# Form **990**

SCANNED MAR 1 5 2012

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| <u>A</u>                 | For the    | e 2010 cale  | endar year, or tax year beginning APRIL 1 , 2010, and ending   |                    | H 31             | , 20 11                        |
|--------------------------|------------|--------------|--|--------------------|------------------|--------------------------------|
| В                        | Check if   | f applicable | C Name of organization CALIFORNIA CORRECTIONAL PEACE OFFICERS ASS  | oc.                | D Employ         | yer Identification number      |
|                          | Address    | s change     | Doing Business As  |                    |                  | 94-1490964                     |
|                          | Name cl    | hange        | Number and street (or P O box if mail is not delivered to street address) Room/suit                      | te I               | E Telepho        | one number                     |
| П                        | Initial re | •            | 755 RIVERPOINTE DRIVE  |                    |                  | 919-425-3541                   |
| $\overline{\Box}$        | Termina    |              | City or town, state or country, and ZIP + 4  |                    |                  |                                |
| Ħ                        |            | ed return    | WEST SACRAMENTO CA 95605   | 1,                 | G Gross          | receipts \$ 30289449           |
| Η                        |            |              |  |                    |                  |                                |
| Ч                        | Applicat   | tion pending |  |                    |                  | for affiliates? Yes No         |
| _                        |            |              | 755 RIVERPOINTE DR. WEST SACRAMENTO 95605  |                    |                  | ncluded? LYes No               |
| <u> </u>                 |            | mpt status   | 501(c)(3)  | -                  |                  | ı list (see instructions)      |
| <u>J</u>                 | Websit     |              |  |                    | exemptio         | n number 🕨                     |
|                          | _          |              | Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation  | tion 1935          | M State          | of legal domicile CA           |
| Р                        | art I      | Summ         |  |                    |                  |                                |
|                          | 1          | Briefly de   | escribe the organization's mission or most significant activities. THE PL                                | JRPOSE OF 1        | THIS OR          | GANIZATION                     |
| Ф                        | 1          | IS TO PR     | ROMOTE THE CORRECTIONAL PEACE OFFICER PROFESSION AND TO NEG  | OCIATE FOR         | OVER 3           | 30,000                         |
| Activities & Governance  |            | MEMBER       | RS. WE ALSO PROVIDE LEGAL REPRESENTATION FOR THOSE MEMBERS   | <b>5.</b>          |                  |                                |
| Ē                        |            |              |  |                    |                  |                                |
| š                        | 2          | Check th     | nis box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25% of | of its net assets. |                  |                                |
| ŏ                        | 3          |              | of voting members of the governing body (Part VI, line 1a)   |                    | 3                | 5                              |
| ග                        | 4          |              | of independent voting members of the governing body (Part VI, line 1b)                                   |                    | 4                | 5                              |
| ij                       | 5          |              | arbana filada abada aranta arah arah arah arah arah arah arah ar   |                    | 5                | 86                             |
|                          | 6          |              | mber of volunteers (estimate if necessary)   |                    | 6                | 600                            |
| ¥                        | 7a         |              | •••  |                    | 7a               |                                |
|                          |            |              | related business revenue from Part VIII, column (C), line 12   |                    | -                | 0                              |
| _                        | <u> </u>   | Net unrei    | elated business taxable income from Form 990-T, line 34  |                    | 7b               | 0                              |
|                          |            |              | <u> </u>   | Prior Yea          |                  | Current Year                   |
| ē                        | 8          |              | itions and grants (Part VIII, line 1h)   | 31                 | 1491131          | 30335514                       |
| Ē                        | 9          | Program      | ı service revenue (Part VIII, line 2g)   |                    |                  |                                |
| Revenue                  | 10         | Investme     | ent income (Part VIII, column (A), lines 3, 4, and 7d)   |                    | 38870            | 61128                          |
| ш                        | 11         | Other rev    | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                    |                  |                                |
|                          | 12         | Total reve   | enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                  | 31                 | 530001           | 30396642                       |
|                          | 13         | Grants a     | nd similar amounts paid (Part IX, column (A), lines 1-3)   |                    |                  | - <del>-</del>                 |
|                          | 14         |              | paid to or for members (Part IX, column (A), line 4)   |                    | 820000           | 877798                         |
| w                        | 15         |              | other compensation, employee benefits (Part IX, column (A), lines 5-10)                                  | 12                 | 2264871          | 10962442`                      |
| Expenses                 | 16a        |              | onal fundraising fees (Part IX, column (A), line 11e)  |                    |                  |                                |
| e d                      | b          |              | indraising expenses (Part IX, column (D), line 25)   |                    |                  |                                |
| ᄍ                        | 17         |              |  | 10                 | 3653809          | 22364885                       |
|                          | 18         | Total ave    | penses (Part IX, column (A), ines 1 4 4 5 0  |                    | 738680           |                                |
|                          |            | Damest       | penses. Add lines 13–17 (must equal Part-IX, column (A), line 25)  |                    |                  | 34205125                       |
|                          | 19         | Revenue      | e less expenses. Subtract line to from line 12   |                    | -208679          | -3808483                       |
| S of                     |            |              |  | leginning of Cur   |                  | End of Year                    |
| Net Assets<br>Fund Balan | 20         |              | sets (Part X, line 16)   | 15                 | 671312           | 9295797                        |
| A P                      | 21         | Total hab    | polities (Part X, line 26) OGDEN . LIT   |                    | 1535853          | 10738474                       |
| Ž                        | 22         |              | ets or fund balances. Subtrac Line 21 from line 20   | 11                 | 1135459          | -1442677                       |
| P                        | art II     | Signat       | ture Block   |                    |                  |                                |
|                          |            |              | ury, I declare that I have examined this return, including accompanying schedules and staten             |                    |                  | my knowledge and belief, it is |
| tru                      | ie, correc | ct, and comp | olete Declaration of preparer (other than officer) is based on all information of which preparer         | has any knowle     | dge              |                                |
|                          |            |              | Mr Minter  |                    | 2 -1             | 5-2012                         |
| Sig                      | gn         | Son          | nature of officer  | Date               | е                |                                |
| He                       | _          |              | Jeff Nicolaysen ( )  | -(')               |                  |                                |
|                          |            | Type         | e or print name and title  |                    |                  |                                |
|                          |            |              | ype preparer's name Preparer's signature Dai   |                    | Π.               | PTIN                           |
|                          | aid        | 1            | , , , , , , , , , , , , , , , , , , ,  |                    | Check<br>self-em | <u> </u>                       |
|                          | epare      |              | <u></u>  | <del></del> _      | <u> </u>         | pioyeu                         |
| Us                       | se On      |              | <del></del>  |                    | s EIN ►          |                                |
| _                        |            |              | address •  | Phor               | ne no            |                                |
| _                        |            |              | s this return with the preparer shown above? (see instructions)  | <u> </u>           | <u> </u>         | Yes No                         |
| Fo                       | r Paper    | work Redu    | uction Act Notice, see the separate instructions. Cat No   | o 11282Y           |                  | Form <b>990</b> (2010)         |

