Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

Paid

Preparer

Use Only

Firm's name

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address change BOCA RATON POLICE FOUNDATION, INC. Name **-***4038 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 6800 BROKEN SOUND PARKWAY, STE 200 561-988-1725 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended 33487 BOCA RATON, FL H(a) Is this a group return return
Application
pending F Name and address of principal officer: MARC BELL Yes X No for subordinates? 6800 BROKEN SOUND PARKWAY, STE 200, BOCA RAT **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions BOCARATONPOLICEFOUNDATION.ORG H(c) Group exemption number K Form of organization: X Corporation . Year of formation: 2012 **M** State of legal domicile: ${
m FL}$ Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: THE BOCA RATON POLICE FOUNDATION Activities & Governance WAS ESTABLISHED IN 2013 BY COMMUNITY LEADERS AND IS A CHARITABLE 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 28 3 Number of independent voting members of the governing body (Part VI, line 1b) 28 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 319,052. Contributions and grants (Part VIII, line 1h) 345,809 0. Program service revenue (Part VIII, line 2g) 0. 2. 1,034. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 3,432. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -28,328. 11 349,243. 291,758. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 169,857. 133,281. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 123,303. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 118,004. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 22,594. 20,100. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 276,684. 310,455. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 38,788. 15,074. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 438,476. 453,550 Total assets (Part X, line 16) 0. 21 Total liabilities (Part X, line 26) 三年 438,476. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MARC BELL, CHAIRMAN AND PRESIDENT Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature

BOCA RATON, FL 33431-6652

CROSKEY LANNI, PC

Firm's address 2505 NW BOCA RATON BLVD,

May the IRS discuss this return with the preparer shown above? See instructions

PATRICK M. SWEENEY, CPA

No

P00287872

X Yes

11/06/23

self-employed

Firm's EIN **-***7985

Phone no. 561-241-1040

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	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	_
	THE BOCA RATON POLICE FOUNDATION MISSION IS TO BACK BOCA'S FINEST BY	
	FUNDING THE LATEST TECHNOLOGY AND TRAINING TO ENHANCE THE SAFETY OF	
	OUR COMMUNITY. THE FOUNDATION WILL ENACT ITS MISSION THROUGH PROVIDING	
	SUPPLEMENTARY FUNDING FOR THE THREE INIATIVES LISTED BELOW:	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	VО
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 10 , 038 • _ including grants of \$ 10 , 038 • _) (Revenue \$ 10 , 038 • _)	
4a	(Code:) (Expenses \$10,038.e. including grants of \$10,038.e.) (Revenue \$	— [′]
	THE COMMUNITY AND THE POLICE OFFICERS AS WELL AS DEPARTMENT ACTIVITIES	
	TO PROMOTE CAMARADERIE.	
	155 402 122 242)/	
4b	(Code:) (Expenses \$155,403. including grants of \$123,243.) (Revenue \$	_)
	DEPARTMENT PERSONNEL TO SUPPORT EFFECTIVE POLICE PROGRAMS AND PROMOTE	
	PUBLIC SAFETY.	
		_
4 -		
4c	(Code:) (Expenses \$	_)
اء 4	Other pregram conject (Deceribe on Schedule O.)	
4d		
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 165,441.	

			Yes	No
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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
0	, ,	8		x
0	Schedule D, Part III	-		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			X
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	١		₩.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	in rec, complete concaule 2,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		x
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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	_ 		
	,	19		x
20a	complete Schedule G, Part III	20a		X
		20a 20b		 ^
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domestic government on Fartix, column (-), interest in res. complete schedule i, Parts Land II	41	- 43	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	00-		x
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	,	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		1
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u>٠</u> .		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		T
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	T V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included on 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?	1c	X	

