LEUTE SERVICE OF STACE COUNTING PERIOD

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

For the 2016 calendar year, or tax year beginning 01/01/17, and ending 06/30/17 D Employer identification number C Name of organization Check if applicable: Address change Law Enforcement United Inc 27-0743821 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 757-695-0517 PO Box 14097 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated Chesapeake VA 23325 845,827 G Gross receipts \$ Amended return Name and address of principal officer. X No H(a) Is this a group return for subordinates? Application pending Wallace W Chadwick III 1826 Rokeby Ave H(b) Are all subordinates included? 23327 If "No," attach a list. (see instructions) Chesapeake **X** 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527 Tax-exempt status www.leunited.org Website: H(c) Group exemption number Year of formation: 2009 X Corporation Form of organization: Trust Part I Summary 1 Briefly describe the organization's mission or most significant activities: To raise awareness of law enforcement officers who have died in the line of Activities & Governance duty, and support the survivors left behind. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 14 0 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 1,055,741 821,098 8 Contributions and grants (Part VIII, line 1h) 12,213 16,094 9 Program service revenue (Part VIII, line 2g) 171 541 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,380 ,243 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,069,505 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 842,976 472,000 600,300 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 10,899 **b** Total fundraising expenses (Part IX, column (D), line 25) 466,242 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 469,111 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 941,111 1,066,542 128,394 -223,566 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 696,861 472,468 2,165 21 Total liabilities (Part X, line 26) 931 694,696 22 Net assets or fund balances. Subtract line 21 from line 20 471 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 11/03/2011 Sign Here Brian Woolever Director of Finance Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid Michael D. Gartman Michael D. Gartman 10/30/17 self-employed P01436068 Preparer Finn Gartman Hart, PLC 26-0000062 Firm's name Firm's EIN ▶ Use Only 1604 Hilltop West Executive Ctr Ste 208 Virginia Beach, VA 23451 757-425-1532 Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

LEUFYE3821 10/30/2017 9:37 AM 27-0743821 Form 990 (2016) Law Enforcement United Inc Page 2 **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: To raise awareness of law enforcement officers who have died in the line of To raise funds for the Concerns of Police Survivors and Officer Down Memorial Page. 2 Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program Yes X No services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 987,557 including grants of \$ 600,300) (Revenue \$) (Expenses \$ 4a (Code: Bicycle rides from various starting points to Washington DC to raise awareness of law enforcement officers who have died in the line of duty and to raise funds for Concerns of Police Survivors' Kids Camp, the Officer Down Memorial Page, and other similar charities.) (Revenue \$ 4b (Code:) (Expenses \$ including grants of \$ 4c (Code: including grants of \$ 4d Other program services (Describe in Schedule O.)

including grants of \$

987,557

(Expenses \$

Checklist of Required Schedules Part IV No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 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, X Part III 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 X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III 8 X 9 Did the organization report an amount in Part X, line 21, 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII 12a X **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes." complete Schedule F. Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III

Checklist of Required Schedules (continued) No Yes X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 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 X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? **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), 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 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 25b 26 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 X disqualified persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 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* X Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes." complete Schedule L. Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X or IV. and Part V. line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 36 X related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X 19? Note. All Form 990 filers are required to complete Schedule O. 38

Form 990 (2016) Law Enforcement United Inc 27-0743821

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Pa	ırt V				
		1	1 0	(Contraction)	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors an	id				
_	reportable gaming (gambling) winnings to prize winners?			1 <u>c</u>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		0			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax			2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction Did the organization have unrelated business gross income of \$1,000 or more during the year?	tions)		3a		X
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in School	dula O		3b	ļ	
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or of					
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other					
	account)?	or illiancial		4a		x
b	If "Yes," enter the name of the foreign country: ▶			· <u> </u>		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	cial Accour	nts	• •		
	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	ar?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra			5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and d	lid the				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contri	butions or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	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?		· · · · · · · · · · · · · · · · · · ·	7c		X
d		7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	efit contrac	t?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization fil			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	888888888	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	tained by th	he			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
а	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?			9b		
10	Section 501(c)(7) organizations. Enter:	100	1			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
b 14	Section 501(c)(12) organizations. Enter:	[100				
11	Gross income from members or shareholders	11a				
a b	Gross income from other sources (Do not net amounts due or paid to other sources	114				
b	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of I		?	12a	1	300000000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	[120		\neg		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.					
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	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in School	edule O		. 14b		

