Federal Tax Return

VIRGINIA BEACH POLICE FOUNDATION INC

2017

Error Rejected Cod		Service Center: Unknown
Number of Erro		Sub Type: Federal
Birth Date Validi		Type: 990-EZ
Payment A		Jurisdiction: Federal
PIN Indicat	Status Date: 9/20/2018	Status: Accepted Statu
Debt Co	Refund: 0	Submission ID: 5431282018253roaxofx R
Acceptance Co.		SSN: 262175051
Current Acknor	ON INC	Return Name: VIRGINIA BEACH POLICE FOUNDATION INC

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ptance Code: Accepted	Ack Status Date: 9/20/2018
Debt Code:	Expected Refund:: 0
IN Indicator:	EIC Indicator:
Payment Ack:	State-Only Code:
Date Validity:	State Packet:
ber of Errors: 0	
jected Codes:	

Created
Transmitted to EFC
Transmitted to Agency
Accepted

9/20/2018 9/20/2018 9/20/2018 9/20/2018 9/20/2018

Status History

Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form 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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2017

Open to Public Inspection

B chock fraginable Address can be a comparisation D Employer identification number	Α	For	the 2017 calen	dar year, or tax year begin	ning	7/1/2017	, and en	dina	6/30/2	2018
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200.00 or more, for final to another than the state of the	В	Checl	k if applicable:	C Name of organization						
Number change Number and street of 7-0. Door, If mult in not delivered to atreet address) Room/feather	╘	Addre	ess change	VIRGINIA BEACH POLIC	E FOUNDATION	INC				
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City or 1 own Sales ZiP code Annexided read with Application per valing Foreign country name Foreign provincestate/country Prolegn postal code Foreign postal c	L	Initia	return	POST OFFICE BOX 5638	35					
Application persiding G Accounting Method: □ Cash X Accrual Other (specify) ▶ □ H Check ▶ X if the organization is not required to attach Schedule B Tax-awanger status (check only one) □ X sort(p(3) □ sort(p		Final re	eturn/terminated			State	ZIP code			
Application persiding G Accounting Method:		Amen	ided return	VIRGINIA BEACH		VA	23456		(7)	57) 340-8001
G Accounting Method:		Applic	cation pending		Foreign provi			al code		
G Accounting Method:						·	3			
Tax-axempt status (check only one)	G	Accou	unting Method:	Cash X Accrual	Other (enocify)					
Tax-exempt status (chack only one)	ī				Other (specify,		<u> </u>			
Form of organization: X Corporation Trust Association Other										
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assests (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II Revenue, Expenses, and Changes In Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 4 Investment income 5 Cores amount from sale of assets other than inventory 5 Cores amount from sale of assets other than inventory (Subtract line 5b from line 5a). 5 Cores amount from sale of assets other than inventory (Subtract line 5b from line 5a). 5 Cores amount from sale of assets other than inventory (Subtract line 5b from line 5a). 5 Cores in or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 Cores in or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 Cores in or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 Cores in or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 Cores in or (loss) from sale of line 1) (Iduation Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6 Cores profit or (loss) from gaming and fundraising events. 6 Cores profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 Cores profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 Cores profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 Cores profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 Cores profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 Cores profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 Cores profit or (loss) from sales of inventory (Subtra					- <u>-</u>) (insert no.)	4947(a)(1) or	527	(1 01111 990, 9	90-EZ, 01 990-PF).
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Total revertue. Add lines 1, 2, 3, 4, 5C, 6d, 7C, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O).	l	_	Gross profit of	or (loss) from sales of invel	ntory (Subtract lii	ne 7b from line 7a	1)		. <u>7</u> c	185
Total revertue. Add lines 1, 2, 3, 4, 5C, 6d, 7C, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O).			Other revenu	ie (describe in Schedule O)				. 8	10
Benefits paid to or for members	\dashv		Total revent	<u>le</u> . Add illies 1, 2, 3, 4, 50,	ba, /c, and 8.				▶ 9	
Salaries, other compensation, and employee benefits. 12 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 20	ı		Benefite naid	iniliai amounts palu (list in	Schedule O).				. 10	30,393
Professional fees and other payments to independent contractors 13 3,300 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O).	6		Salaries other	er compensation, and omn	lovoo honofita			· · · · ·	. 11	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20	8		Professional	fees and other navments t	o independent o		• • • • •		12	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20	힐		Occupancy r	rees and other payments to rent utilities, and maintena	o independent of	ontractors			13	3,300
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20	X		Printing publ	ications nostage and shir	nice				14	
17 Total expenses. Add lines 10 through 16.	_		Other expens	ses (describe in Schedule (/ሥነዓ · · · ጋነ		• • • • • •		15	
18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 18 -19,839 19 333,082			Total expens	ses. Add lines 10 through 1	6				16	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	60		Excess or (de	eficit) for the year (Subtract	line 17 from line	9)	· · · · · ·	· · · ·	1/	
20 Other changes in net assets or fund balances (explain in Schedule O)	ě		Net assets or	fund balances at beginnin	g of vear (from li	ле 27. column /A:)) (must acrea	with	10	-19,839
20 Other changes in net assets or fund balances (explain in Schedule O)	ij		end-of-year fi	gure reported on prior vea	r's return)		,, (mastagree	WILLI	40	222.000
21 Net assets or fund balances at end of year. Combine lines 18 through 20) 2	20	Other change	es in net assets or fund bal	ances (explain in	Schedule (1)			20	
	~	21	Net assets or	fund balances at end of ve	ear. Combine line	es 18 through 20			21	212 242

