807.
EDUCATION	ONAL SCHOLARSHIPS AWARDED TO CHILDREN OF PEACE OFF	ICERS.	
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		. <b></b>	<b>-</b>
4 b (Code.	) (Expenses \$ 38,714. including grants of \$	0.)(Revenue \$	74,259.
REFURBI	SHMENT OF CALIFORNIA POLICE OFFICER MEMORIALS AND	RELIEF	
PAYMENT	S TO THE FAMILIES OF OFFICERS DISABLED OR DECEASED	ON THE	<b></b> _
JOB.			<b></b> _
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4 c (Code	) (Expenses \$ including grants of \$	) (Revenue \$	
4 4 045	om convece (Decembe in Schodiste O.)	·	
-	am services (Describe in Schedule O )	Revenue \$	<b>\</b>
(Expenses	\$ including grants of \$ ) (if m service expenses ► 94,428.	Zeverine A	

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Form 990 (2016)

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 Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . 3 Χ 3 Χ 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 5 Χ 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ 8 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 Χ 9 Χ 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, 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 Χ 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 Χ 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total 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 Χ 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII . . . . Χ 12a 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 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . Χ 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . 14a Χ b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b Χ Х 15 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Х 19

| Part IV網 Checklist of Required Schedules (continued) Yes No Χ 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . 20b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II . . . . . . Χ 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Х column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III . . . . 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 X 23 Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I....... Χ 25a 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? Χ 26 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 Х 27 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) Χ a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ 28b Χ 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . 29 30 Χ 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I... 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Χ 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . . . . 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 Χ 37 Х 37

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Х Form 990 (2016)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

# Form 990 (2016) PEACE OFFICERS RELIEF & EDUC FOUNDATION Part 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			لملخ
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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		
4 a 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)?	. 4a		х
b If 'Yes,' enter the name of the foreign country ►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u> </u>		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u> </u>		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> 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?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	. 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	. 7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	. 7с	:	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	. 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8	<u></u>	<u> </u>
9 Sponsoring organizations maintaining donor advised funds.			ļ
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		]
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	_		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		ļ
a Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	<del> </del>
Note. See the instructions for additional information the organization must report on Schedule O			1
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			
c Enter the amount of reserves on hand		ļ	
14a Did the organization receive any payments for indoor tanning services during the tax year?			Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	. 14b		<u></u>

Pai	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		d for	_
	Schedule O See instructions. Check if Schedule O contains a response or note to any line in this Part VI			. X
800	tion A. Governing Body and Management	• •	• • •	·  ^
360	tion A. Governing Body and Management		Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year			
1	Enter the number of voting members included in line 1a, above, who are independent	•		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	İ		ĺ
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
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		Х
7 :	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?	7 a		Х
		1 a		Λ_
ı	o Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		x
•		7.5		Α_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  The governing body?			
	b Each committee with authority to act on behalf of the governing body?	8 a 8 b	<u>^</u> _	<u></u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0 0		
9	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie C	ode.)	<u> </u>
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a	Х	
1	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	
11:	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	
1	Describe in Schedule O the process, if any, used by the organization to review this Form 990			Ī.,
12:	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 · · · · · · · · · · · · · · · · · ·	12a	Χ	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in	40.	17	
40	Schedule O how this was done	12 c	X	V
13		13		X
14 15	Did the organization have a written document retention and destruction policy?	14		<del>  ^</del>
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15a		X
	b Other officers or key employees of the organization	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16	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		X
	o 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 take steps to safeguard the			
_	organization's exempt status with respect to such arrangements?	16 b		ļ
	ction C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed California			- <b>-</b> -
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply  Own website.  Another's website.  Z Upon request.  Other (explain in Schedule O)	availal	ole	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available	e to		
	the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  MICHAEL DURANT 4010 TRUXEL ROAD SACRAMENTO CA 95834 (9)	161	02 <u>0</u> -	3777
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Form 990 (2016)	PEACE OFFICER	S RELIEF &	EDUC	FOUNDATIO	N		94-26	577725	Page 7
Part VII Com	pensation of Office pendent Contractor	ers, Directors	s, Trus	tees, Key Er	nployees	, Highest	Compensate	d Employ	rees, and
	k if Schedule O contains		te to any	line in this Part	VII	<u>.</u>		<u></u>	<u> L</u>