Form 990 (2022) BOCA RATON POLICE FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	77
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	1		X
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		х
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	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		х
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?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.) Continue 1007(-)(4) many approximation of the control of th	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	to mile ea, es, et res selent, accorde are encurricarece, proceeded, et changes en conseque et con accorde			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_	37	
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
_	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARC BELL - 561-988-1725			
	6800 BROKEN SOUND PARKWAY, STE 200, BOCA RATON, FL 33487			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	I	IIIZA)	ірсі	isatt	(D)	(E)	(F)
Name and title	Average		not c	Pos heck	ition more	than o		Reportable	Reportable	Estimated
	hours per week	box	, unles cer an	ss per d a d	son i	s both or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	92			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	Institutional trustee		99	Suedu	4	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	ıtional	_	nploy	st con	_	1099-NEO)		organizations
	line)	Indivic	Institu	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) DEBBIE LEVINE	40.00									
EXECUTIVE DIRECTOR			4	X			4	103,431.	0.	11,365.
(2) MARC BELL	3.00									
CHAIRMAN		Х		Х		K		0.	0.	0.
(3) BRIAN ALTSCHULER	1.00									
TRUSTEE	1 22	Х					Ų	0.	0.	0.
(4) LYNN ARONBERG	1.00								,	0
TRUSTEE	1 00	Х				-		0.	0.	0.
(5) JEFF BOLENDER TRUSTEE	1.00	X						0.	0.	0.
(6) BARBARA CIPRIANO	1.00	Λ						0.	0.	<u> </u>
TRUSTEE	1.00	Х						0.	0.	0.
(7) ANDREA CORSI	1.00							•	•	<u>.</u>
TRUSTEE	2100	Х						0.	0.	0.
(8) DAVID M CROSKEY	1.00							-	-	
TRUSTEE		Х						0.	0.	0.
(9) DANIEL DAVIDOWITZ	1.00									
TRUSTEE		Х						0.	0.	0.
(10) NICOLE FLIER	1.00									
TRUSTEE		Х						0.	0.	0.
(11) DARWIN HIGGINS	1.00									
TRUSTEE		Х						0.	0.	0.
(12) JEFF HOLLANDER	1.00									
TRUSTEE	1 00	Х						0.	0.	0.
(13) JAY KATARI	1.00									•
TRUSTEE	1 00	Х						0.	0.	0.
(14) RICHARD KENDALL	1.00	3,7							0	0
TRUSTEE	1 00	Х						0.	0.	0.
(15) BRIAN KESSLER TRUSTEE	1.00	Х						0.	0.	0
(16) JENNIFER KESSLER	1.00	^						J	U •	0.
TRUSTEE	1.00	Х						0.	0.	0.
(17) RYAN LEEDS	1.00								•	•
TRUSTEE	1.00	Х						0.	0.	0.
	L		_			_	<u> </u>		~	000

Form **990** (2022)

Form 990 (2022) BUCA RATO	ON BOPTC	, E	гU	NO	IJΑ	тт	OIA	I, INC.	**-**4	U38 Page •
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles cer an	ss per	more son is	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) JOHN MCAVOY	1.00									
TRUSTEE		Х						0.	0.	0.
(19) ANDREW QUEEN	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(20) JEFFREY QUEEN	1.00	1								_
TRUSTEE		Х						0.	0.	0.
(21) ALAN ROSE	1.00	1								_
TRUSTEE		Х						0.	0.	0.
(22) CARRIE RUBIN	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(23) ADAM SANDOW	1.00	l								
TRUSTEE	1 00	Х						0.	0.	0.
(24) JOEL SCHNEIDER	1.00	ļ								
TRUSTEE	1 00	Х						0.	0.	0.
(25) JAMES SILVER TRUSTEE	1.00	Х						0.	0.	0.
(26) MIKE SOROKER	1.00	^						0.	0.	· ·
TRUSTEE	1.00	Х						0.	0.	0.
41.011.11								103,431.	0.	11,365.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								103,431.	0.	11,365.
Total (add lines ib and ic) Total number of individuals (including but r							o re		-	1 11,505.
compensation from the organization	ot minica to th	036	note	u al	JOVE	y vvii	516	ocived more man \$100,	ooo of reportable	1
SST POROGROTI TOTA THE ORGANIZATION				4						Yes No

