## 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.

OMB No. 1545-0047 2022 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2022 calendar year, or tax year beginning 10/01/22, and ending 09/30/23C Name of organization United States Law Enforcement Check if applicable: D Employer Identification number Address change Foundation, Inc. Doing business as Name change 59-1164090 Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 6350 Horizon Drive 321-264-0911 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Titusville FL 32780 2,500,398 Amended return G Gross receipts \$ Name and address of principal officer: Application pending Brent Shepherd H(a) Is this a group return for subordinates? 6350 Horizon Drive H(b) Are all subordinates included? Titusville 32780 If "No," attach a list. See instructions X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or www.nacoponline.org Website: H(c) Group exemption number X Corporation Trust Association Form of organization: Year of formation: 1967 M State of legal domicile: Summary Part I 1 Briefly describe the organization's mission or most significant activities: Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 26 5 6 Total number of volunteers (estimate if necessary) 50 7a Total unrelated business revenue from Part VIII, column (C), line 12 260,698 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 1,791,766 1,943,161 9 Program service revenue (Part VIII, line 2g) 344,366 291,309 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 25,346 -19,84911 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 164,532 221,439 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,326,010 2,436,060 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 84,994 555,592 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 761,959 1,350,715 b Total fundraising expenses (Part IX, column (D), line 25) 1,710,947 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,192,140 1,159,996 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 2,770,108 3,846,601 19 Revenue less expenses. Subtract line 18 from line 12 -444,098 -1,410,541**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 4,643,223 4,434,425 21 Total liabilities (Part X, line 26) 606,009 1,807,75 22 Net assets or fund balances. Subtract line 21 from line 20 037,214 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. BJA Marker Jon. 2, 2024 Signature of officer

Sign Here Brent Shepherd Exec.Secr./Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Paid Michael J. Robbins 12/19/23 self-employed P01210648 Preparer ROBBINS & MORONEY. Firm's name Firm's EIN 65-0356804 Use Only 222 SE 10th St Fort Lauderdale, FL Phone no. 954-467-3100 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

	art III Statement of Program Service Accomplishments	Page 2
N.A.	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	[ত]
1	Briefly describe the organization's mission:	X
5	See Schodulo O	
	see Schedule O	
2	3 which were not instead on the	
	prior Form 990 or 990-EZ?	Yes X No
220	If "Yes," describe these new services on Schedule O.	Ш
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
4	If "Yes," describe these changes on Schedule O.	
•	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 1,786,579 including grants of \$ 555,592 ) (Revenue \$	291,309)
S	ee Schedule O	221,309)
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	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ /A	
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tc N,	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ /A	)
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		************
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		***************
d (	Other program services (Describe on Schedule O.)	
	Expenses \$ including grants of \$ ) (Revenue \$	
	Total program service expenses 1,786,579	

			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			
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1	X	37
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	-	X
	candidates for public office? If "Vos." complete Schodule C. Bert I			V
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	+-	X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	1		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	<del>                                     </del>	Δ
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-	1	Λ
	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.	-		21
	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? If "Yes,"			
	complete Schedule D, Part III	8		Х
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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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	The state of the s			
•	complete Schedule D, 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 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			
4	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	The state of the state according to the state of the stat			
е	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			22
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u>X</u>
1 <b>2</b> u	Schedule D, Parts XI and XII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	X	
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			* *
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	-	<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	-+	X
	fundraising, business, 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	146		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u>X</u>
	for any foreign organization? If "Vos " complete Cabadala E. D. I. II.	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13	_	Λ
	assistance to or for foreign individuals? If "Yes " complete Schedule F. Parts III and IV	16	1	Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	'0	$\neg +$	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the diganization 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	1	X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a		X
D	If Yes to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
11	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	

	P.11		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
25	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			1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	+	X
	\$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			37
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
С		24b	+-	1
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		T	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	o and the original excess policit 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?	İ		
26	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%			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		X
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		1	
	persons? If "Yes," complete Schedule L, Part III			37
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27	2000	X
	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? If	Section 2	POGE 2	Description.
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	123
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
31	conservation contributions? If "Yes," complete Schedule M	30		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
	complete Schedule N. Part II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule R. Part I	22		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-21	X
b	if the stolline soa, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		<u>X</u>
-	19? Note: All Form 990 filers are required to complete Schedule O.			
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Χ	
	Check if Schedule O contains a response or note to any line in this Part V			
		· · · · · · · · · · · · · · · · · · ·	Yes	N <sub>S</sub>
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	753820	162	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
3 A A				

	Yart V Statements Regarding Other IRS Filings and Tax Compliance (contin	nued)			Yes	No
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1100		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	26			
b	the difference of the East and the organization life all required lederal employment tax retu	rns?		2b	X	Na paragraphics
3a	The second of th	•••		3a	Х	
b	. The second of	90		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	al acco	unt)?	4a		Х
b	If "Yes," enter the name of the foreign country		* *************************************		Sec. Sec.	1200
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	mental ye	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		1
6a	s and the state of	ne		- 55		
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b		ons or		Ju		
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.5	1350	1486
а		aoods				
	and services provided to the payor?	,		7a	Europa	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		Λ
С		 AS	**********	10		
	required to file Form 8282?			7c		v
d		7d		70		X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract	?	7e		v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f	_	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 880	Q as required?			Λ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	a Form 1009 C2	7g		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	a 1 01111 1090-0 1	7h	665	
	sponsoring organization have excess business holdings at any time during the year?	u by til	C	0	venior.	80444
9	Sponsoring organizations maintaining donor advised funds.			8	SEVER	278322
а	Did the sponsoring organization make any taxable distributions under section 4966?			0-	1200	F1939
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a		
10	Section 501(c)(7) organizations. Enter:			9b	797.0	1000
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	100				
а	Gross income from members or shareholders	11a		25/22		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	11a				
	against amounts due or received from them )	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10/12		40-		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a		<b>多</b> 自发 6
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
а	Is the organization licensed to issue qualified health plans in more than one state?			120		0.500
	Note: See the instructions for additional information the organization must report on Schedule O.			13a		OK TO
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
4a	Did the organization receive any payments for indoor tanning services during the tax year?	100		140		v
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14a 14b	-	X
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation o	• • • • • • • • • • • • • • • • • • • •	140	$\dashv$	
	excess perceptite perment(s) during the			15		v
	If "Yes," see instructions and file Form 4720, Schedule N.			15	TAKE D	<u>X</u>
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom-	2	40	EAST &	V
	If "Yes," complete Form 4720, Schedule O.	come		16	1969	X
7	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity	ties		-		140
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			17		
				THE RESIDENCE OF REAL PROPERTY.	STREET, SQUARE, SQUARE,	

Form 990 (2022) United States Law Enforcement 59-1164090 Page 6 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No