## 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 nor any related organization compensated any current officer, director, or trustee										
				(C)						
(A) Name and Title	(B) Average hours per	IS	both dire	an of	ficer	ck more perso and a e)		(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	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)	(W-2/1099-MISC)	from the organization and related organizations
	_1.00	Х		Х				0.	28,000.	0.
(2) BRENT MEYER VICE PRESIDENT	_1.00	Х		Х				0.	16,000.	0.
(3) MARCELO BLANCO TREASURER	_1.00	х		Х				0.	0.	0.
(4) MIKE FENDER SECRETARY	_1.00	Х		Х				0.	0.	0.
(5) JAMES GONZALES DIRECTOR	_1.00	Х						0.	0.	0.
(6) BARRY DONELAN DIRECTOR	_1.00	Х						0.	0.	0
(7) JACKY PARKS DIRECTOR	_1.00	Х						0.	0.	0.
(8) RANDY BEINTEMA DIRECTOR	_1.00	Х					<u> </u>	0.	0.	0.
(9) MARSHALL MCCLAIN DIRECTOR	1.00	Х						0.	0.	0.
(10) TONY SANDERS DIRECTOR	1.00	Х						0.	0.	0.
(11) LAREN LEICHLITER DIRECTOR	_1.00	Х						0.	0.	0.
(12)										
(13)										
(14)										

Page 8

Part VII   Section A. Officers, Directors, Tru		(ey	Em			es, a	anc	d Highest Con	pensated Emp	loyees	(contir	nued)
(A) Name and title	Average hours per week	box offi	unles	ss pe	ition more rson i tirecto	than o s both or/truste	an ee)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations	amour	(F) imated nt of other ensation	
	(list any hours for related organiza - tions below dotted line)	or director	nsututional trustee	Officer	Key employee	Highest compensated employee	omer	(W-2/1099-MISC)	(W-2/1099-MISC)	orga and	im the nization related nizations	;
(15)												
(16)												·
(17)											_	
(18)												
(19)											•	
(20)												_
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							<b>\</b>	0.	44,000.			0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)			• •				eive	0 . d more than \$100,	44,000. 000 of reportable co		ion	0.
from the organization -											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii										. 3		X
For any individual listed on line 1a, is the sum of re the organization and related organizations greater to such individual	han \$150,	00Ò?	If 'Y	es, '	con	nplete	Sc.	hedule J for		. 4	- 12 12 12 12 12 12 12 12 12 12 12 12 12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompensat	ion fr	om a	any	unre	lated	org	ganization or indivi	dual			X
Section B. Independent Contractors										•		
Complete this table for your five highest compensation from the organization. Report compensation.	ted indepe ensation fo	nden r the	t cor cale	ntra nda	ctors r ye	that ar en	rec ding	eived more than \$ with or within the	100,000 of organization's tax y			
(A) Name and business addr	ess							Description of		(C) Compensation		
												-
2 Total number of independent contractors (including	but not lin	nited	to th	ose	liste	ed ab	ove	l e) who received mo	ore than		,,,,,	
\$100,000 of compensation from the organization											٠٠.	

		Check if Schedule O contains a res	oonse or note to any lin	e in this Part VIII	<u></u>	<u></u>	<u> </u>
!				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a F	Federated campaigns 1	al		revenue		312-314
ant		· • • • • • • • • • • • • • • • • • • •	<u> </u>				
ع ق			c				
ifts			d				
ni¦s			e				
Contributions, Gifts, Grants and Other Similar Amounts	f A	All other contributions, gifts, grants, and	f 104,065.				
₩ E		Noncash contributions included in lines 1a-1f					
a So	h 1	Total. Add lines 1a-1f		104,065.			
- en			Business Code				
Program Service Revenue	2a						
æ	b						
<u>Vice</u>	С						-
Sen	d						
E	e						
ogu	f A	All other program service revenue $\cdot\cdot$					
4	g T	Total. Add lines 2a-2f					
	3 I	Investment income (including dividend	s, interest and				
		other similar amounts)	1	18,766.	0.	0.	18,766.
		Income from investment of tax-exemp	1		: 		_
	5 F	Royalties				<del> </del>	
	ر ا	(i) Real	(ii) Personal			:	
		Gross rents					
		Less rental expenses					
		Rental income or (loss)					
		Net rental income or (loss) (i) Securities					
		Gross amount from sales of assets other than inventory	(ii) Outer				
		·					
		Less cost or other basis and sales expenses					
		Gain or (loss)					•
		Net gain or (loss) · · · · · · · · · · · ·					
ā	8a (	Gross income from fundraising events					
Other Revenue	(	(not including. \$	_				
<u>§</u>		,					
<u> </u>		See Part IV, line 18		•			
ŧ,		Less direct expenses	<u> </u>				ļ-————————————————————————————————————
0	9 a (	Net income or (loss) from fundraising Gross income from gaming activities		<del>,</del>			
		See Part IV, line 19					1
		Net income or (loss) from gaming acti					
			/ities				
	10a (	Gross sales of inventory, less returns and allowances	a				
		Less cost of goods sold				•	
		Net income or (loss) from sales of inve					l
		Miscellaneous Revenue	Business Code				<del> </del> -
	11 a				<del></del>		1
	b						
	С						
	d A	All other revenue					
	e 1	Total. Add lines 11a-11d					
	12 1	Total revenue. See instructions	<u></u>	122,831.	0.	0.	18,766.