| Form 99 | 0 (2010)                |  |   |                              | Page 2           |
|---------|-------------------------|--|---|------------------------------|------------------|
| Part    | III State               | ement of Program Service                         | Accomplishments response to any question in this Part III                                 | l                            |                  |
| 1       |                         | cribe the organization's missi                   |   |                              | <u> </u>         |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
| 2       | Did the ore             | renization undertake envision                    | ificant program services during the year  | which were not listed on the |                  |
| 2       |                         |  |   |                              |                  |
|         | If "Yes," de            | escribe these new services or                    | n Schedule O.   |                              |                  |
| 3       | services?               |  | g, or make significant changes in how   |                              | ,                |
| 4       |                         | escribe these changes on Sch                     | nedule O.  ents for each of the organization's three                                      | largest program services by  | evnenses Section |
| •       | 501(c)(3) a             | nd 501(c)(4) organizations and                   | d section 4947(a)(1) trusts are required to<br>, if any, for each program service reporte | report the amount of grants  |                  |
| 4a      | (Code:                  |  | including grants of \$  |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         | ••••   |   |                              |                  |
| 4b      | (Code:                  | ) (Expenses \$                                   | including grants of \$  | ) (Revenue \$                | )                |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
| 4c      | (Code:                  | ) (Expenses \$                                   | including grants of \$  | ) (Revenue \$                | )                |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         |                         |  |   |                              |                  |
|         | 044                     | /5   | the data O  |                              |                  |
| 4d      | Other prog<br>(Expenses | gram services. (Describe in Sc<br>\$ including o |   | )                            |                  |
| 40      | <u> </u>                | ram service expenses                             | γ γ   |                              |                  |

| Porm 99   | 0 (2010)   |     |          | Page 3     |
|-----------|--|-----|----------|------------|
| Part      | V Checklist of Required Schedules  |     |          |            |
| 1         | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1   | Yes      | No         |
| 2         | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)  | 2   |          | <i>\</i>   |
| 3         | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |          | 1          |
| 4         | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>  | 4   |          | 1          |
| 5         | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5   | •        | <b>√</b>   |
| 6         | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |          | ✓          |
| 7         | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .  | 7   |          | 1          |
| 8         | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III   | 8   |          | 1          |
| 9         | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  |     |          | 1          |
| 10        | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-<br>endowments? If "Yes," complete Schedule D, Part V   | 10  |          | <b>V</b> ✓ |
| 11        | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.   |     |          |            |
| а         | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a | <b>/</b> |            |
| b         | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |          | 1          |
| С         | 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  | 11c |          | 1          |
| d         | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  | 11d |          | 1          |
| e<br>f    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . | 11e |          | 1          |
| 12 a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12a | 1        |            |
| b         | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional   | 12b |          | ✓          |
| 13        | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |          | <b>✓</b>   |
| 14 a<br>b | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |          | <b>√</b>   |
| 15        | business, and program service activities outside the United States? 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 assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.                              | 14b |          | <b>✓</b>   |
| 16        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  | 15  |          | <b>✓</b>   |
| 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)  | 17  |          | <b>✓</b>   |
| 18        | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  | <b> </b> | <b>V</b>   |
| 19        | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III  | 19  |          | <b>▼</b>   |
| 20 a      | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>   | 20a | $\vdash$ | 1          |
|           | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)  | 20b |          | 1          |

| Part | V Checklist of Required Schedules (continued)   |          |      |          |
|------|---|----------|------|----------|
|      |   |          | Yes  | No       |
| 21   | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21       |      | ✓        |
| 22   | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22       |      | <b>√</b> |
| 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   |          |      |          |
|      | 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 through 24d and complete Schedule K. If "No," go to line 25 | 24a      |      | <b>√</b> |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b      |      | ·<br>✓   |
|      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c      |      | <b>▼</b> |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d      |      | <b>✓</b> |
| 25a  |   | 25a      |      | •        |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I           | 25b      |      |          |
| 26   | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  | 26       |      | 1        |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III                | 27       |      | 1        |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |          |      |          |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a      |      | 1        |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b      |      | 1        |
| С    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c      |      | <b>✓</b> |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29       |      | 1        |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30       |      | <u> </u> |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31       |      | <b>√</b> |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32       |      | 1        |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>   | 33       |      | <b>→</b> |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34       |      | <b>√</b> |
| 35   | Is any related organization a controlled entity within the meaning of section 512(b)(13)?   | 35       |      | 1        |
| а    | 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,  |          |      | •        |
| 36   | Fart 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? <i>If "Yes," complete Schedule R</i> ,   | 30       |      |          |
|      | Part VI   | 37       | ار ا | 1        |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38       | 10/1 | 1        |
|      |   | <u> </u> |      |          |