Form 990 (2016) Law Enforcement United Inc

Part VI

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

Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management					
			•		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.	Ì				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its 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	X	
7a	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?			7a	X	•
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following	:		
а	The governing body?	•	•	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	Revenue (Code.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		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?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	**********	X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a	000000000	X
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 take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b	Annonennoho.	
Sec	tion C. Disclosure			1	L	
17	List the states with which a copy of this Form 990 is required to be filed ▶ VA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50)1(c)(3)s only)			
_	available for public inspection. Indicate how you made these available. Check all that apply.		,,			
	X Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	est pol	icv. and			
	financial statements available to the public during the tax year.	4-5"	· y ,			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds: 🕨				
	aw Enforcement United, Inc. PO Box 2126					
	nesapeake VA 2332	27	75	7-69	5-0	517

Form 990 (2016) Law Enforcement United Inc

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	(d	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee		Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Wallace W Chadwa										-
	0.00	x		x				o	o	0
Executive Director (2) Steven Callow	0.00	^	ļ	^		+		0	0	0
(2) Steven Carlow	0.00									
Asst. Exec. Dir.	0.00	X		x				0	0	0
(3) Brian Woolever	0.00	-	 	-						
(0)221411 110020102	0.00									
Director of Finance	0.00	X		x				0	0	0
(4) Allan Iverson			<u> </u>							
(,,	0.00									
Dir of Operations	0.00	X		X				0	0	0
(5) Mark Faust										
•	0.00									
Dir of Outreach	0.00	X		X				0	0	0
(6) Nicole Chadwick										
	0.00									
Dir of Communication	0.00	X		X				0	0	0
(7) John Mapes										
	0.00									
VA Rep	0.00	X						0	0	0
(8) Brian Cilento										
	0.00			İ						
PA Rep	0.00	X						0	0	0
(9)David Heritage										
	0.00									
NJ Rep	0.00	X						0	0	0
(10) Scott Humphrey										
	0.00									_
Ruff Ride Rep	0.00	X		ļ	ļ	\vdash		0	0	0
(11)Rich Gallo	0.00									
	0.00	,,								^
FLETC Rep	0.00	X	L	L	<u> </u>	\bot		0	0	0 Earm 990 (2016)

Pa	rt VII Section A. Officers	s, Directors, Tru	istee	s, K	ey E	mpl	oyee	s, a	ind Highest Compensated	Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for	rage Position s per (do not check more than or ek box, unless person is both any officer and a director/truste						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	, , , ,	organization and related organizations
(12	2) Donald Fuller	0.00		-							
Tru	ıstee	0.00	X			<u> </u>			0	0	0
(13	3) Sam Frye	0.00									
Trı	ıstee	0.00	X						0	0	0
(14	1) Tony Pletcher										
Tru	ıstee	0.00	x						0	o	0

					5						
			ļ			-					
1b	Sub-total Total from continuation she	ote to Part VII I	Soct	ion /				>			
c d	Total (add lines 1b and 1c)	els to Fait VII,	3601	1011 /	,			>			
2	Total number of individuals (in reportable compensation from				thos	se lis	ted a	bov	e) who received more than	\$100,000 of	
3	Did the organization list any fo	ormer officer, dir	ecto	r, or					oyee, or highest compensa	ited	Yes No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	e 1a, is the sum	of re	port	able	com	pens	atio			3 X
5	individual Did any person listed on line 1 for services rendered to the or									individual	5 X
	ion B. Independent Contracto	ors									
1	Complete this table for your five compensation from the organic	zation. Report c							dar year ending with or with	in the organization's tax ye	
	Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
				<u> </u>							
2	Total number of independent or received more than \$100,000								se listed above) who	0	
										<u>-</u>	F