Part IX   Statement of Functional Expe	enses			
Section 501(c)(3) and 501(c)(4) organizations must	complete all columns All	other organizations must	complete column (A)	
Check if Schedule O contains a	response or note to any li	ne in this Part IX		
Do not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments		expenses	general expenses	expenses
2	See Part IV, line 21	50.000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	50,000.	50,000.		
4	Benefits paid to or for members.				
5	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)				
ā	Management				
k	Legal				<del></del>
	: Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,522.	0.	6,522.	0.
	Advertising and promotion				
13	Office expenses				· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15 16	Occupancy				<del></del>
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
á	PROGRAM EXPENSES	29,977.	29,977.	0.	0.
	PREFURBISHMENT	5,000.	5,000.	0.	0.
	ORGANIZATIONAL EXPENSES	50.	0.	50.	0.
	POSTAGE	172.	0.	172.	0.
•	All other expenses	2,706.	2,704.	2.	0.
25	Total functional expenses Add lines 1 through 24e	94,427.	87,681.	6,746.	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)				
RAA		TEE 00110 111			Form 990 (2016)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
П	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	122,733.	2	165,007.
	3	Pledges and grants receivable, net	12277331	3	200,007
-	4	Accounts receivable, net	27.	4	
- 1			27.		
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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	
ဖ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	<del> </del>
Asi	9	Prepaid expenses and deferred charges	0.	9	
	•		<u> </u>		
		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation		10 c	
	11	Investments — publicly traded securities		11	
ı	12	Investments – other securities See Part IV, line 11	647,715.	12	662,798.
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	6,990.	15	8,640.
- !	16	Total assets. Add lines 1 through 15 (must equal line 34)	777,465.	16	836,445.
1	17	Accounts payable and accrued expenses	<u> </u>	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	·
Liabilities	22	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	
-1	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
Š		lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets		27	· · · · · · · · · · · · · · · · · · ·
ä	28	Temporarily restricted net assets	777,465.	28	836,445.
7	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
Ö	30	Capital stock or trust principal, or current funds		30	
Š	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ŝ	32	Retained earnings, endowment, accumulated income, or other funds		32	
t,	33	Total net assets or fund balances	777,465.	33	836,445.
ž	34	Total liabilities and net assets/fund balances	777,465.	34	836,445.
			111,403.	1 24	530,443. Form 990 (2016)

-orr	n 990 (2016) PEACE OFFICERS RELIEF & EDUC FOUNDATION 94	-2677725	<u> </u>	Pa	ge 1 <u>2</u>
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 11</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	22,8	31.
2	Total expenses (must equal Part IX, column (A), line 25)	2		94,4	27.
3	Revenue less expenses Subtract line 2 from line 1	3		28,4	04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	77,4	65.
5	Net unrealized gains (losses) on investments	5		30,5	76.
6	Donated services and use of facilities	. 6			
7	Investment expenses				
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	· 10	. 8	<u>36,4</u>	45.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	in Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on	а			
	s <u>ep</u> arate basis, consolidate <u>d b</u> asis, or both				<u> </u>
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		· 2 b	X	L
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				
	basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis			ļ	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the air review, or compilation of its financial statements and selection of an independent accountant?	idit,	. 2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	е			V
	Audit Act and OMB Circular A-133?		. <u>3 a</u>		X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		.   3 b	1	1