1.00

1.00

2.00

1.00

1.00

Hr/WK

Hr/WK

Hr/WK

Hr/WK

Hr/WK

DIRECTOR

DIRECTOR

DIRECTOR

ECTOR

ANDREA KILMER
DIRECTOR

DONALD THRUSH

PETER G DECKER III ESQ

WILLIAM F HUMPHREY

Part IV (990-EZ) - List of Officers, D Name of Organization	<u>,</u>	Employer identification		of 1 of Part IV
VIRGINIA BEACH POLICE FOUNDATION INC			on number	
VINCENTA BEACHT CEICE I CONDATION INC	T	26-2175051		
Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (ii not paid, enter -0)	Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
FRANCIS L WARREN JR				
DIRECTOR	Hr/WK 1.00			
	Hr/WK			
_	Hr/WK			
	Hr/WK			

.

	instructions for Part V) Check if the organization used Schedule O to respond to any question in	this Pa	rt V .	
			Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			1
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b	alaban virtak	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	- W.Y.		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	160m-4-140	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	4.7		
a b	Initiation fees and capital contributions included on line 9			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	- 200		
70 G	section 4911 ►; section 4912 ►; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		District Colonia	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1345		
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	10000		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	1.0		
	40c reimbursed by the organization			4.1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
44	transaction? If "Yes," complete Form 8886-T.	40e		Х
41	List the states with which a copy of this return is filed.			
42 a	The organization's books are in care of ► Kelly Benigno Telephone no. ►	(757) 34	40-800	01
	Located at ► 3333-24 Virginia Beach Blvd City Virginia Beach ST VA ZIP + 4 ► 234	52		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	erenialista establishe	Χ
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	40-		
Ç	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		Χ
42				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		· ·	
44.5	Did the experization maintain any depart advised funds during the year? If IIVes II Form 000		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a		<u> </u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44d		X
~	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			
:	explanation in Schedule O	44d	nacesweller de	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45 b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions).	45b		Χ
		Form 99	0-EZ	(2017)