Form 990 (2016) Law Enforcement United Inc

Pa	irt V	UII Stateme Check if	nt of Reve Schedule (nue D contai	ns a response	or note to any line	in this Part VIII		
		<u> </u>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated camp	aigns	1a					
rar	b	Membership due		1b	3,600				
ē,ë	۰	Fundraising ever		1c		1			
ifts ar A	١	Related organiza		1d		1			
O.E.		Government grants (cor		1e		1			
Sir		All other contributions,		-10		1			
ĕĔ	l '	and similar amounts no		1f	817,498				
뜷			l	-	017,430	1			
P P	9	Noncash contributions i		н: Ф.		821,098			
Program Service Revenue Contributions, Gifts, Grants	n	Total. Add lines	1a-11		Burn Code	021,030			
ž					Busn. Code	16,094	16,094		
Seve	2a	Participa	nt Apparel			10,034	10,034		
ë	b								
ž	C								
Š	d								
ľan	e								
õ	f	All other progran				16 004			
<u>-</u>	- 4	Total. Add lines				16,094			
	3	Investment incor		dividends	, interest,	541	541		
		and other similar				541	341		
	4	Income from inve	estment of tax	-exempt t	ond proceeds				
	5	Royalties		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
			(i) Real		(ii) Personal	_			
	6a	Gross rents							
	b	Less: rental exps.							
	С	Rental inc. or (loss)							
	d	Net rental incom	e or (loss)		> _				
	7a	Gross amount from	(i) Securities		(ii) Other				
		sales of assets other than inventory							
	ь	Less: cost or other			*				
		basis & sales exps.							
	c	Gain or (loss)	·			1			
	1	Net gain or (loss)		•				
	1	Gross income from	-						
E .	"	(not including \$	ranaraloning over						
Ver			orted on line 1c)						
Other Revenue		of contributions rep See Part IV, line 18			8,094				
er	١.			. a	2,851				
₹		Less: direct expe		b		5,2 4 3			
	ı	Net income or (lo			vents	5,243		1	
	^{ya}	Gross income from	-						
	١.	See Part IV, line 19		. a		-			
	ı	Less: direct expe		. b		_			
	l	Net income or (lo		ing activit	ies				
	10a	Gross sales of ir							
		returns and allow		. a		-			
	b	Less: cost of goo	ods sold	_ b		-			
	С	Net income or (lo	oss) from sale	s of inven	tory 🕨				
		Miscell	aneous Revenue		Busn. Code]		1	
	11a								
	b								
	С								
	d	All other revenue							
	е	Total. Add lines							
	12	Total revenue.		ns		842,976	16,635	0	0

Part IX Statement of Functional Expenses

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 line in this Part IX (B) (D) Do not include amounts reported on lines 6b, Total expenses Management and . general expenses Fundraising Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 600,300 600,300 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): Management Legal 8,400 8,400 Accounting С Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 2,961 2,961 (A) amount, list line 11g expenses on Schedule O.) 5,000 5,000 12 Advertising and promotion 5,255 5,255 13 Office expenses Information technology Royalties 15 16,519 16,519 16 Occupancy 6,919 6,919 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 2,219 2,219 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 3,319 3,319 22 Depreciation, depletion, and amortization 875 875 23 Insurance 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.) 311,064 311,064 Lodging during Ride Other Ride Expenses 32,918 32,918 15,021 15,021 Bank & Credit Card Fees 11,814 11,814 Rider Apparel 28,142 43,958 9,917 5,899 All other expenses 1,066,542 987,557 68,086 10,899 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

Law Enforcement United Inc

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 373,266 657,547 Cash—non-interest bearing 20,150 2 39,015 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use 4,500 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 32,264 10a other basis. Complete Part VI of Schedule D 12,957 14,664 19,307 10c 10b **b** Less: accumulated depreciation 40,880 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 696,861 472,468 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,165 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 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 22 disqualified persons. Complete Part II of Schedule L 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, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 931 2,165 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 471,537 694,696 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 694,696 33 471,537 33 Total net assets or fund balances 696,861 472,468 Total liabilities and net assets/fund balances

Form 990 (2016)

Page 11

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2016)

3a

3b

X

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public

▶ 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.