Form 990 (2016)

BAA

### 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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number Name of the organization 94-2677725 PEACE OFFICERS RELIEF & EDUC FOUNDATION 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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) 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 4 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college q or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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) 11 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (III) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E)

94-2677725

PEACE OFFICERS RELIEF & EDUC FOUNDATION

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)

Seci	ion A. Public Support						
Caler begin	dar year (or fiscal year ning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	67,292.	61,404.	75,389.	78,749.	104,065.	386,899.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	67,292.	61,404.	75,389.	78,749.	104,065.	386,899.
	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						386,899.
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	67,292.	61,404.	75,389.	78,749.	104,065.	386,899.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,458.	28,417.	42,965.	22,266.	18,766.	133,872.
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 VI)						
	Total support. Add lines 7 through 10						520,771.
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	hird, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	▶ 🔲
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 201	6 (line 6, column (f	) divided by line 11	, column (f))		14	74.29%
15	Public support percentage from 20	015 Schedule A, Pa	art II, line 14			15	72.05 %
16a	33-1/3% support test—2016. If the and stop here. The organization of	ne organization did qualifies as a public	not check the box cly supported organ	on line 13, and lin	ne 14 is 33-1/3% oi	more, check this b	oox ► [X]
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did qualifies as a publi	not check a box or cly supported orga	ı lıne 13 or 16a, aı nızatıon	nd line 15 is 33-1/3	% or more, check t	this box
17a	10%-facts-and-circumstances to or more, and if the organization method organization meets the 'facts-a	eets the 'facts-and	-circumstances' tes	st_check this box :	and stop here. Exi	olain in Part VI how	
	10%-facts-and-circumstances to or more, and if the organization morganization meets the facts-and-	eets the 'facts-and circumstances' tes	-circumstances' tes it The organization	st, check this box a qualifies as a pul	and <b>stop here.</b> Exp blicly supported org	plain in Part VI how ganization	the ▶
18	Private foundation. If the organiz	zation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instruction	ons ▶ <u></u>

94-2677725

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

(Complete only if you checked the box on line 10 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 )	

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)				<u> </u>		
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	<u> </u>	(-,		`,	<u> </u>	1
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from						
b	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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 VI)						
	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is organization, check this box and s	top here		third, fourth, or fift	th tax year as a sec	tion 501(c)(3)	<u> ▶ </u>
Sec	tion C. Computation of Pu						
15		•	•				<del></del>
16	Public support percentage from 20	)15 Schedule A, P	art III, line 15			16	90
	tion D. Computation of Inv					· <del></del>	
17	<del></del>	<del></del>	<u> </u>		(f))	17	8
						<del></del>	
18 19a	33-1/3% support tests—2016. If t is not more than 33-1/3%, check the	he organization di	d not check the bo	x on line 14, and I	ine 15 is more than	n 33-1/3%, and lii	ne 17
b	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%, check the support tests—2015. If the line 18 is not more than 33-1/3%, check the support tests—2015. If the line 18 is not more than 33-1/3%, check the support tests—2015.	he organization di	d not check a box	on line 14 or line 1	19a, and line 16 is i	more than 33-1/3	%, and
20	Private foundation. If the organiz		-	-			

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was	2		
	described in section 509(a)(1) or (2)			<del></del>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	<del></del>	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	: Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
8	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'	7		
•	complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>	9a		
t	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
t	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

D ~	M IV Companies Openies (actions of			
ra	art IV Supporting Organizations (continued)	$\neg \neg$	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	$\dashv$	. 53	
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		J
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
-	otion of type temperating enganizations	$\Box$	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
_	, , , , , , , , , , , , , , , , , , , ,			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	ction C. Type II Supporting Organizations			
	r		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
200	ction D. All Type III Supporting Organizations			
<b>5 C</b> C	Ction D. All Type III Supporting Organizations		Yes	No
	ſ			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
_	144 C.			
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how				ļ
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard	3		<u> </u>
Se	ection E. Type III Functionally Integrated Supporting Organizations			
1	1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction	ons).		
2	2 Activities Test Answer (a) and (b) below.	<u> </u>	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a	-	+
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the	ļ 		ļ
	organization's involvement	2b	-	-
3	3 Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		1
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting On			577725 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust constructions. All other Type III non-functionally integrated supporting organizations	on Nov 20	. 1970 (explain in Part	VI) <b>See</b> gh E
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B — Minimum Asset Amount (A) Prior Year				(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1 a		"
t	Average monthly cash balances	1 b		
- 0	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		1