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address NONE	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 BOCA RATO	ON POLIC	<u> </u>	FO	UN	DΑ	$_{ m TT}$	ON	I, INC.	**_***	4038	
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est	Compensated Employe	es (continued)		
(A) (B) (C)							_	(D)	(E)	(F)	
Name and title	Average				ition			Reportable	Reportable	Estimated	
	hours	(cl	heck				ly)	compensation	compensation	amount of	
	per						ly)		from	from related	other
	week					yee		the	organizations (W-2/1099-MISC)	compensation	
	(list any	recto				em plc		organization		from the	
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related	
	organizations	ruste	ıl trus		ee/	m pen				organizations	
	below	Individual trustee or director	Institutional trustee	70	Key employee	Highest compensated employee	-e			organizations	
	line)	Indivi	Instit	Officer	Key e	Highe	Former				
(27) ROBERT STILLMAN	1.00										
TRUSTEE		Х						0.	0.	0.	
(28) BOB TUCKER	1.00										
TRUSTEE		Х						0.	0.	0.	
(29) FLYNN TURNER	1.00										
TRUSTEE		Х						0.	0.	0.	
								7			
						K					
			\vdash								
	Į	<u> </u>					<u> </u>				
Total to Part VII, Section A, line 1c											
Total to Fait VII, Ocotion A, III o To								1			

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		Check if Schedule O contains a response or note to ar	ny line in this Part VIII			
		Officer in deficación de contrains a response of flote to ai	(A)	(B)	(C)	(D)
			Total revenue	Related or exempt		Revenue excluded
				function revenue	business revenue	from tax under sections 512 - 514
						Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns1a				
ira our	b	Membership dues 1b				
A,	С	Fundraising events 1c 52,31	0.			
ij	d	Related organizations1d				
ni,e		Government grants (contributions) 1e				
Sig		All other contributions, gifts, grants, and				
ie ti		similar amounts not included above 11 11 266,74	2			
등						
ig b	g					
<u>0</u> 6	h	Total. Add lines 1a-1f	319,052.			
		Business C	ode			
ė	2 a					
Ξ×	b					
Se	С					
E S	d					
gra	_					
Program Service Revenue	•	All other are seen and in a resulting				
_		All other program service revenue				
$\overline{}$		Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and	1 004			4 004
		other similar amounts)	1,034.			1,034.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Persor	nal			
	6 a	Gross rents 6a				
			-			
	С	` '				
		Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Othe	r			
		assets other than inventory 7a				
	b	Less: cost or other basis				
ē		and sales expenses 7b				
eur	c	Gain or (loss) 7c				
Revenue		Net gain or (loss)				
er B						
	8 a	Gross income from fundraising events (not				
ŏ		including \$ 52 , 310 . of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a 51,52				
	b	Less: direct expenses 80 , 42				
	С	Net income or (loss) from fundraising events	28,897.			-28,897.
		Gross income from gaming activities. See				
		Part IV, line 19 9a				
	h	Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
		and allowances 10a				
	b	Less: cost of goods sold10b				
	С	Net income or (loss) from sales of inventory				
,		Business C				
, ou	11 a	MISCELLANEOUS PROGRAM 90009	9 569.			569.
e a	b					
Miscellaneous Revenue	c					
SS		All other revenue				
Σ		Total. Add lines 11a-11d	569.			
	12	Total revenue See instructions	291 758.	0.	0.	-27 294.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 133,281. 133,281. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 20,686. 103,430. 41,372. 41,372. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 11,953. 4,781. 2,391. 4,781. Other employee benefits 9 7,920. 1,584. 3,168. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,378 2,378. column (A), amount, list line 11g expenses on Sch O.) 165. 165. Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 709. 709. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 1,249. 1,249. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 886. 886. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 2,064. 2,753. 6,881. 2,064. POSTAGE, MAILING, OPERA MEMBERSHIP AND DUES 3,275. 3,275. 2,317. 2,317. BUSINESS EXPENSES 2,160. 2,160. d FACILITIES AND EQUIPMEN 80. 80. e All other expenses 276,684. 165,441. 57,046. 54,197. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X		·····	
_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	335,284.	1	349,404.
	2	Savings and temporary cash investments		2	104,146.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b			10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	453,550.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions		27	453,550.
Ba	28	Net assets with donor restrictions		28	
PL T		Organizations that do not follow FASB ASC 958, check here	J		
Ę		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31			31	450 550
Š	32	Total net assets or fund balances		32	453,550.
	33	Total liabilities and net assets/fund balances	438,476.	33	453,550.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>58.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> 27(</u>	5,6	84.
3	Revenue less expenses. Subtract line 2 from line 1	3		1!	5,0	74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u>438</u>	3,4	76.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		453	3,5	50.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