gov/form990. Inspection
Employer identification number

			Law Enforcem	ent United Inc			27-074	3821				
P	art l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instructio	ns.				
he	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, c	check only	one box	.)					
1		A church, co	nvention of churches, or ass	ociation of churches described i	in sectior	170(b)(1	I)(A)(i).					
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 9	90-EZ).)						
3	Н			ce organization described in sec			iii).					
4		•	·	d in conjunction with a hospital o			·	ospital's name.				
		city, and stat					, , , , ,	,				
5		•		of a college or university owned	or operate	ed by a g	overnmental unit described in					
·	Ш	_	(b)(1)(A)(iv). (Complete Part		or operat	<u> </u>						
6				overnmental unit described in s	ection 17	'0(b)(1)(A	.)(v).					
7	H		•					•				
•	لـــا	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8			,	i 70(b)(1)(A)(vi) . (Complete Part	: 11.)							
9	H			cribed in section 170(b)(1)(A)(i		ed in coni	unction with a land-grant colle	ge				
				of agriculture (see instructions).				3 -				
10	X											
11		,	•	exclusively to test for public safe								
12	\vdash	_	•	-	-			ses				
-		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.										
	The state of the s											
	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											
		• • •	• • • • •	omplete Part IV, Sections A a								
	b			pervised or controlled in connec		its suppo	rted organization(s), by having					
	~			ting organization vested in the s								
				Part IV, Sections A and C.	•							
	С			upporting organization operated tructions). You must complete				ith,				
	d		- · · · · · · · · · · · · · · · · · · ·	I. A supporting organization ope				on(s)				
				organization generally must sa								
		requirem	ent (see instructions). You n	nust complete Part IV, Sectior	ns A and	D, and P	art V.					
	е		9	eived a written determination fron- n-functionally integrated support			s a Type I, Type II, Type III					
	f	Enter the nur	mber of supported organizati	ons								
	g	Provide the fe	ollowing information about th	e supported organization(s).								
(e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10	1	ır governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
				above (see instructions))		ment?	instructions)	instructions)				
					Yes	No						
(A)												
(B)												
<u></u>												
(C)												
(D)												
(E)												
ota		<u> </u>										

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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	3	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
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							
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.							
	tion B. Total Support	4-) 2042	(h) 2042	(=) 2044	(-1) 2045	(-) 2046		40 T-4-1
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	<u> </u>	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)				L	12	
13	First five years. If the Form 990 is for the	organization's first	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)		_
	organization, check this box and stop her			*****		<u></u>		<u></u>
Sec	tion C. Computation of Public Su	• •						
14	Public support percentage for 2016 (line 6		-	n (f))			14	%
15	Public support percentage from 2015 Scho					L	15	%
16a	33 1/3% support test—2016. If the organ				33 1/3% or more, o	heck this		
_	box and stop here. The organization quali							▶ ∟
b	33 1/3% support test—2015. If the organ				5 is 33 1/3% or m	ore, check		
	this box and stop here . The organization of							▶ ∟
17a	10%-facts-and-circumstances test—201	•						
	10% or more, and if the organization meet Part VI how the organization meets the "fa organization				•		,.	
b	10%-facts-and-circumstances test-201	•						
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization me	ets the "facts-and-	-circumstances" te	st. The organization	on qualifies as a pu	ublicly		
	supported organization							▶ ∟
18	Private foundation. If the organization did	not check a box of	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee		
	instructions							▶ ∟

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	quality under th	ic tests listed b	ciow, picase co	impicto i art ii.	<u>'</u>	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership	(0) 10 1	\-/	(-)	(=, == : :	(1) - 1 - 1	(7)
•	fees received. (Do not include any "unusual grants.")	467,804	611,339	706,979	1,034,092	821,098	3,641,312
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		,			24,729	24,729
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	467,804	611,339	706,979	1,034,092	845,827	3,666,041
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						
-	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						3,666,041
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	467,804	611,339	706,979	1,034,092	845,827	3,666,041
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57	37	20	53	171	338
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	57	37	20	53	171	338
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		13,806				13,806
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	467,861	625,182	706,999	1,034,145	845,998	3,680,185
14	First five years. If the Form 990 is for the	·					-,,
	organization, check this box and stop her	e					> []
Sec	tion C. Computation of Public Su	upport Percent	age				
15	Public support percentage for 2016 (line 8	, column (f) divided	by line 13, columi	ı (f))		15	99.62%
16	Public support percentage from 2015 Sch				 	16	
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2016 (I			column (f))		17	%_
18	Investment income percentage from 2015						1 %
19a	33 1/3% support tests—2016. If the orga						▶ X
	17 is not more than 33 1/3%, check this b		= :				> 🔼
b	33 1/3% support tests—2015. If the orga						▶ □
20	line 18 is not more than 33 1/3%, check the						P 🗀
20	Private foundation. If the organization did	и посснеск а рох о	п ше 14, 19a, or 1	BD, CHECK THIS DOX	and see instruction	IIS	

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.)