Id	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
	If there are material differences in voting rights among members of the governing body, or			12.5		
	if the governing body delegated broad authority to an executive committee or similar			512		
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	- 1.0				
	any other officer, director, trustee, or key employee?			2	P.CHECKS.	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			_	1	21
	supervision 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 coasts?			5		X
6	Did the organization have members or stockholders?			6	_	X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			-		
	one or more members of the governing bady?			7-		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7a	<del>                                     </del>	
	stockholders, or persons other than the governing body?			76		\ <sub>V</sub>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	o following	7b	ES NOTE OF	X
а	The governing hody?	850		ALL IN L	V	
b	Each committee with authority to get on behalf of the governing had 2			8a	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			8b	X	
	the organization's mailing address? If "Ves." provide the names and addresses on Schodule O					37
Sec	tion B. Policies (This Section B requests information about policies not required by the Interd	201 D	ovenue Ce	9		X
	the interior (who every 2 requeste information about policies not required by the interior	Iai K	evenue Co	ae.)		·
10a	Did the organization have local chapters, branches, or affiliates?			T40	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			10a		X
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			١		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling			10b	37	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	the for	m?	11a	X	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				37	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	to cor	iflicts?	12b	X	
·	describe on Schedule O how this was done				,,	
13	Did the organization have a written whistleblower policy?	,		12c	X	
14	Did the organization have a written document retention and destruction policy?			13	X	
15				14	X	D 00000
	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					10
a b	Other officers or key employees of the organization			15a	X	
Ы	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b	Х	
16a						
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?					
h				16a		X
D	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					
200	organization's exempt status with respect to such arrangements?	• • • • • •		16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FI	, GA	HI,IL,K	S,KY		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sec	tion 50	01(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
10	X Own website Another's website X 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 intere	st poli	cy,			
20	and financial 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 record	s				

6350 Horizon Drive

DAA

Brent Shepherd

Titusville

FL 32780

321-264-0911

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.
- 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.

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

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				s both an r/trustee)	(D) Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Barry Shepherd	12.25	V		V			100.000		
Executive Director (2) Kim Connolly	22.75	X		X	_	-	109,868	0	0
VP/Controller (3) Jamie Maynard	20.00	Х		Х			62,502	0	0
K-9 Coord./IT Dir.	14.00	X					76,677	0	0
(4) Jack Rinchich	2.00							0	
Pres./Natl Chaplain	0.00	Х		Χ			0	0	0
(5) John Kucan	2.00								0
Outreach Chairman	0.00	Х					o	0	0
(6) Brian Smith	2 00								0
VP/Sgt. at Arms (7) Steve Newton	2.00	Х		Х			0	0	0
(/)Sceve Newton	2.00								
3rd VP	0.00	Χ	_	Χ			0	0	0
(8) James Khoury 5th VP	2.00	Х		X			0	0	0
(9) Brent Shepherd								0	
Exec.Secr./Treasurer	24.50 10.50			Х			112,926	o	0
(10)								0	0
(11)			$\exists$						
· · · · · · · · · · · · · · · · · · ·									

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bot officer and a director/trus					one n an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
			ő								
	***************************************										
1b Subtotal								361,973			
<ul><li>c Total from continuation shee</li><li>d Total (add lines 1b and 1c)</li></ul>	ts to Part VII, S	ecti	on A		,		}	361,973			
2 Total number of individuals (inc	luding but not lir	nite	d to	those	liste	ed al	oove	e) who received more than	\$100,000 of		
reportable compensation from t  3 Did the organization list any for	mer officer, dire	ctor	2 trus	stee,	key	emp	loye	e, or highest compensated		Yes No	
<ul> <li>employee on line 1a? If "Yes," of</li> <li>For any individual listed on line organization and related organization</li> </ul>	complete Sched 1a, is the sum o	ule J of rep	<i>for</i> oorta	<i>such</i> ble c	<i>indi</i> comp	vidu	al ation	and other compensation f	rom the	3 X	
individual  5 Did any person listed on line 1a for services rendered to the org	receive or accru	ue c	omp	ensa	tion	from	anv	unrelated organization or i	individual	4 X	
ection B. Independent Contractor	s									5 X	
Complete this table for your five compensation from the organization.	ation. Report cor	nsat npe	ed ir nsat	ion fo	ende or the	nt co	ontra enda	ar year ending with or withir	n the organization's tax yea	ar.	
	A) usiness address								(B) on of services	(C) Compensation	
Innovative Teleservic W. Bloomfield	ces MI	48	332		O E	ков		52747 ducation/Fund	raisina	200000000	
Midwest Publishing				1	021	10		25th Ave., Ste		903,761	
Phoenix American Police Acade	AZ	85	502		0.5.6	_	Ec	ducation/Fund:	raising	403,601	
Titusville	FL	32	278		350	) н		zon Drive anagement		156,025	
2 Total number of independent co	ntractors (includ	ing I	out n	ot lir	nited	l to t	hose	e listed above) who			

_		Check	if Scl	nedule O con	tains	a respo	nse or note	to any line in th	is Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants	원 1	a Federated can	npaign	S	1a						Proceedings of the second
Gra	0	b Membership d			4.0						
Ś.	A A	c Fundraising ev			1c						
Ħ5.	ä	d Related organi			1d						
Š.	<u>=</u>	e Government grants (	contributi	ons)	1e						
ţį	2	f All other contribution		rants, ded above	45	1	040 161				
ng:	<u> </u>	Noncash contribution		The second secon	1f	1 ± 1	943,161				
받	9				1g	\$					
<u></u>	ä	h Total. Add line	s 1a-1	f				1,943,161			
							Business Code				
9	2	a Gun Range					713990	228,600		228,600	
Program Service	ا اده	b Net Museur	n Rev	enue			511120	31,790	31,790		
S		NACOP Pub	licat	ions and Oth	er		611710	30,919	30,919		
Jar	e Ge	d	<i></i>								
õ	1	е					4				
		f All other progra	ım sen	vice revenue							
		g Total. Add lines						291,309			
	3	3 Investment income (including dividends, inter-									
	1	other similar an					L	151			151
	4			ent of tax-exemp							
	5	Royalties									
				(i) Real		(ii) F	Personal				
	6a	Gross rents	6a	99	,500						
	b	Less: rental expenses	6b								
	0	C. COMPANYAGEMENTAL CONTRACTOR	_6c_		,500						
	7:	Net rental incom Gross amount from	ne or (			<del> </del>		99,500			99,500
	,,,	sales of assets		(i) Securities	3	(ii)	Other				
-		other than inventory	7a								
Jue	b	Less: cost or other									
š		basis and sales exps.	7b				20,000				
S.		Gain or (loss)	7c				-20,000				
Other Revenue	d	Net gain or (los:	s)		·····			-20,000			-20,000
ō	8a	Gross income from		ising events							
		(not including \$									
		of contributions rep					1				
		1c). See Part IV, li			8a						
		Less: direct exp			8b						
		Net income or (I			events			PONDERSON BRANCH CONTROL			
	9a	Gross income fr									
	h	activities. See P			9a						
		Less: direct exp			9b						
-	555555	Net income or (I Gross sales of in			ities						
	IVa	returns and allow			40-		76 426				
	h	Less: cost of go			10a 10b		76,436				
		Net income or (I					44,338	32 000		20.000	
,		THE HIGHIE OF (I	000) 110	om sales of live	intory .		Business Code	32,098		32,098	
ellaneous venue	112	Fed Employe	ae Pa	tention Crai	1-1-	ŀ	999999	89,841	00 041		August 1
scellanec Revenue	b						222333	09,841	89,841		
eve	c										
R	d	All other revenue									
=		Total. Add lines						89,841			
		Total revenue.						2,436,060	152,550	260,698	79.651
_	_							_,,	TOE 1 JJUI	4 UU , D 7 A I	/ M . N . 1