Form 9	90-EZ (20	VIRGINIA BEACH PC	LICE FOUNDATION INC			26-21750)51	Page 4
40	D: I II					70000000	Yes	No
46		e organization engage, directly or indir				40		
7 3		didates for public office? If "Yes," comp Section 501(c)(3) organizations		<u> </u>	<u> </u>	46	<u> </u>	X
		All section 501(c)(3) organization		47–49b and 52, and	d complete the tab	les for line		
		50 and 51.				100 IOI IIIIO		
		Check if the organization used So	chedule O to respond to a	ny question in this I	Part VI			
							Yes	No
47	Did the	e organization engage in lobbying activ	rities or have a section 501(h) election in effect duri	ing the tax			
	year?	If "Yes," complete Schedule C, Part II.				47		Х
48		organization a school as described in s				48		Χ
49 a		e organization make any transfers to a				49a		Х
_ +		"was the related organization a section				49b		
50	Compl	ete this table for the organization's five	highest compensated emplo	yees (other than office	ers, directors, trustee	s, and key		
	emplo	yees) who each received more than \$7	100,000 of compensation from	the organization. If the		vone."		
		(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee		ited amo	ount of
		ta) realize and time of coort employee	devoted-to-position	-(Forms-W-2/1099-MISC)-	benefit plans, and deferred compensation	d other co	трелѕа	<u>ation</u>
Name	None				 	+		
Title			 Hr/WK .00					
Name								
Title			Hr/WK .00					
Name	-							
Title			Hr/WK .00				,	
Name								
Title		***	Hr/WK .00					
Name			Hr/WK .00					
Title	Total n	umber of other employees paid over \$			<u></u>			
		ete this table for the organization's five		endent contractors wh	——— o each received more	e than		
		00 of compensation from the organiza						
		(a) Name and business address of each indep	endent contractor	(b) Type of servi	CCP.	(c) Compensati	ion	
	N	(-,		(5) 1)55 51 5511		(c) compensat	1011	
	None	Str						
City		ST	ZIP					
Name City		Str ST	ZIP					
Name		Str	ZIF					
City		ST	Z!P					
Name	_	Str		-				
City		ST	ZIP					
Name		Str						
City		ST	ZIP					
d		umber of other independent contractor			<u> </u>			
52		organization complete Schedule A? Nated Schedule A? Nated Schedule A.	lote: All section 501(c)(3) org	anizations must attach	na	- [V] V		NI.
		-		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · ·	► X Yes	<u> </u>	No_
Under p	enalties o rect. and	of perjury, I declare that I have examined this return complete. Declaration of preparer (other than office	n, including accompanying schedules ser) is based on all information of whic	and statements, and to the b	est of my knowledge and b	elief, it is		
,		1 / 11 // '		in proper or made any milewied		0018		
Sign	!	Signature of officer,	gno		9/20/	∞ 018		
Here		▲ Kelly Benigno			Treasurer			
		Type or print name and title			110000101			
Paid		Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
_	arer				self-employe	· · ·		
ب افتريا		Firm's name			Firm's EIN ▶			
		Firm's address			Phone no.			
May th	ne IRS o	discuss this return with the preparer sh	own above? See instructions			▶ Yes		No
				_ 		Form 99	0-EZ	(2017)

SCHEDULE A (Form 990 or 990-EZ)

partment of the Treasury

rnal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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.

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

Open to Public Inspection

Name of the organization Employer identification number VIRGINIA BEACH POLICE FOUNDATION INC 26-2175051 Reason for Public Charity Status (All organizations must complete this part.) See instructions, The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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.) 8 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 þ 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) d 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations 0 Provide the following information about the supported organization(s). (i) Name of supported organization (iv) Is the organization (v) Amount of monetary (ii) EIN (iii) Type of organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (E)