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Income tax imposed in prior year

temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Schedule A (Form 990 or 990-EZ) 2016

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

5

94-2677725

	t v Trype in Non-Functionally integrated 303(a)(3) 30	itions (continued)	O	
	tion D — Distributions	···	Current Year	
1	Amounts paid to supported organizations to accomplish exempt purpos	<del></del>		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	ons,		
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions		<u> </u>	
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organiza in Part VI) See instructions	tion is responsive (providence)	de details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				- 1
b				
	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			THE RESIDENCE OF THE PROPERTY
h	Applied to 2016 distributable amount	Make the country of t		
i	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			•
4	Distributions for 2016 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c		,	
8	Breakdown of line 7			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			
	· · · · · · · · · · · · · · · · · · ·			

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Schedule A (Form 990 or 990-EZ) 2016

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 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 2016

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	PEACE OFFICERS RELIEF & EDU	· · · · · · · · · · · · · · ·		94-2677725
Par	Organizations Maintaining Dono Complete if the organization answer	or Advised Funds or Oth ered 'Yes' on Form 990, F	<b>er Similar Fur</b> Part IV, line 6	nds or Accounts.
		(a) Donor advised f	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor are the organization's property, subject to the organization's	advisors in writing that the asse ganization's exclusive legal cont	ets held in donor acrol?	dvised funds 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 f	or any other purpo	se conferring
Par	Conservation Easements. Complete if the organization answer	ered 'Yes' on Form 990, F	art IV, line 7.	
1	Purpose(s) of conservation easements held by the	ne organization (check all that a	pply)	
	Preservation of land for public use (e.g., recr	•		f a historically important land area
	Protection of natural habitat	,		f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation co	ontribution in the fo	orm of a conservation easement on the
				Held at the End of the Tax Year
а	Total number of conservation easements			. 2a
t	Total acreage restricted by conservation easeme	ents		. 2 b
c	Number of conservation easements on a certified	d historic structure included in (a	a)	. 2c
d	Number of conservation easements included in ( structure listed in the National Register	(c) acquired after 8/17/06, and n	ot on a historic	. 2d
3	Number of conservation easements modified, tratax year ►	ansferred, released, extinguishe	d, or terminated by	y the organization during the
4	Number of states where property subject to cons	servation easement is located >		
5	Does the organization have a written policy rega	rding the periodic monitoring, in	spection, handling	 of violations,
	and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violation	ns, and enforcing o	conservation easements during the year
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, handling of violations, a	nd enforcing conse	ervation easements during the year
8	Does each conservation easement reported on land section 170(h)(4)(B)(ii)?	ine 2(d) above satisfy the requir	ements of section	170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to t conservation easements	ts conservation easements in its he organization's financial state	revenue and exponents that describ	ense statement, and balance sheet, and bes the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization answer	ections of Art, Historical ered 'Yes' on Form 990, F	Treasures, or Part IV, line 8.	Other Similar Assets.
1 a	If the organization elected, as permitted under S art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its financia	ield for public exhibition, educati	on, or research in	tatement and balance sheet works of furtherance of public service, provide,
t	o if the organization elected, as permitted under S historical treasures, or other similar assets held to following amounts relating to these items	FAS 116 (ASC 958), to report in for public exhibition, education,	n its revenue state or research in furti	ment and balance sheet works of art, herance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, lir	ne <b>1</b>		▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, amounts required to be reported under SFAS 11	historical treasures, or other sin	nilar assets for fina	·
a	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·		▶ \$
	Assets included in Form 990. Part X			· · · · · · · · · · · · · · · · · · ·