Do	Check if Schedule O contains a responnot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	and the same assistants to define to define the organizations		3		expenses
	and domestic governments. See Part IV, line 21	508,228	508,228		
2	The same same application to dollication				Research
	individuals. See Part IV, line 22	47,364	47,364		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16		1		
4	Benefits paid to or for members		46		
5	Compensation of current officers, directors,				
	trustees, and key employees	335,632	155,686	128,885	51,06
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	266,586	255,612	6,884	4,09
8	Pension plan accruals and contributions (include				-1/03
	section 401(k) and 403(b) employer contributions)	20,789	11,888	6,333	2,56
9	Other employee benefits	87,039	49,795	26,486	10,75
10	Payroll taxes	70,252	40,191	21,378	8,683
11	Fees for services (nonemployees):			21/3/0	0,00.
а	Management				
b		7,171		7,171	
С	Accounting	12,150		12,150	
d	Lobbying	==/===		12,130	
е	Professional fundraising services. See Part IV, line 17	1,350,715			1 250 715
f	Investment management fees	270007710			1,350,715
g	Other. (If line 11g amount exceeds 10% of line 25, column				
J	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	7,639	-	7 (20	
13	Office expenses	21,628	13,295	7,639	
14	Information technology	21,020	13,293	7,639	694
5	Royalties				
16	Royalties Occupancy				
	Travel				
18	Travel Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
		130 010	120 010		
21	Interest  Perments to efficience	130,012	130,012		
22	Payments to affiliates	107 000	150.005		
	Depreciation, depletion, and amortization	187,292	159,367	17,493	10,432
3	Insurance	82,058	70,452	7,270	4,336
	Other expenses. Itemize expenses not covered				
	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.)				
а	Le Flame	208,218			208,218
b	Repairs and Maintenance	142,344	127,123	9,535	5,686
С	Utilities	109,963	93,568	10,270	6,125
d	Miscellaneous	93,294	19,875	62,808	10,611
	All other expenses	158,227	104,123	17,134	36,970
	Total functional expenses. Add lines 1 through 24e	3,846,601	1,786,579	349,075	1,710,947
6 ,	Joint costs. Complete this line only if the organization reported in column (B) joint costs			0.20,0,0	1,110,041
1	from a combined educational campaign and				
1	fundraising solicitation. Check here X if	gain Sasi popo necestro no			
f	following SOP 98-2 (ASC 958-720)	96,205	24,051	1,924	70,230

_		Check if Schedule O contains a response or note	to any line	in this Part X			П
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			69,547	7 1	87,213
	2	Savings and temporary cash investments		V .	43,161		5,785
	3	Pleages and grants receivable, net		1		3	
	4	Accounts receivable, riet	13,809	4			
	5	Loans and other receivables from any current or former					
	1	trustee, key employee, creator or founder, substantial co	or 35%				
	1	controlled entity or family member of any of these perso	ns			5	
	6	Loans and other receivables from other disqualified pers					
ts		under section 4958(f)(1)), and persons described in sec	The state of the s	6			
Assets	7	Notes and loans receivable, net				7	
4	8	inventories for sale or use			21,724		18,753
	9	Prepaid expenses and deferred charges			23,314		26,393
	10a	Land, buildings, and equipment: cost or other	1 1		20/011	450	20,393
	1	basis. Complete Part VI of Schedule D	10a	8,216,398			
	b	basis. Complete Part VI of Schedule D  Less: accumulated depreciation	10b	3,920,117	4,471,668	100	4,296,281
	11	Investments—publicly traded securities		1/1/1/000	11	4,290,201	
	12	Investments—other securities. See Part IV, line 11					
	13	Investments—program-related. See Part IV, line 11			12		
	14	Intangible assets Other assets See Bort IV line 44			13		
	15	Other assets. See Part IV, line 11			14		
	16	Total assets. Add lines 1 through 15 (must equal line 33		1 612 222	15	1 121 105	
(	17	Accounts payable and accrued expenses		4,643,223 207,147		4,434,425	
	18	Grants payable		207,147	17	179,923	
	19	Grants payable Deferred revenue		60 475	18	06.050	
	20	Deferred revenue Tax-exempt bond liabilities		68,475		26,350	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of			20		
S	22	Loans and other payables to any current or former office	U		21		
Liabilities		trustee, key employee, creator or founder, substantial co		050/			
lpil		controlled entity or family member of any of these members	ntributor, c	or 35%			
Lia	23	controlled entity or family member of any of these person	15		200 054	22	
	24	Secured mortgages and notes payable to unrelated third Unsecured notes and loans payable to unrelated third pa	parties		320,354	23	1,578,548
	25					24	
	23	Other liabilities (including federal income tax, payables to	related th	ird			
		parties, and other liabilities not included on lines 17-24).					
	26	of Schedule D			10,033	25	22,931
	26	Total liabilities. Add lines 17 through 25	[32]		606,009	26	1,807,752
S		Organizations that follow FASB ASC 958, check here	X				
nce		and complete lines 27, 28, 32, and 33.					
ala					4,037,214	27	2,626,673
B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, chec	ــر	۲۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰		28	
, n		Organizations that do not follow FASB ASC 958, chec	k here				
Net Assets or Fund Balances		and complete lines 29 through 33.					
tsc	29	Capital stock or trust principal, or current funds			29		
SSe	30	Paid-in or capital surplus, or land, building, or equipment	fund			30	
Ϋ́	31	Retained earnings, endowment, accumulated income, or	other fund	s		31	
Net	32	Total net assets or fund balances			4,037,214	32	2,626,673
	33	Total liabilities and net assets/fund balances			4,643,223		4,434,425

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a

Schedule O.

### SCHEDULE A (Form 990)

**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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. United States Law Enforcement Foundation, Inc.

Employer identification number 59-1164090

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 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, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 331/3% 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). q (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B)

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

(C)

(D)

(E)

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.)

	ction A. Public Support						
Cale	endar 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.")					(4)	(i) rotal
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4				,,	(0) 2022	(i) iotai
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	Established and					
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First 5 years. If the Form 990 is for the or	ganization's first, se	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here	ə					
	tion C. Computation of Public Su	ipport Percent	age				
14	Public support percentage for 2022 (line 6	column (f) divided	by line 11, colum	n (f))		14	%
15	Fublic support percentage from 2021 Sche	edule A, Part II, line	14			15	%
16a	33 173 % Support test—2022. If the organi	zation did not chec	K the box on line '	13 and line 14 is 3	13 1/3% or more a	hook thin	
	box and stop here. The organization quali	iles as a publicly su	upported organiza	tion	**********		
b	To how oupport tost Loz I. II the organi	zation did not chec	k a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	ore, check	
7a	this box and stop here. The organization of	ualifies as a public	ly supported orga	nization			
Ia	10%-facts-and-circumstances test—202	2. If the organization	n did not check a	box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization meets	tne facts-and-circ	umstances test, c	heck this box and	stop here. Explair	in	
	Part VI how the organization meets the fac organization						_
b		1 If the organization					
~	10%-facts-and-circumstances test—202	n. II the organization	n did not check a	box on line 13, 16	a, 16b, or 17a, and	lline	
	15 is 10% or more, and if the organization in Part VI how the organization meets the f	acts and circumstr	u-circumstances t	est, check this box	and stop here. E	xplain	
	organization  Private foundation. If the organization did	not check a box or	line 13 162 16h	17a or 17h cho	ck this how and		Ц
	instructions	S. S. S. C. BOX OF	10, 10a, 10L	, ira, or irb, che	or this box and see	3	
							Ц