0

Total

_	(Complete only if you check Part III. If the organization f	red the box on li ails to qualify ur	ine 5, 7, or 8 of	Part I or if the o	organization fai	iled to qualify ur	nder
	ion A. Public Support						
_	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	73,960	46,735	52,780	60,448	13,877	247,80
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.			,		10,011	247,00
3	The value of services or facilities furnished by a governmental unit to the organization without charge						(
4	Total. Add lines 1 through 3	73,960	46,735	52,780	60,448	13,877	247,800
5	The portion of total contributions by each person (other than a				an and an		211,000
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
						Park to the second	<u>58,9</u> 43
Sa	Public support. Subtract line 5 from line 4 ction B. Total Support						188,857
	endar year (or fiscal year beginning in)	(a) 2013	(h) 2014	(-) 0045	(1) 00 (0		
7	Amounts from line 4.		(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
8	Gross income from interest, dividends,	73,960	46,735	52,780	60,448	13,877	247,800
•	payments received on securities loans,	į			1		
	rents, royalties, and income from						
	similar sources	1,513	1,940	2,458	2,711	3,493	40.445
•	Net income from unrelated business activities, whether or not the business is regularly carried on		1,010	2,400	2,111	3,493	12,115
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10.						250.015
12	Gross receipts from related activities, etc. (se	ee instructions).				12	259,915 17,337
13	First five years. If the Form 990 is for the or organization, check this box and stop here.			or fifth tax year as	a section 501(c)(3)	<u> </u>	
Sec	tion C. Computation of Public Su	port Percenta	ge				
14	Public support percentage for 2017 (line 6, c	olumn (f) divided by	line 11, column (f))			14	72.66%
15	Public support percentage from 2016 Schedu	ule A, Part II, line 14				15	81.41%
	a 33 1/3% support test—2017. If the organization did not check the box on line 13, and fine 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—2016. 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.						
7a	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization.	s the "facts-and-circo -and-circumstances	umstances" test, ch " test. The organiz	neck this box and s t ation qualifies as a p	on here. Evolain i		
b	10%-facts-and-circumstances test—2016. 15 is 10% or more, and if the organization me Explain in Part VI how the organization meets supported organization.	eets the "facts-and-c the "facts-and-circ	ircumstances" test umstances" test. Th	, check this box and ne organization qua	stop here. lifies as a publicly		
	Private foundation. If the organization did ninstructions	ot check a box on lir	ne 13, 16a, 16b, 17	a, or 17b, check this	s box and see		

Pa	rt III Support Schedule for Org	anizations Des	scribed in Sec	tion 509(a)(2)			1 - 3 -
	(Complete only if you check	ed the box on li	ine 10 of Part I	or if the organi	ization failed to	qualify under Pa	art II.
_	If the organization fails to qu	ualify under the	tests listed bel	ow, please con	nplete Part II.)		
[ion A. Public Support						
Care	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	•					
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	ļ					(
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						(
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513.						(
4	Tax revenues levied for the organization's			:			
	benefit and either paid to or expended on						
_	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						C
6	Total. Add lines 1 through 5	0	0	0	. 0		
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					<u> </u>	
D	Amounts included on lines 2 and 3						
	received from other than disqualified	1					
	persons that exceed the greater of \$5,000					·	_
_	or 1% of the amount on line 13 for the year	0	0				0
8	Public support (Subtract line 7c from	U	U	0	0	0	0
·	line 6.)						
è	tion B. Total Support						0
<u>-</u> ر	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(a) 2017	(f) Total
9	Amounts from line 6	0	0	0	(d) 2016	(e) 2017 0	(f) Total
_	Gross income from interest, dividends,	, j					0
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less			-			<u></u>
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	i					0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,			_			
	and 12.)	0	0	0	0	o	0
14	First five years. If the Form 990 is for the or	ganization's first, se	econd, third, fourth	, or fifth tax year as	s a section 501(c)(3	3)	
	organization, check this box and stop here					·	▶ []
Sec	tion C. Computation of Public Su	pport Percenta	ge				
15	Public support percentage for 2017 (line 8, c	olumn (f) divided by	line 13, column (f))		15	0.00%
16	Public support percentage from 2016 Sched	ule A, Part III, line 1	5 <i>.</i>	<u></u>		16	0.00%
Sec	tion D. Computation of Investmen	t Income Perce	entage		<u> </u>		
17	Investment income percentage for 2017 (line	10c, column (f) divi	ided by line 13, col	umn (f))		17	0.00%
18	Investment income percentage from 2016 Sc	chedule A, Part III, li	ne 17		. <i>.</i>	18	0.00%
•	33 1/3% support tests—2017. If the organia	zation did not check	the box on line 14	, and line 15 is mo	re than 33 1/3%, ar	nd line 17 is	
	not more than 33 1/3%, check this box and s	top here. The orga	nization qualifies a	s a publicly suppor	rted organization.		▶ []
b	33 1/3% support tests—2016. If the organization	zation did not check	a box on line 14 o	r line 19a, and line	16 is more than 33	3 1/3%, and	_
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	ot check a box on li	ne 14, 19a, or 19b	, check this box an	d see instructions .		🕨 🔲