	OFFICERS RE			94-267		Page 2
Part III Organizations Maintai	ining Collection	s of Art, Histo	rical Treasures, or	Other Similar Ass	ets (continue	<u>d)</u>
3 Using the organization's acquisition items (check all that apply)	n, accession, and other	er records, check a	ny of the following that	are a significant use of it	s collection	
a Public exhibition		d Loan o	r exchange programs			
b Scholarly research		e Other				
c Preservation for future generat	ions					-
4 Provide a description of the organiz Part XIII	zation's collections ar	id explain how they	further the organization	n's exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather than	n to be maintained as	part of the organia	zation's collection?			No
Part IV Escrow and Custodia line 9, or reported an ar	I Arrangements. mount on Form 9	Complete if th 90, Part X, line	e organization ansv 21.	wered 'Yes' on Forn	1 990, Part IV,	
1a Is the organization an agent, truste on Form 990, Part X?				ets not included	Yes	No
b If 'Yes,' explain the arrangement in	Part XIII and comple	te the following tab	ne			
- Day and the				4.	Amount	
c Beginning balance				<del></del>		
d Additions during the year						
e Distributions during the year						
f Ending balance						
2 a Did the organization include an am b If 'Yes,' explain the arrangement in					_	No
Part Vi Endowment Funds. C	omplete if the org	anization answ	vered 'Yes' on Forn	n 990, Part IV, line 1	10.	
	(a) Current year	(b) Prior year	(c) Two years back		(e) Four years b	ack
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs		-				
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	of the current year en	d balance (line 1g,	column (a)) held as			
a Board designated or quasi-endown	nent ►	8				
b Permanent endowment ▶	<del>_</del> 용					
c Temporarily restricted endowment	<b>•</b>	olo				
The percentages on lines 2a, 2b, a	•					
3 a Are there endowment funds not in organization by	·	•			Yes	No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations					.  3a(ii)	
, , ,	b If 'Yes' on line 3a(II), are the related organizations listed as required on Schedule R?					
4 Describe in Part XIII the intended i		on's endowment fu	nds			
Rart VI Land, Buildings, and	• •	Vec' on Form 0	90 Part IV line 11	a See Form 000 B	art Y line 10	
Complete if the organiz		<del></del>			<del></del>	
Description of property		t or other basis evestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book valu	ле 

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment		<del></del>		-
e Other		-		

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Schedule D (Form 990) 2016

Part VII Investments — Other Securities.	».	5 - 10/1 - 441 - 0 - 5 000 B	
Complete if the organization answered	Yes' on Form 990, I		
(a) Description of security or category (including name of security)	· '	(c) Method of valuation Cost or end-of-y	ear market value
(1) Financial derivatives			
<ul><li>(2) Closely-held equity interests</li></ul>			
	. 227 520	TEMY	
(A) MUTUAL FUNDS - SCH	327,528.		
(B) MUTUAL FUNDS - MEM	335,270.	FMV	
(C) (D)	<del> </del>		<u> </u>
(E)	<del></del>		
(F)	-		
(G)			-
(H)	<del></del>		
(1)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12) •	662,798.		
Part VIII Investments — Program Related.			
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of	-year market value
_ (1)			_
(2)			
(3)			
(4)			
(5)	· · · · · · · · · · · · · · · · · · ·		
(6)			
(7)			
(8)		· · · · · · · · · · · · · · · · · · ·	<del></del>
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.	<u> </u>		
Complete if the organization answered	'Yes' on Form 990,	Part IV, line 11d See Form 990, P	art X, line 15.
	escription		(b) Book value
(1) DUE TO AFFILIATES			8,640
(2)			
(3)			
<u>(4)</u> (5)			·
(6)			<del></del>
(7)			
(8)			
(9)			·
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B)	line 15)		8,640
Part X Other Liabilities.	F 000 D-+ IV 8 1	1 116 C Farm 000 Dart V line 25	
Complete if the organization answered 'Yes' on  (a) Description of liability	(b) Book value		
(1) Federal income taxes	(b) Book value	<del> </del>	
(2)		<del></del>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		$\dashv$	
(9) (10)			
(11)		<del> </del>	
		<del> </del>	
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 for		annual statements that remode the organization's habit	ity for uncertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote			