## 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.)

	ction A. Public Support						
Cale	endar 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.")	2,335,622	2,435,469	2,172,677	1,791,766		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	402,978	70,970	75,861	63,848	1,943,161	10,678,69 766,20
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,738,600	2,506,439	2,248,538	1,855,614	2,095,711	11,444,902
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						11 444 000
	tion B. Total Support				The second secon	A STATE OF THE STA	11,444,902
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	2,738,600	2,506,439	2,248,538	1,855,614	2,095,711	11,444,902
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	132,538	115,805	118,999	114,712	99,651	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				113/112	99,631	581,705
С	Add lines 10a and 10b	132,538	115,805	118,999	114,712	99,651	581,705
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		165,733	178,639	167,908	101,243	613,523
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.)	2,871,138	2,787,977	2,546,176	2,138,234	2,296,605	12,640,130
14	First 5 years. If the Form 990 is for the organization, check this box and stop here			or fifth tax year as	a section 501(c)(3	5)	
Sect	tion C. Computation of Public Su		iae		<u></u>		
15	Public support percentage for 2022 (line 8,	column (f), divided	by line 13 column	(f))		45	- 0/
16	Public support percentage from 2021 Sche	dule A. Part III. line	15	(0)		15	90.54%
Sect	ion D. Computation of Investmen	nt Income Perc	entage			16	91.87 %
17	Investment income percentage for 2022 (lin	ne 10c. column (f).	divided by line 13	column (f))	······································	17	- 0/
18 I	nvestment income percentage from 2021 S	chedule A. Part III.	line 17				5 %
19a	33 1/3% support tests—2022. If the organ	ization did not ched	k the box on line 1	4 and line 15 is m	nore than 33 1/3%	and line	4 %
	17 is not more than 33 1/3%, check this bo	x and stop here. The	he organization qui	alifies as a publicly	supported organiz	zation	X
b	33 1/3% support tests—2021. If the organ	ization did not chec	k a box on line 14	or line 19a, and lir	ne 16 is more than	33 1/3%, and	
20	line 18 is not more than 33 1/3%, check thi Private foundation. If the organization did	s box and stop her not check a hox on	e. The organization	n qualifies as a pub the check this box	olicly supported org	anization	<u> </u>
	Transaction and organization did	TOT OFFICIA DUX UIT	1116 14, 18a, 0f 18	D, CHECK THIS DOX	and see instruction	s	

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined 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.
- 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.
- 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.
- 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	N N N N N N N N N N N N N N N N N N N	
2		a la Shown s
3a	Action 1999	
3b		
3с	0.0000.000	FRALIST
4a	100 M	HE TO LOT
4b		and the second
4c		ALL MARKET
5a		DEFECT OF S
5b		
5c		
6		(X)
7		
8		
31		
9a		
Oh	00. 1. S. I	
9b		
9c		n scanlis v <sub>al</sub> s
100		
10a		
10b	- The second sec	A CONTRACTOR OF

Pa	Supporting Organizations (continued)			
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	, and and an indication of together with persons described of filles 11b and			
	11c below, the governing body of a supported organization?	11a		
k	remains the person described on mis 114 above;	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Sec	provide detail in Part VI. tion B. Type I Supporting Organizations	11c		<u></u>
000	and B. Type reapporting organizations			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No
	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.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1	Colb Colo	STATE OF THE PARTY
	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	tion C. Type II Supporting Organizations	2		
	71 11 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1000005	Yes	No
	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	ion D. All Type III Supporting Organizations	1 1		
			Yes	N.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	2520	ies	No
	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		STE U	0.000000
	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 on line 2, above, 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		Aug de la
Sect	on 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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions).		
2	Activities Test. Answer lines 2a and 2b below.	Γ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	4		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			(Constant of the
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

Schedule A (Form 990) 2022

emergency temporary reduction (see instructions).

(see instructions).

I a	Type iii Non-runctionally integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purp			1	
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		3	
4_	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide de	etails in Part VI)		5	
<u>6</u>	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				7 11110 41111 101 2022
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required–explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e	With the state of			
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7:				
	Applied to underdistributions of prior years			File	
	Applied to 2022 distributable amount				
_	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u>e</u>	Excess from 2022				

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

OMB No. 1545-0047 Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number United States Law Enforcement

I	Foundation, Inc.	59-1164090
29000000	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	19-1164090
4000000	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1		(b) Fullos and other accounts
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	Yes No
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
Р	conterring impermissible private benefit?  Conservation Easements.	Yes No
1000	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1		
	Department at the control of the con	
	Protection of natural habitat  Preservation of a certified his  Preservation of open space	toric structure
2		
-	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation to the last day of the tax year.	ES PRODE
а		Held at the End of the Tax Year
b	Total number of conservation easements	2a
	January Cartes and American Cartes and Carte	. 2b
٦	Number of conservation easements on a certified historic structure included in (a)	2c
u	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a	
2	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizati	ion during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
_	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easeme	ents during the year
	1	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	Yes No
9	in Part Am, describe now the organization reports conservation easements in its revenue and expense statement	and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	scribes the
Do	organization's accounting for conservation easements.  Organizations Maintaining Collections of Art Historical Treasures or Other S	
Га	Organizations Maintaining Collections of Art, Historical Treasures, or Other S Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	imilar Assets.
4-	Somplete if the organization answered Tes on Form 990, Part IV, line 8.	
ıa	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance	sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
IJ	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance she	eet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) i issue misues mi oni oco, i dit X	\$
2	if the organization received or held works of art, historical treasures, or other similar assets for financial gain, provi	ide the
-	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	\$