-*4038 BOCA RATON POLICE FOUNDATION, Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "funusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Total support. Add lines 8 through 10 Total support. Add lines 8 through 10 Total support. Add lines 1 through 10 Total support. Add lines 8 through 10 Total support. Add lines 7 through 10 Total support. Add lines 8 through 10 Total support. Add lines 7 through 10 Total support. Add lines 8 through 10 Total support. Add lines 10 T	Sec	tion A. Public Support									
membership fees received. (Do not include any 'unusual grants.') 2 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Setting time 1 for public support and time 1 for public supports of the sale of capital supports of the sale of capital setting time 1 for public supports of the sale of capital sasets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Circos receipts from related activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital sasets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Circos receipts from related activities, etc. (See instructions) 13 First 5 years. If the Form 990 is for the organization of the organization of the other Apart II, line 14 14 Total support percentage from 2021 Schedule A Part II, line 14 15 Public support percentage from 2021 Schedule A Part II, line 14 15 Public support percentage from 2021 Schedule A Part II, line 14 15 For 15. Public support percentage from 2021 Schedule A Part II, line 14 15 For 15 Public support percentage from 2021 Schedule A Part II, line 14 15 For 17. 16a 33 1/3% support test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 10 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, feb, or 17a, and line 15 is 10% or more, and if the organization did not	Caler	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
include any "unusual grants.") 2 Tax revenues levied for the organization showed for the organization showed for the organization showed for the paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subteactive 5 tom line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from inmetanted business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization sfirst, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop here. Section C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage 14 Public support percentage from 2021 Schedule A, Part II, line 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 16 So Public Support percentage from 2021 Schedule A, Part II, line 14 16 So Public support percentage from 2021 Schedule A, Part II, line 14 16 So Public support percentage from 2021 Schedule A, Part II, line 14 16 So Public support percentage from 2021 Schedule A, Part II, line 14 17 Schedule A, Part II, line 14 18 First Syears. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test. The organization of did not check a box on line 13, 16a, 16b, or 17a,	1	Gifts, grants, contributions, and									
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 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or 								60.00			
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 b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or 	ıba	v									
and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	h										
 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or 	b										
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	179										
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	ı, a										
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or					-	•	_				
	b		~		• • •						
	~							. = / 5 - 5.			
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						•					
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		*		-	•						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			_			
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income	,					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
_	check this box and stop here						
	ction C. Computation of Publi					Т Т	
	Public support percentage for 2022 (•	column (f))		15	<u>%</u>
	Public support percentage from 2021					16	<u>%</u>
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2022. If the						
_	more than 33 1/3%, check this box at						L
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Vss	N-
		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	-W		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b A (Forn	2 000	0000
uie	: A (FOrn	いっちいり	20177

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		2		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
· a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	no)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
<u> </u>	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2.0		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
J	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	11 3			

Sche	dule A (Form 990) 2022 BOCA RATON POLICE FOUNDA	TIOI	N, INC.	**-***4038 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

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

4 5

6

Schedule A (Form 990) 2022

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

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

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MARC BELL	40,000.	10,499.
SUN CAPITAL PARTNERS FOUNDATION INC	100,000.	70,499.
KESSLER FAMILY FOUNDATION	80,000.	50,499.
JEFFREY HOLLANDER	56,000.	26,499.
NEXGEN MANAGEMENT LLC	63,090.	33,589.
NCCI HOLDINGS, INC.	51,000.	21,499.
THE FINIZIO FAMILY FUND	30,000.	499.
GARY PETERS FAMILY FOUNDATION	41,950.	12,449.
ADT	87,500.	57,999.
MIKE SOROKER	153,270.	123,769.
Total Excess Contributions to Schedule A, Part II, Line 5		407,800.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection
Employer identification number

BOCA RA	TON POLICE FOUNDAT:	ION,	11	IC.	* * ₋ * * * 4	038				
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	ıstodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
		Yes	No	1						
			•							
					it is a company for any	ai-Aughia a				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	contribu	utions	or has been notified	it is exempt from re	gistration				
				-						

-*4038 Page 2 BOCA RATON POLICE FOUNDATION, INC. Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPECIAL NONE (add col. (a) through EVENTS col. (c)) (event type) (event type) (total number) 103,839. 103,839. 1 Gross receipts 52,310. 52,310. 2 Less: Contributions 51,529. 51,529. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs _____ 7 Food and beverages 8 Entertainment 80,426. 80,426 9 Other direct expenses 80,426 **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) -28,897Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "No," explain: _

b If "Yes," explain:

Sch	ledule G (Form 990) 2022 BOCA RATON POLICE FOUNDATION, INC.	**403	8 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	s 🔲 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	s 🔲 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. L Yes	s L No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Coming manager companantian \$		
	Gaming manager compensation \$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
·	retain the state gaming license?	Yes	s No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
~	organization's own exempt activities during the tax year \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III. lines 9	9. 9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, , , , , ,
	· · · · · · · · · · · · · · · · · · ·		

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	(Form 990)	BOCA RATON	POLICE	FOUNDATION.	INC.	**-***4038	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)					r ago I
		(continued)					
			7				
			,				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BOCA RATO	N POLICE	FOUNDATION,	INC.				**-***4038
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	stance?						Yes X No
2 Describe in Part IV the organization's pro	ocedures for monit	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to recipient that received more than to					ganization answered "	es" on Form 990, Part	IV, line 21, for any
· ·	T .	· ·	(d) Amount of		(f) Method of	(m) Description of	(h) Durage of great
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
						PURCHASE OF	THE ORGANIZATION
BOCA RATON POLICE DEPARTMENT						EQUIPMENT AND	SUPPORTED PURCHASES OF
100 NW BOCA RATON BLVD						TRAINING;	EQUIPMENT AND TRAINING OF
BOCA RATON, FL 33432			0.	133,281.	COST	COMMUNITY	DEPARTMENT PERSONNEL TO
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	-	-					

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART II, LINE 1, COLUMNS (G) AND (H):				
NAME OF ORGANIZATION OR GOVERNMENT	BOCA RA	TON POLICE	E DEPARTMEN	T	
(G) DESCRIPTION OF NON-CASH ASSIST	ANCE: PUR	CHASE OF E	EQUIPMENT A	ND	
TRAINING; COMMUNITY OUTREACH PROGRA	AMS				
(H) PURPOSE OF GRANT OR ASSISTANCE		ANIZATION	SUPPORTED	PURCHASES	
OF EQUIPMENT AND TRAINING OF DEPAR	TMENT PER	SONNEL TO	SUPPORT EF	FECTIVE	
POLICE PROGRAMS AND PROMOTE PUBLIC	SAFETY.	THE ORGANI	ZATION SUP	PORTED	
ACTIVITIES TO FOSTER RELATIONSHIPS					
OFFICERS.			<u> </u>		

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

BOCA RATON POLICE FOUNDATION,

Employer identification number **-***4038

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORGANIZATION THAT EXISTS TO SUPPORT THE BOCA RATON POLICE DEPARTMENT
(BRPD) AND ITS EMPLOYEES THROUGH THE ACCEPTANCE, MANAGEMENT, AND
DISBURSEMENT OF TAX-DEDUCTIBLE GIFTS AND CONTRIBUTIONS.
THE BOCA RATON POLICE FOUNDATION IS DEDICATED TO ENSURING THAT BOCA
RATON REMAINS A SAFE CITY. WE LOOK TO ENHANCE THE POLICE DEPARTMENT'S
ABILITY TO ACQUIRE THE NEWEST AND MOST UP-TO-DATE EQUIPMENT AND
TRAINING TO IMPROVE PUBLIC SAFETY, IMPACT OFFICE READINESS, AND ENHANCE
OUR QUALITY OF LIFE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
1) EQUIPMENT / TECHNOLOGY / TRAINING
WE PLAY A CRITICAL ROLE IN THE SPECIALIZED TRAINING AND EDUCATION OF
THE BRPD OFFICERS AND CIVILIAN STAFF AND ENSURE THEY HAVE THE MOST
ADVANCED STRATEGIES AND CUTTING-EDGE TACTICS FOR POLICING IN THE 21ST
CENTURY.
2) COMMUNITY OUTREACH
WE ARE PROUD TO SUPPORT PROJECTS, ACTIVITIES, EVENTS, AND PROGRAMS THAT
STRENGTHEN COOPERATIVE RELATIONSHIPS BETWEEN THE BRPD AND THE COMMUNITY
IT SERVES.