Section A. All Supporting Organizations

- 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.
- 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 described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 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," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 Part VI.
- 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.
- 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.
- 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.
- 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.)

	Yes	No
4		
2		
3a		
эa		
10000000000	000000000000000	100000000000000
3b		
000000000000000000000000000000000000000	000000000000000	666666666666
3c		
	eronoministi d	
4a		
4b	5550555555555	94,500000000
	10001000000000000000000000000000000000	0000000000000
4c		
-		
E.		
5a		000000000000000000000000000000000000000
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9b		
1	000000000000000000000000000000000000000	•
9c		
10a		1
	<u> </u>	

	die A (1 offit 330 of 330-E2) 2010	<u> </u>		r age o
Pa	rt IV Supporting Organizations (continued)		Van	No
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а		11a	900000000000000000000000000000000000000	200000000000000
L	below, the governing body of a supported organization?	11b		
	A family member of a person described in (a) above? 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		
	ion B. Type I Supporting Organizations	17.0		<u> </u>
	ion 2. Typo i ouppoi		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 supporting 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	L	<u></u>
Sect	ion C. Type II Supporting Organizations	····		1
			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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	<u> </u>	<u> </u>
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
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		
2	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			
	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			
Cast	supported organizations played in this regard.	3	L	<u> </u>
Seci	tion E. Type III Functionally-Integrated Supporting Organizations	tional		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	uons ₎ .		
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see</i>	nstructions)		
С	The diganization supported a governmental entity. Describe in Part Vi now you supported a government entity (see in	ioti dotionoj.		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	The state of the s			
-	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				
	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 organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	The state of the s			
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b				

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting		27-0743	OZI Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of			20
instructions. All other Type III non-functionally integrated supporting organizations			
Section A - Adjusted Net Income	o muot oom	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		<u> </u>
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	Live Name -	
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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		
Section 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		
5 Income tax imposed in prior year	5		41.47.63.00
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integr	•	I supporting organization (see
instructions).	· / / - · ·	,,,,(

Page 7										
		Supporting Organiza	tions (continuea)	0						
	on D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exempt purpos									
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported	•							
	organizations, in excess of income from activity	ated ergenizations								
3	Administrative expenses paid to accomplish exempt purposes of suppo	oned organizations								
	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. Total annual distributions. Add lines 1 through 6.									
	Distributions to attentive supported organizations to which the organizations	tion is responsive								
0	(provide details in Part VI). See instructions.	dion is responsive								
9	Distributable amount for 2016 from Section C. line 6	· · · · · · · · · · · · · · · · · · ·								
10	Line 8 amount divided by Line 9 amount									
	Elife o difficult divided by Elife o difficult	(i)	(ii)	(iii)						
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable						
	(Pre-2016	Amount for 2016						
1	Distributable amount for 2016 from Section C, line 6									
	Underdistributions, if any, for years prior to 2016									
2	(reasonable cause required-explain in Part VI). See									
	instructions.									
3	Excess distributions carryover, if any, to 2016:									
a										
b										
С	From 2013									
d	From 2014									
е	From 2015									
f	Total of lines 3a through e									
g	Applied to underdistributions of prior years									
<u>h</u>	Applied to 2016 distributable amount									
i	Carryover from 2011 not applied (see instructions)									
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2016 from									
	Section D, line 7: \$									
	Applied to underdistributions of prior years									
	Applied to 2016 distributable amount									
	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. Remaining underdistributions for 2016. Subtract lines 3h									
6	and 4b from line 1. For result greater than zero, explain in									
7	Part VI. See instructions. Excess distributions carryover to 2017. Add lines 3j									
•	and 4c.									
8	Breakdown of line 7:									
a	Distance Will of Mile 1.									
	Excess from 2013									
	Excess from 2014									
	Excess from 2015									
	Execus from 2016									

DAA

Schedule A (Forr	n 990 or 990-EZ) 2016	Law	Enforcemen	t United	Inc	27-0743821	Page 8
Part VI	Supplemental Inf III, line 12; Part IV B, lines 1 and 2; P 3a and 3b; Part V,	formation , Section A art IV, Sec line 1; Pa	i. Provide the exp A, lines 1, 2, 3b, 3 ction C, line 1; Pa art V, Section B, I	planations req 3c, 4b, 4c, 5a art IV, Sectior ine 1e, Part V	uired by Part II, line 1 , 6, 9a, 9b, 9c, 11a, 1 n D, lines 2 and 3; Pal	0; Part II, line 17a or 17l 1b, and 11c; Part IV, Se rt IV, Section E, lines 1c, 3, and 8; and Part V, Sec	b; Part ction , 2a, 2b,
•							
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