Sch	nedule D (Form 990) 2022 United	States Law	Enforcemen.	t	59-11640	90	1	Page 2
P	art III Organizations Maintaini	ng Collections o	f Art, Historical	Treasures.	or Other Sim	ilar Assets	(continued	age Z
3	Using the organization's acquisition, accercollection items (check all that apply):	ssion, and other recor	ds, check any of the f	ollowing that m	nake significant u	se of its	- (oonanaca)	
	Public exhibition	d $\square$	Loan or exchange p	rogram				
ı	Scholarly research	e H	Other	ogram				
(	Preservation for future generations							
4		collections and explain	in how they further the	organization'	o overent mount			
	XIII.	and oxpia	in now they further the	organization :	s exempt purpose	in Part		
5	During the year, did the organization solici	t or receive donations	of art historical treas	ures or other	oimile =			
	assets to be sold to raise funds rather than	to be maintained as	part of the organization	n's collection?	siiiiiai			٦
P	art IV Escrow and Custodial A	rrangements.	part of the organization	n's collection:			Yes L	No
	Complete if the organization		" on Form 990. P	art IV line 9	or reported	an amount	on Form	
	990, Part X, line 21.			a ,	, or reported t	an amount	OH FOITH	
1a	a Is the organization an agent, trustee, custo	odian or other intermed	diary for contributions	or other asset	s not			
	included on Form 990, Part X?		,		0 1100		Yes	No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing table:				. L res L	] NO
							Amount	
С	Beginning balance					1c		-
d	Additions during the year					1d		
е	Distributions during the year					1e		_
f	Ending balance					16		
2a	Did the organization include an amount on	Form 990, Part X, line	e 21, for escrow or cu	stodial accoun	t liabilitv?		Yes	No
	if Yes, explain the arrangement in Part X	III. Check here if the e	xplanation has been	provided on Pa	rt XIII			140
Pa	ert v Endowment Funds.							
	Complete if the organization	on answered "Yes	" on Form 990, Pa	art IV, line 1	0.			
		(a) Current year	(b) Prior year	(c) Two year	rs back (d) The	ee years back	(e) Four years I	back
1a	Beginning of year balance							
	Contributions							
С	Net investment earnings, gains, and							
	losses							
	Grants or scholarships							
е	Other expenditures for facilities and		3447					
-	programs							
f	Administrative expenses					0' 100		
g	End of year balance							0.00
	Provide the estimated percentage of the cu		e (line 1g, column (a))	held as:				
a	Board designated or quasi-endowment	%						
b	Permanent endowment %							
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c sh							
Sa	Are there endowment funds not in the poss	ession of the organiza	ation that are held and	administered	for the			
	organization by:						Yes	No
	(i) Unrelated organizations						3a(i)	
h	(ii) Related organizations						2-/::1	
4	If "Yes" on line 3a(ii), are the related organia	zations listed as requi	red on Schedule R?				3b	
	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equ		wment funds.					
	Minima and American A		on Form 000 Da		4 0 =			
	Complete if the organizatio  Description of property	(a) Cost or other b						
	Decomplian of property	(investment)	asis (b) Cost or (oth		(c) Accumulated		(d) Book value	
1a	Land				depreciation		1 110 -	1.0
h	Land Buildings			18,242 21,513	2 212	043	1,118,2	
c	Leasehold improvements		0,3	Z1, J13	3,313,	943	3,007,5	10
d	Equipment		1	90,948	104	107		1.61
e	Other			85,695	184,		6,7	
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990 Part	X column (R) line 10	00,090	421,	90/	163,7	
	5 · · · · (- · · · · · · · · · · · · · ·		л, оогани (D), ште 10	,			4,296,2	RT

Part VII	Investments – Other Securities.		39-1164090	Page
•	Complete if the organization answered "Yes" ( (a) Description of security or category			12.
	(including name of security)	(b) Book value	(c) Method of valuation:	
(1) Financial	derivatives		Cost or end-of-year market value	
(2) Closely h	eld equity interests			
(3) Other	old oddiky intoresto			
(A)			<del> </del>	
(B)				
(C)				
(F)				
		••		
(G) (H)				_
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Invostments Program Poleted		The same of the sa	
Fait VIII	Investments – Program Related.	F 000 B 1 11 11		
	Complete if the organization answered "Yes" or		ne 11c. See Form 990, Part X, line	13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
(4)			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
_(8)				
(9)				
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, Iir	e 11d. See Form 990, Part X, line	15.
	(a) Description		(b) Book	7 St.
(1)				
(2)				
(3)				
(4)	_			
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 15.)			_
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990. Part IV. lin	e 11e or 11f See Form 900 Part V	•
	line 25.		o The of The occit offin 550, Fait X	.,
1.	(a) Description of liabilit	ly	(b) Book	value
(1) Federal i	ncome taxes		(b) Book	value
(2) Due t	o Affiliate			22 021
(3)				22,931
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				
(7)				
(8)				
(9)				
	(h) must aqual Form 000 Ded V and (D) !! 05			
	(b) must equal Form 990, Part X, col. (B) line 25.)			22,931
rapping for t	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's	inancial statements that reports the	1,000,000
iganization \$ 1	ability for uncertain tax positions under FASB ASC 740. Ch	eck nere if the text of the foo	tnote has been provided in Part XIII	

Schedule D	(Form 990) 2022	United	States La	w En	forcement	59-1	164090	Page \$
Part XII	I Suppleme	ntal Informat	ion (continued)					
						*****************		• • • • • • • • • • • • • • • • • • • •
	• • • • • • • • • • • • • • • • • • • •							
		*************						
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### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

United States Law Enforcement Foundation, Inc.

Employer identification number 59-1164090

Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to	the organization complete this	n ar	iswe t.	red "Yes" on Form	990, Part IV, line	17.
1 Indicate whether the organization raised funds through a				Check all that apply.	*	
a X Mail solicitations	Solicitation	of no	n-aov	vernment grants		
b Internet and email solicitations				nent grants		
c X Phone solicitations	g Special fun	1000				
d In-person solicitations	g Opecial full	uiais	ng ev	ents		
DA (1997)   1997   199	Nh. = ! !! . ! . ! . ! . ! . !					
2a Did the organization have a written or oral agreement wit or key employees listed in Form 990, Part VII) or entity in	n connection with	profe	ssiona	al fundraising services?	>	X Yes No
b If "Yes," list the 10 highest paid individuals or entities (full compensated at least \$5,000 by the organization.	ndraisers) pursuai	nt to a	gree	ments under which the	fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo conf	id fund- r have ody or rol of outions?	(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
Innovative Teleservices, Inc.		Yes	No			
1 PO Box 252747						
W. Bloomfield MI 48325	Phone		Х	1,020,828	903,761	117,067
2 Midwest Publishing 10210 N. 25th Ave., Ste 150						
Phoenix AZ 85021	Phone			440 515	100 501	
3 Odell, Simms & Associates	Phone	X		449,515	403,601	45,914
7704 Leesburg Pike						
Falls Church VA 22043	DirectMail		Х	296,528	28,893	267,635
4 Press Box				250,020	20,033	201,033
3600 Clipper Mill Rd. #155						
Baltimore MD 21211	Phone		Х	420	14,100	-13,680
5					·	,
6						
7		-				
8						
9						
10						
Total				1,767,291	1,350,355	416,936
List all states in which the organization is registered or lic registration or licensing.				or has been notified it	is exempt from	
Alabama, Alaska, Arizona, Arka Florida, Georgia, Hawaii, Illi Massachusetts, Michigan, Missi Jersey, New York, North Caroli Oregon, Pennsylvania, Rhode Is	lnois, Kai Issippi, I Ina. New I	nsa Mis Mex	sol	Kentucky, N uri, Nevada,	Maine, Mary New Hampsh	land, nire, New

5	9	_1	1	64	0	0	0
J	ン	${\perp}$		04	U	7	U

-		Fundraising E	United States Lavents. Complete if the orga	inization answered "Yes" or	Form 990 Part IV line	18 or reported more
-	1	gross receipts of	greater than \$5,000.			LIGITOVONIO WILL
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ō			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
-		Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
		Rent/facility costs				
rect Ex	ĺ	Food and beverages				
Ö		Entertainment				
		Other direct expenses	Add lines 4 through 0 in column (	-D		
	11	Net income summary. Sul	Add lines 4 through 9 in column (obtract line 10 from line 3, column (	a)		
P	art	in Gaming, Comp	piete if the organization ansi	wered "Yes" on Form 990,	Part IV, line 19, or repor	ted more than
_		\$15,000 on For	m 990-EZ, line 6a.		<del></del>	
Revenue		-	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
œ	1	Gross revenue				
sesu	2	Cash prizes				
Direct Expens	3	Noncash prizes				
Direc	4	Rent/facility costs				
-	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary.	Add lines 2 through 5 in column (c	d)		
	8	Net gaming income summ	ary. Subtract line 7 from line 1, co	lumn (d)		
а	ls th	e organization licensed to	organization conducts gaming act conduct gaming activities in each	of these states?		Yes No
			•••••••			
0a b	Were	e any of the organization's es," explain:	gaming licenses revoked, suspen	ded, or terminated during the tax	year?	Yes No