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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.)

	Yes	No
1		
3b		
3c		
4a		
4b		
4c i		
5a	- 1	
5b		
5c		
7		
0.0		
9b		
9c		
10a		

Part	IV Supporting Organizations (continued)	
44		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
3	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	44.
b	A family member of a person described in (a) above?	11a
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b
	ion B. Type I Supporting Organizations	110
	- The state of the	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 manifestational representation and province of the
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.	
Sect	ion C. Type II Supporting Organizations	2
	on or type it duppersing organizations	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Sect	on D. All Type III Supporting Organizations	
4	Did the avancientian musticle to each of its assumented associations by the last day of the College	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
	on E. Type III Functionally Integrated Supporting Organizations	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	nstructions).
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
:	Parent of Supported Organizations. Answer (a) and (b) below.	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
	trustees of each of the supported organizations? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (Orgar	nizations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
instructions. All other Type III non-functionally integrated supporting orga	anizatio	ons must complete Section	s A through E.			
Section 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	0	0			
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	<u> </u>				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a		2 - Canada Baller (Col.) (Canada Canada Canada Canada Canada (Canada Canada Can			
b Average monthly cash balances	1b		-			
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d	0.	0			
e Discount claimed for blockage or other						
factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3	0	0			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	11					
see instructions).	4	اه	0			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0			
6 Multiply line 5 by .035.	6	0.	0			
7 Recoveries of prior-year distributions	7	Ö	0			
8 Minimum Asset Amount (add line 7 to line 6)	8	0				
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0			
2 Enter 85% of line 1	2		0			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0			
4 Enter greater of line 2 or line 3.	4		0			
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	- 3					
emergency temporary reduction (see instructions).	6		0			
7 Check here if the current year is the organization's first as a non-functional		grated Type III supporting o				
instructions).	,	O	O:::::::::::::::/000			