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

ame	of the organization		Employer id	dentification number
La	aw Enforcement United Inc		27-07	743821
	rt I Organizations Maintaining Donor Advised Fur			
	Complete if the organization answered "Yes" on F			1 F
_		(a) Donor advised funds	(D)	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)			<u>.</u>
4	Aggregate value at end of year	the control bald is decreased		,
5	Did the organization inform all donors and donor advisors in writing that			
_	funds are the organization's property, subject to the organization's exclusive state of the organization o			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in			
	only for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose		Yes No
<u>.</u>	conferring impermissible private benefit? It I Conservation Easements.			Yes No
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	all that apply).		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant 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 conser	vation contribution in the form of a conser	rvation	
	easement on the last day of the tax year.		ŀ	leld at the End of the Tax Year
а	Total number of conservation easements		2a	W. 110. 10
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure inclu	uded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/0	06, and not on a		
	historic structure listed in the National Register		2d	***************************************
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organizati	ion during	the
	tax year ▶			
ı	Number of states where property subject to conservation easement is le	ocated		
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	f violations, and enforcing conservation ea	asements (during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and enforcing conservation easem	ents durin	g the year
	\$			
3	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section 170(h)(4)(B)(i)		
				Yes No
•	In Part XIII, describe how the organization reports conservation easeme			
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	escribes th	ie
.	organization's accounting for conservation easements.	Historical Transcensor on Other C	Nine ile e d	\
- a	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F	Form 990. Part IV. line 8.	oimilar <i>F</i>	Assets.
2	If the organization elected, as permitted under SFAS 116 (ASC 958), no		alance sh	eet
	works of art, historical treasures, or other similar assets held for public			
	public service, provide, in Part XIII, the text of the footnote to its financia	· · · · · · · · · · · · · · · · · · ·		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		nce sheet	
_	works of art, historical treasures, or other similar assets held for public	•		
	public service, provide the following amounts relating to these items:	,,		
	(i) Payanua included on Form 000 Part VIII line 1		•	\$
	450 Appets included in Form 000 Dest V		· · · · · · ·	\$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	vide the	*
	following amounts required to be reported under SFAS 116 (ASC 958)	• • • • • • • • • • • • • • • • • • • •		
а	Devenue included as Forms 000, Dort VIII, line 4	cating to those terms.	•	\$
	Assets included in Form 990 Part X			\$

1000000	art III Organizations Maintainin	a Collections of		Trageurae	or Otho	r Simil	ar Acc	ote (co	ntinu		ge Z
3	Using the organization's acquisition, access							ets (00	minu	eu)	
	collection items (check all that apply):	,	, ,	J	J						
а	Public exhibition	d 🔲 L	oan or exchange pr	ograms							
b	Scholarly research	e 🗌 C	Other								
С	Preservation for future generations										
4	Provide a description of the organization's of	collections and explain	how they further the	organization	's exempt p	ourpose i	in Part				
	XIII.										
5	During the year, did the organization solicit								٦		
	assets to be sold to raise funds rather than		irt of the organization	n's collection	?				Yes	<u> </u>	No
F	Escrow and Custodial Ar Complete if the organizatio 990, Part X, line 21.		on Form 990, P	art IV, line	9, or repo	orted a	n amo	unt on f	-orm		
1a	Is the organization an agent, trustee, custoo	dian or other intermedia	ary for contributions	or other asse	ts not					. 🗀	NI-
h	included on Form 990, Part X?	Land complete the fell						L	Yes	•	No
U	If "Yes," explain the arrangement in Part XII	i and complete the ion	owing table.			Γ		Ar	nount		_
c	Beginning balance					-	1c				
	A dalitions alongues than the						1d				_
	Distributions during the year						1e				
f	Ending holonge						1f				
2a	Did the organization include an amount on I				nt liability?				Yes	;	No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the exp	lanation has been	provided on P	art XIII						
Pŧ	art V Endowment Funds.										
	Complete if the organizatio		<u>on Form 990, P</u>	art IV, line	<u>10.</u>						
	`	(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Thre	ee years ba	ack (e) Four	years ba	ack
	Beginning of year balance										
	Contributions			-							
С	Net investment earnings, gains, and										
a	losses Grants or scholarships										
	Other expenditures for facilities and										
	programs										
f	Administrative expenses							-			
q	, , , , , , [
2	Provide the estimated percentage of the cui	rent year end balance	(line 1g, column (a)) held as:							
а	Board designated or quasi-endowment	%									
b	Permanent endowment ▶ %										
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organizati	on that are held and	d administere	d for the				_	—т	
	organization by:							Г		res	No
									Ba(i)		
	(ii) related organizations								a(ii)		
D 4	If "Yes" on line 3a(ii), are the related organiz							L	3b		
P ₂	Describe in Part XIII the intended uses of the art VI Land, Buildings, and Equ		ment lunus.								
	Complete if the organizatio	•	on Form 990 P	art IV line	11a See	Form	990 P	art X li	ne 10)	
	Description of property	(a) Cost or other ba		other basis		ccumulated			Book va		
		(investment)	1 ''	her)	1	preciation					
1a	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment						294			1,2	
	Other					1,	663			1,6	
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part 2	K, column (B), line 1	10c.)					-1	2,9	57