Sch	edule G (Form 990) 2022 Uni	ted States	Law	Enforcement	59-1	164090	Pag	e 3
11	Does the organization conduct gam	ning activities with no	nmember	s?		101000	Yes	No
12	is the organization a grantor, benef	iciary or trustee of a t	rust, or a	member of a partnershi	ip or other entity			•
	formed to administer charitable gan	ning?					Yes	N
13	Indicate the percentage of gaming	activity conducted in:						
а	The organization's facility				***************************************	13a		%
b	All outside facility					13b		%
14	Enter the name and address of the	person who prepares	the orga	inization's gaming/speci	al events books and			
	records:							
	Name							
	Name							
	Address						*****	
15a	Does the organization have a contra	act with a third party t	from who	m the examination versi				
b	revenue?  If "Yes," enter the amount of gaming	g revenue received b	v the oras	anization \$			Yes	No
	amount of gaming revenue retained	by the third party	\$S		a	na trie		
С	If "Yes," enter name and address of		Ť					
		,						
	Name							
	Address							
							,	
16	Gaming manager information:							
	Name							
	Coming was a second of the control o							
	Gaming manager compensation \$							
	Description of services provided							
	Description of services provided							
	Director/officer E	Employee	Inde	pendent contractor				
				oonaone contractor				
17	Mandatory distributions:							
а	Is the organization required under st	ate law to make char	ritable dis	tributions from the gami	ing proceeds to			
	retain the state gaming license?						Yes	No
b	Enter the amount of distributions red	quired under state lav	v to be dis	stributed to other exemp	t organizations or		ш ш	
-	spent in the organization's own exer	npt activities during t	he tax ye	ar \$				
Pai	rt IV Supplemental Infor	mation. Provide	the exp	lanations required b	by Part I, line 2b, co	olumns (iii) and (v	); and	
	Part III, lines 9, 9b, 10	0b, 15b, 15c, 16,	and 17	b, as applicable. Als	so provide any add	litional information	n.	
Cab	See instructions.	0.1 /						_
DCI	G, Part I, Line 2	2D, $COT$ (13	i.i.) <u>.</u>	Custody or	Control Ar	rangement		
MD	dwest Publishing raises donations a	doposits.	 + b om					
riE	Taises donacions o	x debosics	rineiii	into a Bani	K OI Arizona	a account		
				••••••				
						*********		
						* * * * * * * * * * * * * * * * * * * *		
								٠

OMB No. 1545-0047	2022	Open to Public	Inspection	Employer identification number	159-1164090
Grants and Other Assistance to Organizations,	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for the lafest information	United States Law Enforcement	Foundation, Inc.	General Information on Grants and Assistance
SCHEDULE I		Department of the Treasury Internal Revenue Service	Name of the organization Un	FC	Part   General

Name of the organization United States Law Enforcement	Enforcemer	+				-	Hisperior
Foundat		)				THE IS	Employer identification number
	d Assistance					30	7-1164090
	the amount of the grance?	ants or as	sistance, the grantees'	eligibility for the grant	s or assistance, an	pı	[
Describe in Part IV the organization's procedures for monitoring the use of	onitoring the use of	grant funds	grant funds in the United States.				X Yes No
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	omestic Organi received more t	<b>zations</b> han \$5,0	izations and Domestic Governments. Complete if the organizatio than \$5,000. Part II can be duplicated if additional space is needed	vernments. Com duplicated if addit	plete if the orgaional space is n	anization answe	ered "Yes" on Form 990,
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
(1) Amer Fed Police&Concerned Citizens 6350 Horizon Drive Titusville	52-1127259	ر د 103			Outer		Program Services
1 :							
(2)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
	organizations listed i	in the line 1 table	1 table				
s Enter total number of other organizations listed in the line 1 table	1 table		***************************************				C <b>A</b>
rol raperwork reduction Act Notice, see the Instructions for Form 990.	or Form 990.						Schedule I (Form 990) (2022)

Schedule I (Form 990) (2022)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Schedule I (Form 990) (2022) United States Law Enforcement

Part III can be duplicated if additional space is needed.

Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of	(e) Method of valuation (book, EMV, appraisal other	(e) Method of valuation (book, EMM, appried assistance
			oolianoon monorina	i MV, applaisal, Otilei)	
1 Educational Scholarships	32	19,200			
2 Summer Camp	9	2,295			
3 Christmas Cards	476	7,140			
4 Christmas Gifts	100	4,500			
5 Birthday Gifts	91	4,095			
6 Mothers/Fathers Day Gifts	597	8,955			
7 Medical Reimbursement	S Signature	1,179			
Garrie (b); and any other additional information required in Part I, line 2; Part III, column (b); and any other additional information	vide une information rec	dulred in Part I, line 2	; Part III, column (b)	and any other additional ir	nformation.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

assistance. Records are maintained for recipients of grants and

### SCHEDULE L

(Form 990)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

United States Law Enforcement

Employer identification number

	Foundation, Inc.						50	-1164	000				
Part I	Excess Benefit Transaction	1S (section 50	1(c)(3), section	501(c)	)(4)	, and section 5	01(c)(29) organiz	ations	only)				
	Complete if the organization answer	ed "Yes" on Fo	orm 990, Part I	V, line	25a	or 25b, or For	m 990-EZ, Part \	/. line	40b.	•			
1	(a) Name of disqualified person	(b) Relati	onship between disc	qualified	pers	on and					10	I) Corre	cted?
	1,		organizatio	n			(c) Description of	transacti	on		Ye		No
(1)													
(2)	5 - 2 - 4 Miles												
(3)									394				
(4)													
(5)													
(6)													
under se	e amount of tax incurred by the organia ection 4958e amount of tax, if any, on line 2, above								\$ \$				
Part II	Loans to and/or From Interest Complete if the organization answer			rt V, lir	ne 3	38a or Form 99	00. Part IV line 26	or if i	the				
<u> </u>	organization reported an amount on	Form 990, Par	t X, line 5, 6, o	r 22.			o, are re, into 20	, 01 11	.116				
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of	(d) Lo to or fro the org	mor	(e) Original principal amount	(f) Balance due	(g) In	default		oard or		Vritten ement
				To Fr				Yes	No	Yes	nittee?	Yes	No
(1)												1.00	1
					1				$\vdash$				
					1			T	$\vdash$	$\vdash$			
				$\Pi$									
					1								
						70 70 70 70 000 000 000 000 000 000 000							
(8)													
(9)													
10)													
otal						\$							
Part III	Grants or Assistance Benefi Complete if the organization answere	ting Interes d "Yes" on For	sted Person m 990, Part IV,	<b>IS.</b> , line 2	7.								
	(a) Name of interested person	(b) Relations	hip between interes	ited	(c	) Amount of assistance	(d) Type of assistance		(e) F	urpose	of assi	stance	
(1)													
(2)													
(3)													
(4)													
(5)				T				$\neg$					_

(6) (7) (8) (9)