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)					
Secti	on D - Distributions			Current Year				
	Amounts paid to supported organizations to accomplish ex							
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supporte	d					
	organizations, in excess of income from activity							
3	 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 							
4								
5	(prior in to approve required)		<u>.</u>					
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.			0				
8	Distributions to attentive supported organizations to which t	he organization is respo	nsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2017 from Section C, line 6			0				
10	10 Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1_	Distributable amount for 2017 from Section C, line 6	and the second second		0				
_	Underdistributions, if any, for years prior to 2017							
2	(reasonable cause required—explain in Part VI). See	4.1						
	instructions.		Medical Company of the Addition of the Additio					
3	Excess distributions carryover, if any, to 2017		and the second of					
a				Debas Sedience				
b	From 2013 0							
<u>c</u>	From 2014. 0							
d	From 2015			Charles and the second collection				
e	From 2016 0							
	Total of lines 3a through e	0		Kilok water to				
g_	Applied to underdistributions of prior years		0					
<u>.</u>	Applied to 2017 distributable amount			0				
!	Carryover from 2012 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0						
4	Distributions for 2017 from							
	Section D, line 7: \$ 0							
a	Applied to underdistributions of prior years Applied to 2017 distributable amount		0	arts tracing to the second				
	Remainder. Subtract lines 4a and 4b from 4.			0				
<u>_</u>	Remaining underdistributions for years prior to 2017, if	0		Barran Carlos Company				
•	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI . See instructions.	ALCOHOL: 15	٥					
	Remaining underdistributions for 2017. Subtract lines 3h		U					
·	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.	-		^				
7	Excess distributions carryover to 2018. Add lines 3j	3.88		U				
•	and 4c.	^						
8	Breakdown of line 7:	U						
a	Excess from 2013 0			Control of the American				
<u>a</u>	Excess from 2014 0							
	Excess from 2015 0							
d	Excess from 2016 0							
<u>u</u>	Excess from 2017 0							
	LA0033 (10)(12017							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number VIRGINIA BEACH POLICE FOUNDATION INC 26-2175051 Form 990-EZ, Part III, Line 31: PROVIDED GENERAL SUPPORT TO OFFICERS AND PRECINCTS OF THE VIRGINIA BEACH POLICE DEPARTMENT. Grants and allocations: 100, Program service expenses: 100 Form 990-EZ, Part I, Line 8, Other Revenue: POSTAGE AND HANDLING PAID BY CUSTOMERS: 10 Form 990-EZ, Part I, Line 16, Other Expenses: BUSINESS REGISTRATION FEE: 125 Form 990-EZ, Part I, Line 16, Other Expenses: ADVERTISING: 125 ----Form 990-EZ, Part I, Line 16, Other Expenses: WEBSITE: 1,063 Form 990-EZ, Part I, Line 16, Other Expenses: PAYPAL FEES: 36 Form 990-EZ, Part I, Line 16, Other Expenses: INSURANCE: 542 Form 990-EZ, Part I, Line 16, Other Expenses: AMORTIZATION: 1,544 Form 990-EZ, Part I, Line 16, Other Expenses: SUPPLIES: 56 Form 990-EZ, Part I, Line 16, Other Expenses: GUIDESTAR SUPPORT: 100 Form 990-EZ, Part II, Line 24, Other Assets: ACCOUNTS RECEIVABLE: Beginning of year: 0, End of year: 1,557 Form 990-EZ, Part II, Line 24, Other Assets: INVENTORY FOR RESALE: Beginning of year: 843, End of year: 813 Form 990-EZ, Part II, Line 24, Other Assets: PREPAID INSURANCE: Beginning of year: 452, End of year: 452 Form 990-EZ, Part II, Line 24, Other Assets: PREPAID WEBSITE SECURITY: Beginning of year: 0, End of year: 75 Form 990-EZ, Part II, Line 24, Other Assets: UNAMORTIZED WEBSITE DEVELOPMENT COSTS: Beginning of year: 3,829, End of year: 2,830 Form 990-EZ, Part II, Line 24, Other Assets: UNAMORTIZED COPYRIGHTS: Beginning of year: 5,859, End of year: 5,314 Form 990-EZ, Part II, Line 26, Liabilities: ACCOUNTS PAYABLE: Beginning of year: 312, End of year: 34

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page 2 Employer identification number
VIRGINIA BEACH POLICE FOUNDATION INC	26-2175051
VIRGINIA BEACH LAW ENFORCEMENT MEMORIAL; TO PROVIDE FINANCIAL ASSISTANCE TO FAMILIES OF	
OFFICERS KILLED IN THE LINE OF DUTY IN VIRGINIA BEACH; TO PROVIDE FUNDING FOR PROJECTS	
SUPPORTING THE VIRGINIA BEACH POLICE DEPARTMENT AND ITS OFFICERS.	·····
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