Part VII	Investments—Other Securities.	000 Port IV I	ing 11h See Form 000 Port V line 12
	Complete if the organization answered "Yes" on F		
	(a) Description of security or category	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	(including name of security)		*
(1) Financial d			
	d equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on I	orm 990, Part IV, I	ine 11c. See Form 990, Part X, line 13.
•	(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)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on I	Form 990, Part IV, I	ine 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		*****	
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 15.)		•
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on I	Form 990. Part IV. I	ine 11e or 11f. See Form 990. Part X.
	line 25.	,	, ,
1.	(a) Description of liability	(b) Book value	
	ncome taxes	`	
(2)	TOTAL MADE		1
			7
(3)			-
(4)			+
(5)			+
(6)			-
(7)			-
(8)			-
(9)	(h) must a sual Form 000 Bart V and (D) F 051 h		-
	(b) must equal Form 990, Part X, col. (B) line 25.)		- Francial at the seconds West consists W
 ∠. Liability for i 	uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization?	s financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pa	Reconciliation of Revenue per Audited Financial \$		ue per Keturn.	
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 12a.		842,976
1	Total revenue, gains, and other support per audited financial statements			042,910
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
a	Departed application and tracilities	26		
D		20		
c d	Others (Describe in Ded VIII.)	24		
			2e	
3	O letter of the a On force the a		3	842,976
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	46		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	5	842,976
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,066,542
· 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	1 000 540
3	Subtract line 2e from line 1		3	1,066,542
4	Amounts included on Form 990, Part IX; line 25, but not on line 1:	4-		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
	Other (Describe in Part XIII.)	40	000000000	
_			46	
	Add lines 4a and 4b		4c	1.066.542
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line		4c 5	1,066,542
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line int XIII Supplemental Information.	18.)	5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line int XIII Supplemental Information.	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	

Schedule D (Fo	orm 990) 2016	Law	Enforcement	ent Uni [.]	ted Inc	27-074382	1.	Page 5
Part XIII	Supplemen	ntal Info	Enforcement (continued to the continued	inued)				
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10/30/2017
LEUFYE3821

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Parti

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

2016

▶ Attach to Form 990.

Inspection

Employer identification number

27-0743821

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Yes

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance?

Law Enforcement United Inc General Information on Grants and Assistance

Open to Public OMB No. 1545-0047

(h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Fund programs Fund programs Fund programs noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 450,300 100,000 50,000 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 52-1354370 501c3 54-2002597 501c3 45-2685219 501c3 (p) EIN Enter total number of other organizations listed in the line 1 table (1) Concerns of Police Survivors, Inc. 3950 Chain Bridge Rd., Suite 112 (3) The Spirit of Blue Foundation MO 65020 VA 22030 NY 14450 (a) Name and address of organization P.O. Box 3199, South Hwy 5 (2) Officer Down Memorial Page or government 54 Enwright Dr Camdenton Fairport Fairfax Part II <u>₹</u> 9 9 3 8 6

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) (2016)

Page 2 (f) Description of noncash assistance 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) Law Enforcement United Inc 27-0743821

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV

2

9

Schedule I (Form 990) (2016)

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.