Part IV Business Transactions Involving	tates Law Enfor Interested Persons.		59-1164090	Page
Complete if the organization answered "Yes"  (a) Name of interested person	on Form 990, Part IV, line 26 (b) Relationship between interested person and the organization	Ba, 28b, or 28c. (c) Amount of transaction	(d) Description of transaction	(e) Sharing of org.
(1) Lori Shepherd	See Sch L, PartV	65,546	Coo Cob T D 1 T	Yes No
(2) Peter Connolly	See Sch L, PartV			
(3)	Jos bon Byratev	07,034	see scii L, Part V	-   ^ ^
(4)				
(5)				
(6)				
(7)				
(9)				
(10)	<del> </del>			
Part V Supplemental Information.			· · · · · · · · · · · · · · · · · · ·	
Provide additional information for responses	to questions on Schedule I	see instructions)		
		metradione).		
Schedule L, Part V - Additio	nal Information	n		
Cabadala I Dant III I' 1				
Schedule L, Part IV, Line 1:				
The Evecutive Director's wif	o Ioni Chamba	الم		
The Executive Director's wif	e, Lorr Snephe.	ra, is an er	mployee of NACOL	2 and
was compensated \$65,546 duri	ng fiscal year	ending Sen	tombor 20 2022	T !
707010 0021	ing ribour your	enaing sep	<u>cember 30, 2023.</u>	. Lori
Shepherd is also the sister-	in-law of the 1	Executive Se	ecretary/Treasur	cor
			ooloddiy, ilcabai	.017
Brent Shepherd.				
Schedule L, Part IV, Line 2:				
The Vice President/Controlle	r's husband, Pe	eter Connoll	lv. is an employ	vee of
NACOP and was compensated \$6	7,834 during f	iscal year e	ending September	30,
2023.				
			7	

### **SCHEDULE O** (Form 990)

## 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.

OMB No. 1545-0047

Open to Public Inspection

Schedule O (Form 990) 2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Form 990 - Organization's Mission or Most Significant Activities

Name of the organization United States Law Enforcement Foundation, Inc.

Employer identification number 59-1164090

During the fiscal year, the National Association of Chiefs of Police, Inc.
formally changed the name of the organization to the United States Law
Enforcement Foundation. Since the inception of the Paralyzed and Disabled
Police Officers Fund, the United States Law Enforcement Foundation has
provided over \$660,000 in financial assistance and \$250,000 in gifts to
police officers who were disabled in the line of duty and to their
families. Since 2001 USLEF has also helped 122 law enforcement agencies
from 36 states raise over \$1,137,000 for K-9 units.
Form 990 - Organization's Mission
The United States Law Enforcement Foundation (USLEF) is a charitable
and educational not-for-profit organization set up to provide services to,
1) officers who hold supervisory positions in federal, state, county,
university and local law enforcement agencies within the borders of the
United States and its territories, including individuals who are involved
in the security industry and work hand in hand in the protection of life
and property of this nation, and 2) officers who have been paralyzed or
disabled because of a line of duty incident, and to these disabled
officers' families.
USLEF has a multi-faceted program service effort including, but not limited
to, the following:
a. To maintain and perpetuate the American Police Hall of Fame and Museum
for the purpose of honoring officers who have died in the line of duty in
the United States of America and its territories and possessions and to For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990) 2022

house a museum of law enforcement artifacts for public display to promote the law enforcement profession and help develop the public's understanding of the day to day challenges faced by law enforcement professionals. b. To educate and promote the annual observance of Peace Officers' Week and May 15th, Peace Officers' Memorial Day, to the general public through

c. To offer assistance to officers and to the families of officers who have been disabled in the line of duty.

activities and sponsored programs.

- d. To encourage educational activities and services to upgrade law enforcement and security on a professional level.
- e. To publish, distribute and print materials relative to law enforcement history, training and services and research material which may be funded by USLEF.
- f. To hold meetings and sponsor seminars and conferences for the purpose of educating and upgrading those who may supervise agencies in law enforcement at the federal, state, county, University and local levels as well as private security, as needed.
- g. To encourage citizen support for law enforcement, for the establishment and maintenance of a law enforcement memorial and museum and for honoring those who serve and protect in the community on all levels of government. h. To help fund or provide resources to law enforcement agencies for crime prevention and/or crime deterrence programs or services for which funds or resources are not readily available to the agency. Such funding and/or resources may be provided for such programs and/or services which may include, but need not be limited to, police K9's, K9 program related expenses, community oriented gun safety programs and children's safety

education.

Schedule O (Form 990) 2022

educational opportunities. Visitors learn about police equipment from

yesterday, today and tomorrow, and about such topics as terrorism, street

Page 3 of 10

Employer identification number

59-1164090

and prison weapons, and capital punishment through a close-up view of thousands of artifacts assembled from all over the world over the past 63 years. A simulated crime scene together with police investigations and forensics tools provide an opportunity for visitors to gain a better understanding of crime scene investigation work. An interactive counterfeit money display allows visitors to check the authenticity of their currency using several techniques available to law enforcement agencies. In addition to the general public, thousands of police officers and survivors of police officers killed in the line of duty visit the Museum every year to see the Memorial where more than 11,430 names of slain police officers from the past 63 years are engraved.

Training Facility: Our training rooms have been used by many governmental agencies, local municipalities and educational institutions for training and educational sessions. These groups include the U.S. Department of Commerce, 18th Judicial Circuit Court, Florida Department of Law Enforcement, Florida Department of Transportation, Brevard County Sheriff's Office, Titusville Police Department, Kennedy Space Center Security, Brevard County Correctional Institute, Eastern Florida State College Police Academy, Florida Institute of Technology, Brevard County, the City of Titusville, Police Benevolent Association, and the Space Coast League of Cities. Numerous schools make field trips that start in the training room and then continue to the Museum and Memorial. Thousands of school children have been part of USLEF's programs. Every year during the week of May 15th, we hold services where the families of slain officers are invited, as are members of the Board of Directors, to commemorate and remember officers killed in the line of duty during prior years.

United States Law Enforcement

Employer identification number

59-1164090

Shooting Center: Our 24-lane indoor gun range known as the Shooting Center is open to law enforcement, corrections, security, military personnel and the general public. The range is used for teaching firearms safety, self-defense, training, competitions and practice. More than 20,000 people annually shoot in the range. Many of these are first time firearms users who come away with a keen appreciation for the skills and competencies required of law enforcement officers in the performance of their duties and with a real life, first-hand education on firearms safety. The Shooting Center has hosted training conducted by Kennedy Space Center Security, the Bureau of Alcohol, Tobacco, Firearms and Explosives, the State Attorney's Office, Department of Homeland Security, the US Department of Labor, the National Park Service, Brevard County Sheriff's Office, Melbourne Police Department, the Titusville Police Department, and has hosted events in conjunction with the Civilian Marksmanship Program, NJROTC, Keiser University, Boy Scouts of America and Florida Sport Shooting Association. Many private security firms and training organizations use the Shooting Center for firearms and self-defense training and for armed security officer qualifying.

RECOGNITION: National Awards Program: This program is in its 63rd year.