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1 Total revenue, gains, and other support per audited financial statements	1	153,407.		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	4			
a Net unrealized gains (losses) on investments	1			
b Donated services and use of facilities				
c Recoveries of prior year grants	集			
d Other (Describe in Part XIII )	1011			
e Add lines 2a through 2d	2 e	30,576.		
3 Subtract line 2e from line 1	3	122,831.		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	, ,			
b Other (Describe in Part XIII )	alles areas			
c Add lines 4a and 4b	4 c			
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	122,831.		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1 Total expenses and losses per audited financial statements	1	94,427.		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	; '4			
a Donated services and use of facilities	1 30			
b Prior year adjustments	-:			
c Other losses · · · · · · · · · · · · · · · · · ·	(2)			
d Other (Describe in Part XIII )	9			
e Add lines 2a through 2d	2 e			
3 Subtract line 2e from line 1	3	94,427.		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1				
a Investment expenses not included on Form 990, Part VIII, line 7b	)			
b Other (Describe in Part XIII )	4.7			
C Add lines 4a and 4b	<del> </del>			
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	94,427.		
Part XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULEI		Š	Grants and Oth	ner Assistance	d Other Assistance to Organizations,	້ທ		OMB No 1545-0047
(Form 990)		Gov	ernments, a	nd Individuals i	Governments, and Individuals in the United States	ites		2016
Department of the Treasury Internal Revenue Service		• Information	about Schedule I	► Attach to Form 99 (Form 990) and its inst	► Attach to Form 990.  Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	ov/form990.		Open to Public Inspection
Name of the organization							Employer identification number	ation number
PEACE OFFICERS Part   General In	RELIEF & EDUC formation on Gran	FOUNDATION ts and Assista	Ince				194-2677725	2
1 Does the organizathe selection criter 2 Describe in Part IV	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee the selection criteria used to award the grants or assistance?	ibstantiate the arr s or assistance?.ures for monitorir		or assistance, the grantees	grants or assistance, the grantees' eligibility for the grants or assistance, and the control of grant funds in the United States	s or assistance, and		X Yes No
	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answere 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.	to Domestic (	Organizations at received mor	and Domestic Gove than \$5,000 Part	rnments. I can be du	Complete if the organization answered 'Yes' on plicated if additional space is needed.	on answered 'Yes is needed.	s' on
1 (a) Name and address of organization or government	ess of organization smment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
							-	
(3)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
[4]								
(5)								
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
<u>16)</u>							·	
υ	!							
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations list	jovernment organ	izations listed in the	ed in the line 1 table				
BAA For Paperwork R	BAA For Paperwork Reduction Act Notice, see the Instructions for Form	the Instructions	for Form 990.		TEEA3901 11/03/16	11/03/16	Schedu	Schedule I (Form 990) (2016)

ļ

(f) Description of noncash assistance **Bartill M** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 50,000. (c) Amount of cash grant 25 (b) Number of recipients 1 EDUCATIONAL SCHOLARSHIPS (a) Type of grant or assistance 9 8 S

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

Schedule I (Form 990) (2016)

BAA

### **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 2016

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

Pt VI, Line 11b

Employer identification number

TREASURER, AND THE

94-2677725

PEACE OFFICERS RELIEF & EDUC FOUNDATION

THE FORM 990 IS REVIEWED BY THE PRESIDENT, VP,

OGANIZATIONS ACCOUNTANT PRIOR TO FILING.

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 AT ANNUAL SEXUAL HARASSMENT TRAINING AND NEW DIRECTOR'S TRAINING. EMPLOYEES ARE REMINDED PERIODICALLY AT STAFF MEETINGS AND THE

Pt VI, Line 12c POLICY IS INCLUDED IN THE EMPLOYEE HANDBOOK.

Pt VI, Line 19 MADE AVAILABLE UPON REQUEST.

Schedule R (Form 990) 2016 (g) Sec 512(b)(13) controlled entity? ž × × × (f) Direct controlling entity Open to Public OMB No 1545-0047 2016 Yes Inspection 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. Employer identification number (f) Direct controlling entity 94-2677725 (e) End-of-year assets N/A N/A N/A N/A (e)
Public charity status
(if section 501(c)(3)) Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33 Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section TEEA5001 09/09/16 501C(5) (c)
Legal domicile (state or foreign country) 527 527 527 (c)
Legal domicile (state or foreign country) S Primary activity STATE AND LOCAL OFFICE CA STATE AND LOCAL OFFICE CA SUPPORT CANDIDATES FOR SUPPORT CANDIDATES FOR (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. REP OF PEAC ACTIVITIES POLITICAL OFFICERS (a) Name, address, and EIN (if applicable) of disregarded entity PEACE OFFICERS RELIEF & EDUC FOUNDATION (1) PEACE OFFICERS RESEARCH ASSOCIATION OF CA (2) PORAC\_INDEPENDENT\_EXPENDITURE\_COMM | 32 | PORAC | POLITICAL ACTION COMMITTEE | 555 | CAPITOL MALL, | STE | 1425 | ---- | SACRAMENTO, | CA | 95814 | ---- | 94-2881214 | 1111 (a) Name, address, and EIN of related organization \_\_\_SACRAMENTO,\_CA\_95816\_\_\_ \_\_27-2440153 --4010\_TRUXEL\_ROAD\_ \_ 4010\_ TRUXEL ROAD. 68-0344989 Department of the Treasury nternal Revenue Service Name of the organization SCHEDULE R (Form 990)  $\mathbf{\Xi}_{\mathbf{I}}^{\mathbf{I}}$ **⊗**¦ ଞ୍ଚ