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

OMB No. 1545-0047 **2016**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Law Enforcement United Inc

Employer identification number 27-0743821

Form 990, Part VI, Line 2 - Related Party Information Among Officers
Law Enforcement United Inc. Law Enforcement United Inc.
Exec. Dir. Comm. Dir.
Husband/Wife are officers
Form 990, Part VI, Line 6 - Classes of Members or Stockholders
Each year, members pay dues, and then have the privilege to participate in
the Organization's program service bicycle ride to raise awareness of
fallen officers and their families.
Form 990, Part VI, Line 7a - Election of Members and Their Rights
At annual meeting in May of each year, the members elect the officers of
each division.
Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
At annual meeting in May of each year, the members approve of any by-law
changes.
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The Treasurer reviews the draft Form 990 and clears any issues or questions
with the CPA who prepares the return. The 990 is then reviewed and
approved by the board.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Officer and board are required to review the conflict of interest policy or

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Page 2 Employer identification number
Name of the organization Law Enforcement United Inc	27-0743821
an annual basis and report any conflicts of in	
Form 990, Part VI, Line 19 - Governing Documen	ts Disclosure Explanation
Governing documents and audited financial state	ements are available upon
request.	
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	Page 1 of 1
	Schedule O (Form 990 or 990-EZ) (2016)

Form **4562**

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Internal Revenue Service Name(s) shown on return

Law Enforcement United Inc

27-0743821

	ess or activity to which this form relates ndirect Deprecia	ation						
Pa		pense Certain Property			omolete Part	1		
1	Maximum amount (see instruc		, complete rait v b	cioic you or	simplete i alt	1.	1	510,000
2	Total cost of section 179 prope		e instructions)				2	
3	Threshold cost of section 179			ctions)			3	2,030,000
4	Reduction in limitation. Subtra		·				4	
5	Dollar limitation for tax year. Subtra		The second secon	ling separately, se	ee instructions		5	
6		ription of property		ost (business use o		Elected cost	'	
7	Listed property. Enter the amo	ount from line 29			7			
8	Total elected cost of section 1		s in column (c), lines 6 a	and 7			8	
9	Tentative deduction. Enter the						9	
10	Carryover of disallowed deduc	tion from line 13 of your 2	015 Form 4562				10	
11	Business income limitation. Er	nter the smaller of busines	ss income (not less that	n zero) or line 5	5 (see instruction	ns)	11	
12	Section 179 expense deduction						12	
13	Carryover of disallowed deduc				13			
Note	: Don't use Part II or Part III bel							
Pa	rt II Special Deprec	iation Allowance ar	nd Other Deprecia	tion (Don't	include listed	propert	y.) (S	ee instructions.)
14	Special depreciation allowance	e for qualified property (ot	her than listed property) placed in serv	vice			
	during the tax year (see instru-	ctions)					14	
15	Property subject to section 16	8(f)(1) election					15	
16	Other depreciation (including A	ACRS)					16	385
Pa	rt III MACRS Depred	ciation (Don't include	e listed property.) (See instructi	ions.)			
			Section A					
17	MACRS deductions for assets	placed in service in tax y	ears beginning before 2	.016		· · · · · · · · · · · · · · · · · · ·	17	2,934
18	If you are electing to group any assets p					•		
	Section E	B-Assets Placed in Ser	vice During 2016 Tax	ear Using the	General Depre	eciation S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				ММ	S/L		
	Section C-	-Assets Placed in Servi	ce During 2016 Tax Ye	ar Using the	Alternative Dep	reciation	Syste	m
20a	Class life					S/L		
b	12-year			12 yrs.		S/L		
С	40-year			40 yrs.	MM	S/L		
Pa	irt IV Summary (See	instructions.)	- Company of the Comp					
21	Listed property. Enter amount	from line 28					21	
22	Total. Add amounts from line		nes 19 and 20 in colum	n (g), and line	21. Enter			
	here and on the appropriate lin	nes of your return. Partne	rships and S corporatio	ns—see instru	ctions		22	3,319
23	For assets shown above and	placed in service during th						
	roi assets shown above and p	placed in service during th	ie current year, enter tri	e				
	portion of the basis attributable	=	e current year, enter th	e 	23			

27-0743821

Year Ended: June 30, 2017

Law Enforcement United Inc PO Box 14097 Chesapeake, VA 23325

Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.