Form **990** (2010)

|        |  |           |          | ugo 🗢      |
|--------|--|-----------|----------|------------|
| Part   | V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V   |           |          | □<br>No    |
| 1a     | Enter the number reported in Box 2 of Form 1006. Enter, 0, if not applicable   |           | .00      |            |
| _      |  |           |          |            |
| b      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |           |          | }          |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |           |          | <u> </u>   |
| 20     |  | 1c        |          |            |
| 28     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |           |          |            |
|        | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0   |           |          |            |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b        |          |            |
| •      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)   |           |          |            |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a        | <u> </u> | <b>✓</b>   |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3b        |          |            |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority  |           |          |            |
|        | over, a financial account in a foreign country (such as a bank account, securities account, or other financial   | ١.        |          | ١,         |
|        | account)?  | <u>4a</u> |          | <b>✓</b>   |
| b      | If "Yes," enter the name of the foreign country:   |           |          |            |
|        | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |           |          |            |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a        |          | <b>/</b>   |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b        |          | ✓_         |
| C      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c        | <u> </u> |            |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |           |          |            |
|        | organization solicit any contributions that were not tax deductible?   | 6a        | <u> </u> | <b>✓</b>   |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |           |          |            |
|        | gifts were not tax deductible?   | 6b        |          |            |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |           |          |            |
| 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        |          | <b>/</b>   |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b        | -        | -          |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | ۱         |          | ١,         |
|        |  | 7c        |          | <b>V</b>   |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year  | 7.0       | j)       |            |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e<br>7f  |          | 1          |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g        |          | 1          |
| g<br>h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 79<br>7h  |          | <b>V</b>   |
| 8      | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting  |           |          | V          |
|        | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring   |           | į        |            |
|        | organization, have excess business holdings at any time during the year?   | 8         |          | 1          |
| 9      | Sponsoring organizations maintaining donor advised funds.  |           |          | · ·        |
| а      | Did the organization make any taxable distributions under section 4966?  | 9a        |          | 1          |
| b      | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b        |          | 1          |
| 10     | Section 501(c)(7) organizations. Enter:  |           |          |            |
| а      | Initiation fees and capital contributions included on Part VIII, line 12   |           |          |            |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b  |           |          | 1          |
| 11     | Section 501(c)(12) organizations. Enter:   |           |          |            |
| а      | Gross income from members or shareholders  |           |          | ľ          |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources   |           |          |            |
|        | against amounts due or received from them.)  |           |          |            |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a       |          |            |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  |           |          |            |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |           |          |            |
| 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   |           |          |            |
| С      | Enter the amount of reserves on hand   |           |          |            |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a       | <u> </u> | <u> </u>   |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   | 14b       | l .      | I <b>√</b> |

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| Part              | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.  Check if Schedule O contains a response to any question in this Part VI   | es in             | and<br>Sche |              |
|-------------------|--|-------------------|-------------|--------------|
| Secti             | on A. Governing Body and Management  |                   |             |              |
| 1a<br>b<br>2      | Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent .    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?  | 1                 | Yes         | No V         |
| 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                 |             | <u>·</u>     |
| 4<br>5<br>6<br>7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   | 4<br>5<br>6<br>7a | <b>✓</b>    | <b>√</b>     |
| ь<br>8            | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   | 7b                | <b>✓</b>    |              |
| a<br>b<br>9       | The governing body?  | 8a<br>8b<br>9     | <b>√</b>    | <u> </u>     |
| <u>Secti</u>      | on B. Policies (This Section B requests information about policies not required by the Internal Reven  | ue Co             |             |              |
| 40                | Described to the state of the s |                   | Yes         | No           |
| 10a<br>b          | Does the organization have local chapters, branches, or affiliates?  | 10a               |             |              |
| ~                 | chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .   | 10b               |             |              |
| 11a               | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | 11a               |             |              |
| b                 | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |                   |             |              |
| 12a               | Does the organization have a written conflict of interest policy? If "No," go to line 13   | 12a               | <u> </u>    | <u> </u>     |
| b                 | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b               |             |              |
| C<br>40           | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.  | 12c               |             |              |
| 13<br>14          | Does the organization have a written whistleblower policy?   | 13<br>14          | <u> </u>    | <del> </del> |
| 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               |             |              |
| b                 | Other officers or key employees of the organization  | 15b               |             |              |
| 16a               | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   | 16a               |             |              |
| b                 | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?   | 16b               |             |              |
|                   | on C. Disclosure   |                   |             |              |
| 17<br>18          | List the states with which a copy of this Form 990 is required to be filed <b>ca</b> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.  | )s only           | y) ava      | ilable       |
| <u>,</u> 19       | Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public  |                   |             | oolicy,      |
| 20                | State the name, physical address, and telephone number of the person who possesses the books and records organization:   JEFF NICOLAYSEN 755 RIVERPOINT DRIVE WEST SACRAMENTO CA 956005 916-425-3541   | of the            | <b>)</b>    |              |