Schedule O (Form 990) 2022 Page 2

Name of the organization

BOCA RATON POLICE FOUNDATION, INC.

Employer identification number **-***4038

3) RETIRED K-9 SUPPORT

WE ARE GRATEFUL FOR THE SERVICE OF K-9S TO THE BRPD AND WANT TO ENSURE

THE BEST QUALITY OF LIFE FOR THEM IN RETIREMENT. WE RECOGNIZE THE

BURDEN BORNE BY OFFICERS WHO CHOOSE TO CARE FOR RETIRED K-9S AND

PROVIDE FINANCIAL ASSISTANCE ACCORDINGLY.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS JEFFREY AND ANDREW QUEEN ARE BROTHERS. BOARD MEMBERS
JENNIFER AND BRIAN KESSLER ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11B:

PER THE FOUNDATION'S BY-LAWS, A DRAFT OF FORM 990 IS PRESENTED TO THE BOARD FOR REVIEW AND DISCUSSION. AFTER ANY CHANGES REQUESTED BY THE BOARD ARE MADE AND APPROVAL IS RECEIVED, THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER OF THE BOARD OF TRUSTEES OF THE BOCA RATON POLICE FOUNDATION

SIGNS THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND IS ASKED TO

DESCRIBE ANY RELATIONSHIPS, TRANSACTIONS, POSITIONS THEY HOLD (VOLUNTEER OR

OTHERWISE), OR CIRCUMSTANCES THAT THEY BELIEVE COULD CONTRIBUTE TO A

CONFLICT OF INTEREST BETWEEN THE BOCA RATON POLICE FOUNDATION AND THEIR

PERSONAL INTERESTS, FINANCIAL OR OTHERWISE.

IF THEY HAVE A CONFLICT OF INTEREST THEY ARE ASKED TO LIST OTHER NONPROFIT

AND FORPROFIT BOARDS THEY (AND THEIR SPOUSE/PARTNER) SIT ON, ANY FORPROFIT

BUSINESSES FOR WHICH THEY OR AN IMMEDIATE FAMILY MEMBER ARE AN OFFICER OR

DIRECTOR, OR A MAJORITY SHAREHOLDER, AND THE NAME OF THEIR EMPLOYER AND ANY

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Schedule O (Form 990) 2022 Page **2**

Name of the organization BOCA RATON POLICE FOUNDATION, INC.

| Employer identification number **-***4038

BUSINESSES THEY OR A FAMILY MEMBER OWN).

THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR MAINTAINING THE LISTS. SHE

REVIEWS PROPOSED TRANSACTIONS WITH VENDORS OR SERVICE PROVIDERS TO SEE IF

THEY APPEAR ON LIST OF POTENTIAL CONFLICTED ENTITIES/INDIVIDUALS. IF A

POSSIBLE CONFLICT IS IDENTIFIED, WE FOLLOW PROCEDURE OUTLINED IN THE

CONFLICT OF INTEREST POLICY FOR DETERMINING WHETHER AN ACTUAL CONFLICT

EXISTS AND PROCEDURES FOR ADDRESSING IT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION'S PROCESS FOR DETERMINING COMPENSATION INCLUDES A REVIEW

BY THE EXECUTIVE COMMITTEE AND APPROVAL BY THE BOARD OF TRUSTEES. ALL

TRUSTEES ARE VOLUNTEERS WHO OPERATE INDEPENDENTLY AND HAVE NO RELATIONSHIP

WITH THE EXECUTIVE DIRECTOR THAT COULD PRESENT A CONFLICT OF INTEREST.

THE EXECUTIVE COMMITTEE OBTAINS RESEARCH AND INFORMATION TO MAKE A

RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION (SALARY AND BENEFITS)

OF THE EXECUTIVE DIRECTOR BASED ON A REVIEW OF COMPARABILITY DATA FOR

SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR

ORGANIZATIONS FROM THE FOLLOWING:

- SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPENDENT SOURCES;
- 2. WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS;
- 3. DOCUMENTED TELEPHONE CALLS ABOUT SIMILAR POSITIONS AT NONPROFIT

ORGANIZATIONS; AND

4. INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF SIMILAR ORGANIZATIONS

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** **-***4038 BOCA RATON POLICE FOUNDATION, INC. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.