Various citations, medals and uniform bars are available to all U.S. law enforcement agencies for the purpose of recognizing acts of service and valor. This simple but effective method of recognition is very important for officer morale. The medals and uniform bars are similar to those worn by members of the armed forces and can be worn on a police uniform. The second highest award a law enforcement officer can receive is the Silver

Name of the organization Employer identification number United States Law Enforcement 59-1164090 other injured officers and advise them on options for rehabilitation. We provide grants to disabled officers to help with needs such as medical reimbursements or educational scholarships. The children of disabled officers are also provided educational scholarships, Christmas and Birthday gifts and Summer Camp grants. Every officer who becomes permanently disabled as a result of a line of duty injury is eligible to enroll at no cost to the officer in our Disabled Police Officers Fund. They are provided a free lifetime membership as well as a citation and medal for Line of Duty Injury. We also encourage disabled officers to attend our annual meetings. K-9 Matching Grant Program: The United States Law Enforcement Foundation has worked with 122 police departments in 36 states throughout the U.S. to help raise funds for their canine programs. Over \$1,137,000 has been awarded to underfunded police departments since the program began in 2001. PUBLIC AWARENESS: USLEF strives to make the public aware of the nature and importance of law enforcement, the law enforcement profession and the dangers that accompany it. Press Releases: When a recipient of our National Awards Program is presented their award, local newspapers often publish the facts surrounding the actions which led to the recipient's recognition. Information on departments who have received assistance from the K9 Matching Grant program is also provided to local media. Direct mail: Information on current relevant law enforcement issues are

United States Law Enforcement	Employer identification number 59–1164090
sent to individuals who have expressed interest in the	e organization's
purpose. Throughout the year, personal safety and ide	entity theft
information is provided to citizens throughout the Uni	ited States.
Public Service Announcements: From time to time USLEF	produces public
service announcements on law enforcement topics releva	ant to the public.
Barry Shepherd (Executive Director) and Brent Shepherd	d (Executive
Secretary/Treasurer) are brothers.	
Barry Shepherd (Executive Director), Kim Connolly (VP/	
and Brent Shepherd (Executive Secretary/Treasurer) are	
Officers for American Police Academy, Inc., Florida Cr	CONTRACTOR
Commission, Inc., Venerable Order of Knights of Michae	
Inc., The American Police Hall of Fame & Museum, Inc.	
Federation of Police & Concerned Citizens, Inc. (AFP&C	
organizations are listed on Schedule R, Part II. NACOP	
\$580,000 from AFP&CC (\$99,500 was for rent, \$427,500 w	
services and \$53,000 was a donation). USLEF also paid	
\$156,025 to American Police Academy, Inc. for manageme	
USLEF also made a contribution to AFP&CC in the amount	
amounts are included on Schedule R, Part V.	
Form 990, Part VI, Line 11b - Organization's Process to	
After an independent CPA firm has prepared a draft copy	
organization's Internal Revenue Service Form 990, the	Audit Committee,

Schedule O (Form 990) 2022

Page 10 of 10

(Form 990)  Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  Department of the Treasury Go to www.irs. gov/Form990 for instructions and the latest information.	Related Organizations and Unrelated Partnerships if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 3 Attach to Form 990.	d Unrelated on Form 990, Part I Form 990.	Partnerships V, line 33, 34, 35b,	36, or 37.		OMB No. 1545-0047 2022 Open to Public
United States Law Enforc Foundation, Inc.			icost miorination.		Employer identification	Employer identification number
Part I Identification of Disregarded Entities. Complete if the	organization answered "Yes"		on Form 990, Part IV, line 33	V, line 33.	1011-66	060
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1)						found
(2)						
(3)						
To a second seco						
(4)						
(5)						
	:					
Part II Identification of Related Tax-Exempt Organizations. Cone or more related tax-exempt organizations during the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had tax year.	ganization answ	ered "Yes" on F	orm 990, Part IV	', line 34, becaus	e it had
Name, ad	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
L L						
Titusville FL 32780	& Safety	FL	50103	129	a/N	>
n Commission, Inc	Crime			5	17/17	4
Titusville FL 32780	Prevention & Safetv	H	50163	70	4/N	>
Knights of	Crime			O H	G/N	<
	& Safety	FL	501c3	10	N/A	×
:	Public Education	FL	501c3	10	4/N	>
(5) The American Police Hall of Fame & 6350 Horizon Drive FL 32780	Pub Safety & Educ/Law Enforcement Recog&Svcs	H.	50103	L	5/ N	< >
For Paperwork Reduction Act Notice, see the Instructions for Form 990.  DAA					1	Schedule R (Form 990) 2022

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 59-1164090 United States Law Enforcement Schedule R (Form 990) 2022 Part III

Page.2

(k) Percentage ownership Schedule R (Form 990) 2022 (i) Section 512(b)(13) controlled entity? Yes No (I) General or managing Yes No partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Percentage ownership Ξ amount in box 20 of Schedule K-1 (i) Code V—UBI (Form 1065) Share of end-of-year assets (h) Dispro-portionate Yes No alloc.? (a) (g) Share of end-of-year assets (f) Share of total income (f) Share of total income (C corp, S corp, Type of entity or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling entity (d)
Direct controlling
entity (c) Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization (a) Part IV  $\Xi$ (2) 3 4  $\Xi$ DAA (5)3 4

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Notice Of the County of the Co		, arriv, illic	ot, 335, of 30.	ď
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
	ed organizations listed	in Parts II–IV?		
			13	×
ם יכות, grant, or capital contribution to related organization(s)			7	×
c Gift, grant, or capital contribution from related organization(s)				
d Loans or loan guarantees to or for related organization(s)			16	$^{+}$
p Topic or from districtions by related exercised.			19	×
			16	×
f Dividends from related organization(s)			7	>
g Sale of assets to related organization(s)			=	⟨ ;
			1g	×
			4	×
			=	×
j Lease of facilities, equipment, or other assets to related organization(s)			=	×
k Lease of facilities, equipment, or other assets from related organization(s)			47	×
l Performance of services or membership or fundraising solicitations for related organization(s)			V .	
m Performance of services or membership or fundraising solicitations by related organizations			=	<  :
n Charina of facilities continued martinalists of the continued of the con			E,	×
	***************************************		1n	×
o Snaring of paid employees with related organization(s)			10	×
				×
q Reimbursement paid by related organization(s) for expenses			2 4	
		***************************************	B.	<
r Other transfer of one or or or or of one of or of one				
	***************************************		1	×
S Other transfer of cash or property from related organization(s)		***************************************	15	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ne, including covered re	including covered relationships and transaction thresholds	thresholds.	
(a)	(g)	(2)	(p)	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	υ
(1) American Federation of Police & Concerned Citizens, Inc.	q	508,228		
(2) American Federation of Police & Concerned Citizens, Inc.	S	53,000		
(3) American Federation of Police & Concerned Citizens. Inc	٤	000		
	11	000,88		
(4) American Federation of Police & Concerned Citizens, Inc.	0	427,500		
(5) American Police Academy, Inc.	0	156,025		
(9)				
DAA			Schedule R (Form 990) 2022	990) 2022

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(2)					- Comba						
Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant income (related,	(e) Are all partners section	(f) Share of total income	(g) Share of end-of-year	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20	(j) General or managing	- 45355	(k) Percentage ownership
		(state or foreign	unrelated, excluded from tax under	501(c)(3) organizations?					partne	639 67	
197		country)	sections 512-514)	Yes No			Yes No		Yes	å	
$\Xi$											
		3550									
(2)									T	+	
		, il							-		
(3)										+	
(4)				-						+	
		****									
(5)									+	+	
(9)				-							
(2)									+	+	
(8)									+	+	
(6)									+	-	
(10)										-	
(11)									+	+	
		1									

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