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

#### 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.

| ☐ Check this box if neither the organization noi | r any relate                                     | d orga                         | anız                  | atıo     | n c          | ompe                         | nsa         | ted any curren               | it officer, director                       | , or trustee.                   |
|--|--|--------------------------------|-----------------------|----------|--------------|------------------------------|-------------|------------------------------|--|---------------------------------|
| (A)  | (B)  | (C)                            |                       |          |              |                              |             | (D)                          | (E)  | (F)                             |
| Name and Title                                   | Average<br>hours per<br>week                     |                                |                       | Officer  | _            | hat ap                       | ely) Former | Reportable compensation from | Reportable<br>compensation from<br>related | Estimated<br>amount of<br>other |
|  | (describe<br>hours for                           | Individual trustee or director | Institutional trustee | cer      | Key employee | Highest compensated employee | mer         | the organization             | organizations<br>(W-2/1099-MISC)           | compensation<br>from the        |
|  | related<br>organizations                         | ۲ <u>۱</u>                     | nai t                 |          | loye         | gmp                          |             | (W-2/1099-MISC)              |  | organization<br>and related     |
|  | ın Schedule                                      | stee                           | uste                  |          | 0            | ensa                         |             |                              |  | organizations                   |
|  | O)   |                                | ě                     |          |              | ited                         |             |                              |  |                                 |
| (1) MIKE JIMENEZ                                 | 40+  |                                |                       |          |              |                              |             | 96373                        |  |                                 |
| PRESIDENT  | 707  |                                |                       | ✓        |              |                              |             | 30373                        |  |                                 |
| (2) CHARLES ALEXANDER                            | 40+  |                                | İ                     | _        | ŀ            |                              |             | 40202                        |  |                                 |
| EXECUTIVE VP                                     |  |                                | _                     | <b>✓</b> | _            |                              | <u> </u>    |                              |  | <del></del>                     |
| (3) JAMES MARTIN                                 | 40+  |                                |                       | ١,       |              |                              |             | o                            |  |                                 |
| TREASURES  |  |                                |                       | <b>-</b> |              |                              | _           |                              |  |                                 |
| (4) PERRY SPETH                                  | 40+  |                                |                       | ١,       |              |                              |             | о                            |  |                                 |
| SECRETARY (5) CHUCK HELTON                       |  |                                | ļ                     | ✓        | _            |                              | _           |                              |  |                                 |
| VP   | 40+  | 1                              |                       | 1        |              |                              |             | 34031                        |  |                                 |
| (6) DARYL LEE                                    | <del>                                     </del> |                                |                       | •        |              |                              | $\vdash$    |                              | ·  |                                 |
| VP   | 40+  |                                |                       | 1        |              |                              |             | 36044                        |  |                                 |
| (7) KEVIN RAYMOND                                |  |                                |                       | Ė        |              |                              | $\vdash$    |                              |  |                                 |
| VP   | 40+  |                                |                       | ✓        |              |                              |             | 16228                        |  |                                 |
| (8)  |  |                                |                       |          |              |                              |             |                              |  |                                 |
| (9)  |  |                                |                       |          |              |                              |             |                              |  |                                 |
| (10)   | _  |                                |                       |          |              |                              |             |                              |  |                                 |
| (11)   |  |                                |                       |          |              |                              |             |                              |  |                                 |
| (12)   |  |                                |                       |          |              |                              |             |                              |  |                                 |
| (13)   |  |                                |                       |          |              |                              |             |                              |  |                                 |
| (14)   |  |                                |                       |          |              |                              |             |                              |  |                                 |
| (15)   |  |                                |                       |          |              |                              |             |                              |  |                                 |
| (16)   |  |                                |                       |          |              |                              |             |                              |  |                                 |

| Part    | <u> </u>   |  | Empi                         | oyee                  |                    |              | Highe                        | st           | 1  |   | (conti |  |   |
|---------|--|--|------------------------------|-----------------------|--------------------|--------------|------------------------------|--------------|--|---|--------|--|---|
|         | (A)<br>Name and title  | (B)<br>Average   | Posit                        | ion (c                | •                  | C)<br>kalli  | that app                     | <b>.</b> h.A | (D)<br>Reportable  | (E)<br>Reportabl                                      | ا ا    | (F)<br>Estimat   | ted                                       |
|         | ivanie and due   | hours per<br>week<br>(describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | Individual trust or director | Institutional trustee | Officer            | _            | Highest compensated employee | Former       | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | compensation<br>related<br>organizatio<br>(W-2/1099-M | from   | amount<br>other<br>compens<br>from the<br>organization | t of<br>r<br>ation<br>ne<br>ition<br>ited |
| (17)    |  |  |                              |                       |                    |              |                              |              |  |   |        |  |   |
| (18)    |  |  |                              |                       |                    |              |                              |              |  |   |        |  |   |
| (19)    |  |  |                              |                       |                    |              |                              |              |  |   |        |  |   |
| (20)    |  |  |                              |                       |                    |              |                              |              |  |   |        |  |   |
| (21)    |  |  |                              |                       |                    |              | -                            |              |  |   |        | <del> </del>   |   |
| (22)    |  |  |                              | _                     |                    |              |                              |              |  |   |        |  |   |
| (23)    |  |  |                              |                       |                    |              |                              |              |  |   |        |  |   |
| (24)    |  |  |                              |                       |                    |              |                              |              |  |   |        |  |   |
| (25)    |  | -  |                              |                       |                    |              |                              |              |  |   |        |  |   |
| (26)    |  | -  |                              |                       |                    |              |                              |              |  |   |        |  | -   |
| (27)    | ••••   | -  |                              |                       |                    |              |                              |              |  |   |        |  |   |
| (28)    |  |  |                              |                       |                    |              |                              |              |  |   |        |  |   |
| 1b      | Sub-total  |  | J                            | ٠.                    | ٠.                 | <u> </u>     |                              | <u> </u>     | 222878   |   |        |  |   |
| C       | Total from continuation sheets to Part   |  |                              |                       |                    |              |                              | <b>•</b>     |  |   |        |  |   |
| d       | Total (add lines 1b and 1c)  |  |                              |                       |                    |              |                              | <b>&gt;</b>  | 222878   |   |        |  |   |
| 2       | Total number of individuals (including but   |  | d to th                      | nose                  | e lis              | ted          | above                        | e) w         | ho received m  | ore than \$10   | 00,00  | )0 in  |   |
|         | reportable compensation from the organi  | ization ▶  |                              |                       |                    |              |                              |              |  |   |        |  |   |
| 3       | Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete         | fficer, dired<br>Schedule J  | ctor o                       | or tr<br>uch          | uste<br><i>ind</i> | ee,<br>Iıvıd | key e<br>ual                 | mp           | oloyee, or high  | nest compe  | nsate  | ed 3   | es No                                     |
| 4       | For any individual listed on line 1a, is the organization and related organizations individual |  |                              |                       |                    |              |                              |              |  |   |        |  |   |
| 5       | Did any person listed on line 1a receive of for services rendered to the organization          |  |                              |                       |                    |              |                              |              |  |   |        | <u> </u>   | in Yes                                    |
| Section | on B. Independent Contractors  | ,  |                              |                       |                    |              |                              |              |  |   |        |  |   |
| 1       | Complete this table for your five highest  | compensat  | ted in                       | dep                   | end                | lent         | contra                       | act          | ors that receive   | ed more tha   | n \$10 | 00,000 of  |   |
|         | compensation from the organization.  | ,  |                              |                       |                    |              |                              |              | _  |   |        |  |   |
|         | (A)<br>Name and business add   | Iress  |                              |                       |                    |              |                              |              | (B)<br>Description of s  | services  |        | (C)<br>Compensation                                    | on  |
| LAW     | OFFICE STEPHEN J HORVTH  |  |                              |                       |                    |              |                              | LE           | GAL  |   |        |  | 164634                                    |
|         | ROLL, BURDICK AND MCDONOUGH LLP  |  |                              |                       |                    |              |                              | -            | GAL  |   |        |  | 1621500                                   |
|         | ETT AND SHARPE INC.  |  |                              |                       |                    |              |                              | -            | GAL  |   |        |  | 925453                                    |
|         | ATT, PHELPS AND PHILLIPS, LLP  |  |                              |                       |                    |              |                              | -            | GAL<br>GAL   |   |        |  | 775727<br>973143                          |
| 2       | Total number of independent contractor   | ors (includii  | ng bi                        | ut r                  | ot                 | lımı         | ted to                       |              |  | ove) who  | 學療徒    | *****  | 313143                                    |
| _       | received more than \$100,000 in compensation from the organization ▶ 99                        |  |                              |                       |                    |              |                              |              |  |   |        |  |   |

| Part   | VIII     | Statement of Revenue   |             |                      |  |   |   |
|--|----------|--|-------------|----------------------|--|---|---|
|  |          |  |             | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| इ इ  | 1a       | Federated campaigns 1a   |             |                      |  |   |   |
| Contributions, gifts, grants and other similar amounts | b        | · · ·  | 35514       |                      |  |   |   |
|  | С        | Fundraising events 1c  |             |                      |  |   |   |
| ar a   | d        | Related organizations 1d   |             |                      |  |   |   |
| IS, S  | е        | Government grants (contributions) 1e   |             |                      |  |   |   |
| rtion<br>er si   | f        | All other contributions, gifts, grants,  |             |                      |  |   |   |
| 혈  |          | and similar amounts not included above 1f  |             |                      |  |   |   |
| at p   | g        | Noncash contributions included in lines 1a-1f \$   |             |                      |  |   |   |
|  | h        | Total. Add lines 1a-1f   |             | 30335514             |  |   |   |
| J.   |          | Business C   | Code        |                      |  |   |   |
| evel   | 2a       |  |             |                      |  |   |   |
| Program Service Revenue                                | b        |  |             |                      |  |   |   |
| 홄  | С        |  |             | <del></del>          |  |   |   |
| Se   | d        |  |             |                      |  |   |   |
| ran  | e        | All all all and an area and ar |             |                      |  |   |   |
| rog  | f        | All other program service revenue .  | <b>•</b>    |                      | <u></u>                                |   | <u> </u>  |
|  |          | Total. Add lines 2a–2f   |             |                      |  |   |   |
|  |          | and other similar amounts)   |             | 61128                |  |   |   |
|  | 4        | Income from investment of tax-exempt bond proceed  | ı           | 01120                |  |   |   |
|  | 5        | Royalties  |             |                      |  |   |   |
|  |          | (i) Real (ii) Persor   | nal         |                      |  |   |   |
| :  | 6a       | Gross Rents  |             |                      |  | ,                                       |   |
|  | b        | Less. rental expenses  |             |                      |  |   |   |
|  | С        | Rental income or (loss)  |             |                      |  |   |   |
|  | d        | Net rental income or (loss)  | <b>&gt;</b> |                      |  |   |   |
|  | 7a       | Gross amount from sales of (i) Secunties (ii) Othe   | er          |                      |  |   |   |
|  |          | assets other than inventory  |             |                      | -                                      |   |   |
|  | b        | Less: cost or other basis  |             |                      |  |   |   |
|  | _        | and sales expenses .   |             |                      |  |   |   |
|  | C        | Gain or (loss)   |             |                      | <del></del>                            |   |   |
|  | d        | Net gain or (loss)   |             |                      |  |   |   |
| ne   | <br>  8a | Gross income from fundraising  |             |                      |  |   |   |
| venue  | "        | events (not including \$   |             |                      |  |   |   |
|  |          | of contributions reported on line 1c).   |             |                      |  |   |   |
| <u>e</u>   |          | See Part IV, line 18 a   |             |                      |  |   |   |
| Other Re   | b        | Less: direct expenses b  |             |                      |  |   |   |
| 0  |          | Net income or (loss) from fundraising events .   | <b>•</b>    |                      |  |   |   |
|  | 9a       | Gross income from gaming activities.   |             |                      |  |   |   |
|  |          | See Part IV, line 19 a   |             |                      |  |   |   |
|  | b        | Less: direct expenses b  |             |                      |  |   |   |
|  | С        | Net income or (loss) from gaming activities  | <u> </u>    |                      |  |   |   |
|  | 10a      | Gross sales of inventory, less   |             |                      |  |   |   |
|  | ١.       | returns and allowances a   |             |                      |  |   | }   |
|  |          | Less: cost of goods sold <b>b</b> Net income or (loss) from sales of inventory   | <b>—</b>    |                      |  |   |   |
|  | С        | Miscellaneous Revenue Business C   | _           |                      |  |   |   |
|  | 11a      |  |             |                      |  |   |   |
|  | b        |  |             |                      |  | <del></del>                             |   |
|  | C        |  |             |                      |  |   |   |
|  | d        | All other revenue  |             |                      |  |   |   |
|  | е        | Total. Add lines 11a-11d   | •           |                      |  |   |   |
|  | 12       | Total revenue. See instructions  | •           | 30396642             |  |   |   |

## 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) but are not required to complete columns (B), (C), and (D).

|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses  | (D)<br>Fundraising<br>expenses |
|----------|---|--------------------|------------------------------|--|--------------------------------|
| 1        | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   |                    |                              | general expenses   | ехрепзез                       |
| 2        | Grants and other assistance to individuals in   |                    |                              |  |                                |
| 3        | the U.S. See Part IV, line 22   |                    |                              |  |                                |
|          | organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  |                    |                              |  |                                |
| 4        | Benefits paid to or for members   | 877798             |                              |  |                                |
| 5        | Compensation of current officers, directors, trustees, and key employees  | 222878             |                              |  |                                |
| 6        | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) |                    |                              |  |                                |
| 7        | Other salaries and wages  | 7408160            |                              |  |                                |
| 8        | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   | 1243641            |                              |  |                                |
| 9        | Other employee benefits   | 1540840            |                              |  |                                |
| 10       | Payroll taxes   | 546923             |                              |  |                                |
| 11       | Fees for services (non-employees):  |                    |                              |  |                                |
| а        | Management  |                    |                              |  |                                |
| b        | Legal   | 7539937            |                              |  |                                |
| C        | Accounting  | 12144              |                              |  |                                |
| d<br>e   | Lobbying  |                    |                              |  |                                |
| f        | Investment management fees  |                    |                              | the same of the sa |                                |
| g        | Other   |                    | ···                          |  |                                |
| 12       | Advertising and promotion   | 2065117            |                              |  |                                |
| 13       | Office expenses   | 958070             |                              |  |                                |
| 14       | Information technology  | ·                  |                              |  |                                |
| 15       | Royalties   |                    | <del></del> .                |  |                                |
| 16<br>17 | Occupancy   | 373400<br>485791   |                              |  |                                |
| 18       | Travel  | 403/91             |                              |  |                                |
|          | for any federal, state, or local public officials   |                    |                              |  |                                |
| 19       | Conferences, conventions, and meetings .  | 1495334            |                              |  |                                |
| 20       | Interest  | 20723              |                              |  |                                |
| 21       | Payments to affiliates  |                    |                              |  |                                |
| 22       | Depreciation, depletion, and amortization .   | 771739             |                              |  |                                |
| 23       | Insurance ,   | 92199              |                              |  |                                |
| 24       | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If   | £                  |                              |  |                                |
|          | line 24f amount exceeds 10% of line 25, column  | Š.                 |                              |  |                                |
|          | (A) amount, list line 24f expenses on Schedule O.)  |                    |                              |  |                                |
| а        | LEGISLATIVE   | 477792             |                              |  |                                |
| b        | TELEPHONE AND UTILITIES   | 661452             |                              |  |                                |
| C        | PAC   | 5342052            |                              |  |                                |
| d<br>e   | OPERATING EXPENSES  | 654706<br>420308   | <del></del>                  |  |                                |
| f        | All other expenses  | 994121             | <del>.</del>                 |  |                                |
| 25       | Total functional expenses. Add lines 1 through 24f  | 34205125           |                              |  |                                |
| 26       | Joint costs. Check here ▶☐ If following SOP 98-2 (ASC 958-720). Complete this line  |                    |                              |  |                                |
|          | only if the organization reported in column (B) joint costs from a combined educational   |                    |                              |  |                                |
|          | campaign and fundraising solicitation   |                    |                              |  |                                |

| Par                         | rt X | Balance Sheet   |                             |     |                                   |
|-----------------------------|------|---|-----------------------------|-----|-----------------------------------|
|                             |      |   | (A)<br>Beginning of year    |     | (B)<br>End of year                |
|                             | 1    | Cash-non-interest-bearing   | 4029773                     | 1   | · · · · · ·                       |
|                             | 2    | Savings and temporary cash investments  | <u>-</u>                    | 2   | 2926940                           |
|                             | 3    | Pledges and grants receivable, net  |                             | 3   |                                   |
|                             |      | Accounts receivable, net  | 2550821                     | 4   | 2456493                           |
|                             |      | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                             | 5   |                                   |
|                             | 6    | 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) |                             | 6   |                                   |
| Assets                      | 7    | Notes and loans receivable, net   |                             | 7   |                                   |
| § ∣                         |      | Inventories for sale or use   | 47000                       | 8   | 25000                             |
|                             |      | Prepaid expenses and deferred charges   | 43196                       | 9   | 54268                             |
| 1                           |      | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 11263422  |                             |     |                                   |
|                             | b    | Less: accumulated depreciation 10b 7430326  | 5583173                     | 10c | 3833096                           |
| 1                           | 11   | Investments—publicly traded securities  |                             | 11  |                                   |
| 1                           | 12   | Investments—other securities. See Part IV, line 11  |                             | 12  |                                   |
| 1                           | 13   | Investments – program-related. See Part IV, line 11   |                             | 13  |                                   |
| 1                           | 14   | Intangible assets   |                             | 14  |                                   |
| 1                           | 15   | Other assets. See Part IV, line 11  | 3417349                     | 15  |                                   |
| 1                           | 16   | Total assets. Add lines 1 through 15 (must equal line 34)   | 15671312                    | 16  | 9295797                           |
| 1                           | 17   | Accounts payable and accrued expenses   | 1311390                     | 17  | 5529952                           |
| 1                           |      | Grants payable  |                             | 18  |                                   |
| 1                           | 19   | Deferred revenue  |                             | 19  |                                   |
|                             |      | Tax-exempt bond liabilities   |                             | 20  |                                   |
| es 2                        |      | Escrow or custodial account liability. Complete Part IV of Schedule D.  |                             | 21  |                                   |
| Liabilities                 |      | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.   |                             |     |                                   |
| _                           |      | Complete Part II of Schedule L  |                             | 22  |                                   |
|                             |      | Secured mortgages and notes payable to unrelated third parties  | 481363                      | 23  | 3828994                           |
|                             |      | Unsecured notes and loans payable to unrelated third parties  |                             | 24  |                                   |
|                             |      | Other liabilities. Complete Part X of Schedule D  | 2743100                     | 25  | 1379528                           |
| - 4                         |      | Total liabilities. Add lines 17 through 25  | 4535853                     | 26  | 10738474                          |
| ces                         |      | Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.   |                             |     |                                   |
| <u>la</u>   2               |      | Unrestricted net assets   | 10639833                    | 27  | -1714287                          |
| 8 2                         |      | Temporarily restricted net assets   | 495626                      | 28  | 271610                            |
| Net Assets or Fund Balances |      | Permanently restricted net assets   |                             | 29  |                                   |
| <u>ہ</u> ا                  |      | complete lines 30 through 34.   | reger stopping to the sound |     |                                   |
| ets                         |      | Capital stock or trust principal, or current funds  |                             | 30  |                                   |
| SS                          |      | Paid-in or capital surplus, or land, building, or equipment fund  |                             | 31  |                                   |
| <b>₹</b>  3                 |      | Retained earnings, endowment, accumulated income, or other funds.   |                             | 32  |                                   |
| ž   3                       | 33   | Total net assets or fund balances   | 11135459                    | 33  | -1442677                          |
|                             | 34   | Total liabilities and net assets/fund balances  | 15671312                    | 34  | 9295797<br>Form <b>990</b> (2010) |

Form **990** (2010)

| Form 9  | 90 (2010)  |          | Pa       | age <b>12</b> |
|---------|--|----------|----------|---------------|
| Par     | Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI   |          |          | . 🗆           |
| 1       | Total revenue (must equal Part VIII, column (A), line 12)  |          | 3039     | 96642         |
| 2       | Total expenses (must equal Part IX, column (A), line 25)   |          | 3420     | 05125         |
| 3       | Revenue less expenses. Subtract line 2 from line 1   |          | -380     | 08483         |
| 4       | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4  |          | 1113     | 35459         |
| 5       | Other changes in net assets or fund balances (explain in Schedule O)   |          | -876     | 69653         |
| 6       | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))   |          | -144     | 42677         |
| Part    | Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  |          |          | . 🗆           |
| 1       | Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |          | Yes      | No            |
| 2a<br>b | Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?   | 2a<br>2b | <b>√</b> |               |
| С       | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?               | 2c       | <b>√</b> |               |
|         | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |          |          |               |
| d       | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:   |          |          |               |
| За      | ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a       |          |               |

**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** (2010)

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No. 1545-0047

2011

Open to Public Inspection

Schedule D (Form 990) 2011

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

| (      | al. Fornia Correctional Peace Officers 94-1490964  |
|--------|--|
|        | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the  |
|        | organization answered "Yes" to Form 990, Part IV, line 6.  |
|        | (a) Donor advised funds (b) Funds and other accounts   |
| 1<br>2 | Total number at end of year  |
| 3      | Aggregate contributions to (during year) .   |
| 4      | Aggregate grants from (during year)  |
| 5      | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised   |
| •      | funds are the organization's property, subject to the organization's exclusive legal control?  |
| 6      | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used   |
|        | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose   |
|        | conferring impermissible private benefit?  |
| Pai    | Conservation Easements. Complete if the organization answered "Yes" to 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)  |
|        | Protection of natural habitat Preservation of a certified historic structure   |
| •      | Preservation of open space   |
| 2      | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.        |
|        | Held at the End of the Tax Year  |
| а      | Total number of conservation easements   |
| ь      | Total acreage restricted by conservation easements   |
| c      | Number of conservation easements on a certified historic structure included in (a)   |
| ď      | Number of conservation easements included in (c) acquired after 8/17/06, and not on a  |
|        | historic structure listed in the National Register   |
| - 3    | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the   |
|        | tax year ►   |
| 4      | Number of states where property subject to conservation easement is located  |
| 5      | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? |
| 6      | violations, and enforcement of the conservation easements it holds?  |
|        | Start and volunteer hours devoted to monitoring, inspecting, and emorcing conservation easements during the year   |
| 7      | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  |
| •      | <b>▶</b> \$  |
| 8      | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)   |
|        | (i) and section 170(h)(4)(B)(ii)?  |
| 9      | In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and  |
|        | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the  |
|        | organization's accounting for conservation easements.  |
| Pari   | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.    |
|        | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet   |
| 14     | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of   |
|        | public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.   |
| b      | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet   |
| _      | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of   |
|        | public service, provide the following amounts relating to these items:   |
|        | (i) Revenues included in Form 990, Part VIII, line 1   |
|        | (ii) Assets included in Form 990, Part X   |
| 2      | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the   |
|        | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  |
| a      | Revenues included in Form 990, Part VIII, line 1   |
| ь      | Assets included in Form 990, Part X  |

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

| . 4    | Describe in Part XIV the intended uses of t | ne organization's end                | owment lunus.                      |   |                |
|--------|---|--------------------------------------|------------------------------------|---|----------------|
| Par    | t VI Land, Buildings, and Equipme           | nt. See Form 990, P                  | art X, line 10.                    |   |                |
|        | Description of property                     | (a) Cost or other basis (investment) | (b) Cost or other basis<br>(other) | (c) Accumulated depreciation            | (d) Book value |
|        | Land  | 1461387                              |                                    |   | 1,46138        |
| b      | Buildings                                   | 4.321469                             |                                    | 2,634156                                | 1.687313       |
| C      | Leasehold improvements                      |                                      | T                                  | , |                |
| d      | Equipment                                   | 5,480,565                            | <u> </u>                           | 4.796.170                               | 684.395        |
| е      | Other                                       | / / /                                |                                    | , , , , ,                               |                |
| Total. | . Add lines 1a through 1e. (Column (d) must | equal Form 990, Part                 | X, column (B), line 1              | (O(c).) ▶                               | 3833095        |

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

| Part VII                 | Investments—Other Securities  | . See Form 990, Part X,       | line 12.   |
|--------------------------|---|-------------------------------|--|
|                          | (a) Description of security or category .<br>(including name of security)                 | (b) Book value                | (c) Method of valuation:<br>Cost or end-of-year market value   |
|                          | ial derivatives   |                               |  |
|                          | /-held equity interests   |                               |  |
| (3) Other                | **************************************  |                               |  |
| (A)                      |   |                               |  |
| (B)<br>(C)               |   | <del></del>                   |  |
| (D)                      |   |                               |  |
| (E)                      |   |                               |  |
| (F)                      |   |                               |  |
| (G)                      |   |                               |  |
| (H)                      |   |                               |  |
| <u>(I)</u>               |   | -                             | Name of the Control o |
|                          | n (b) must equal Form 990, Part X, col. (B) line 12.)                                     | 1.0.5.000.0.1                 |  |
| Part VIII                |   |                               |  |
|                          | (a) Description of investment type  | (b) Book value                | (c) Method of valuation.<br>Cost or end-of-year market value   |
| (1)                      |   |                               |  |
| (2)                      |   |                               | <u> </u>   |
| (3)                      |   |                               |  |
| <u>(4)</u><br><u>(5)</u> |   |                               |  |
| (6)                      |   | -                             |  |
| (7)                      |   |                               |  |
| (8)                      |   |                               |  |
| (9)                      |   |                               |  |
| (10)                     | 4)  |                               | England Britania (Statement Company) - All Company of the Company of the Company of the Company of the Company   |
|                          | n (b) must equal Form 990, Part X, col. (B) line 13.) ►<br>Other Assets. See Form 990, Pa |                               |  |
| Partix                   |   | ) Description                 | (b) Book value   |
| (1)                      |   | ,                             |  |
| (2)                      |   |                               |  |
| (3)                      |   |                               |  |
| (4)                      |   |                               |  |
| (5)                      |   |                               |  |
| (6)                      | ·   | <del></del>                   |  |
| <u>(7)</u>               |   |                               |  |
| (8)<br>(9)               |   |                               |  |
| (10)                     |   | <del></del>                   |  |
| Total. (Col              | umn (b) must equal Form 990, Part X, co   |                               |  |
| Part X                   | Other Liabilities. See Form 990,  |                               |  |
| 1.                       | (a) Description of llability  | (b) Book value                |  |
| <del>``</del>            | I income taxes  | 1300 (3//                     |  |
| (2) PC                   | nsian Liability   | 1,379,528                     |  |
| (4)                      | /   |                               |  |
| (5)                      |   |                               |  |
| (6)                      |   |                               |  |
| (7)                      |   |                               |  |
| (8)                      |   |                               |  |
| (9)                      |   |                               |  |
| (10)                     |   |                               | The same against the same of t |
| (11)                     | A) must sevel Form 000 Fled V and Million 053 h   | 1200 121                      |  |
|                          | (b) must equal Form 990, Part X, col. (B) line 25 ) ►                                     | the text of the footnote to t | he organization's financial statements that reports the  |
|                          | n's liability for uncertain tax positions un  |                               | no organization o inicinolal otatomonto mat reporto me   |

| 911 116,511  | - 4                        |
|--|----------------------------|
| Schedule D (Form 990) 2011 74 - 1 4909 64  | Page 4                     |
| Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten   |                            |
| 1 Total revenue (Form 990, Part VIII, column (A), line 12)   | 1 30 396 642               |
| 2 Total expenses (Form 990, Part IX, column (A), line 25)  | 2 34,208,125               |
| 3 Excess or (deficit) for the year. Subtract line 2 from line 1  | 3 < 3,808,483              |
| 4 Net unrealized gains (losses) on investments   | 4                          |
| 5 Donated services and use of facilities   | 5                          |
| 6 Investment expenses  | 6                          |
| 7 Prior period adjustments   | 7                          |
| 8 Other (Describe in Part XIV.)  | 8                          |
| 9 Total adjustments (net). Add lines 4 through 8   | 9 /                        |
| 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  | 10 / 3,808 483             |
| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe  |                            |
| 1 Total revenue, gains, and other support per audited financial statements   | 1 303 96,643               |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                            |
| a Net unrealized gains on investments  |                            |
| b Donated services and use of facilities   |                            |
| c Recoveries of prior year grants  |                            |
| d Other (Describe in Part XIV.)  |                            |
| e Add lines 2a through 2d  | 2e                         |
| 3 Subtract line 2e from line 1   | 3                          |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |                            |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a  |                            |
| b Other (Describe in Part XIV.)  |                            |
| c Add lines 4a and 4b  | 4c                         |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                            |
| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p  |                            |
| 1 Total expenses and losses per audited financial statements   |                            |
| 2 Amounts included on line 1 but not on Form 990, Part iX, line 25:  | 7,203,123                  |
|  |                            |
|  |                            |
| b Prior year adjustments   |                            |
| c Other losses   |                            |
| d Other (Describe in Part XIV.)  |                            |
| e Add lines 2a through 2d  | 2e                         |
| 3 Subtract line 2e from line 1   | 3                          |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:   |                            |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a  |                            |
| b Other (Describe in Part XIV.)  |                            |
| c Add lines 4a and 4b  | 4c                         |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   | 5 34 205 125               |
| Part XIV Supplemental Information  |                            |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part IIÌ, lines 1a and 4; l<br>Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comany additional information. |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  | Schedule D (Form 990) 2011 |

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

| Name of the organization  (a) i Fornia Correctional Peace Officers 94-14909\$4 |
|--|
|  |
| Part VI Line 19  |
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