Schedule R (Form 990) 2016 PEACE OFFICERS RELIEF & EDUC FOUNDATION

94-2677725

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	(a) (b) (c) (d) (e) (e) (f) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax	ome Share of total led, income	of total e	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	(j) General or managing partner?	(k)- ownership	••••••••••••••••••••••••••••••••••••••
		toreign country)		under sections 512-514)	SI			Yes No	1065)	Yes	2	
(1)						-	•				_	
(2)												
											- <u>-</u>	
(3)				:								
					-							
Part IV Identification of Ine 34 because	<b>Identification of Related Organizations Taxable as a Corporation or Trust</b> 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.	nizations '		<b>a Corporation or Trust</b> Complete if the organization answered 'Yes' on Form 990, Part IV, ons treated as a corporation or trust during the tax year.	n or Trust C a corporation	omplete if the	e organizatio ng the tax ye	n answere ar.	d 'Yes' on For	m 990, Pa	art IV,	
(a) Name, address, and EIN of related organization	of related organizatio		(b) Primary activity (a	(c) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp. S corp,	ty Share of total income		(g) Share of end-of- year assets	(h) ' Percentage ownership	(i) Sec 512(b)(13) controlled entity?	(13) ntitly?
		_		country)	entity	or trust)					Yes	2
(1)												
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(2)												
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Schedule R (Form 990) 2016 PEACE OFFICERS RELIEF & EDUC FOUNDATION

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, of IV of this schedule				res.	2
	וואנפת ווו בשונא וובו א		-		\$
a Receipt of (1) interest, (11) annumes, (111) toyantes, of (17) tent from a connonce entire,			<u>-</u>	1	◁
b Grift, grant, or capital contribution to related organization(s)			1 p		×
c Gift, grant, or capital contribution from related organization(s)			10		×
d Loans or loan guarantees to or for related organization(s)	•	•	10		×
e Loans or loan guarantese by related organization(s)			4		: >
	•	•	<u>:</u>		- ا
			7		;
T Dividends from related organization(s)			<u> </u>		×
g Sale of assets to related organization(s)			. 1g		st
h Purchase of assets from related organization(s)					×
i Exchange of assets with related organization(s)			11		×
j Lease of facilities, equipment, or other assets to related organization(s)			=		×
k lease of facilities equinment or other assets from related organization(s)			+ +		×
Deformance of convices or membership or fundrations for related organization(s)			=		: >
	· · · · · · · · · · · · · · · · · · ·		:   <del>[</del>		4
m Penormance of services of membership of fundraising solicitations by related organization(s)					×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			<u>ا</u> ا		imes ig
o Sharing of paid employees with related organization(s)			<b>اع</b> :		$\times$
			-	*	
p Reimbursement paid to related organization(s) for expenses			<u>-</u>		$\times$
q Reimbursement paid by related organization(s) for expenses					×
r Other transfer of cash or property to related organization(s)					×
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	red relationships and tr	ansaction thresholds			
(a)	(b) Transaction	(c)	) Method of	(d)	
Name of related organization	type (a-s)		amount involved	involve	ה ס
(1) PEACE OFFICERS RESEARCH ASSOCIATION	S	57,630.	AUDITED FINANCIALS	INANCI	IALS
			-		
(3)					
(4)					
(5)					
(9)					
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94-2677725

Ratiwin 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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 2 20 of Schedule	(j) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No	(200)	Yes No	
[1]										
(2)										
(3)										
(4)										
(5)										
										. <u> </u>
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RankVIIF Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions