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Form **990-EZ** Department of the Treasury

Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of definer advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with screepits less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

and ending

Open to Public Inspection

В	Check if applicat	C Name of organization	D Employe	r identification number	
	\neg	BOCA WEST COMMUNITY CHARITABLE FNDN.			
	Nam	e change	27-3840788		
	\neg	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite			
		inated 20583 BOCA WEST DRIVE	561	-488-6980	
	Ame	City or town, state or country, and ZiP + 4	F Group Ex		
Ē	\neg	atton pending BOCA RATON, FL 33434-4708	Number	•	
G		nting Method: X Cash Accrual Other (specify)		f the organization is not	
ī		e: ►N/A	1	to attach Schedule B	
J		empt status (check only one) — X 501(c)(3) 501(c) () ◄(insert no.) 4947(a)(1) or 527	-1	90, 990-EZ, or 990-PF).	
K		If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its			
		O. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruct			
		n, be sure to file a complete return.	.0.10,1.001 11 1.	to organization onlocoto to mo	
L		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Par	+ (1		
_		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		169,569.	
F	art I		uctions for P	art I.)	
		Check if the organization used Schedule 0 to respond to any question in this Part I		X	
~	1	Contributions, gifts, grants, and similar amounts received	1 .	169,569.	
2012	2	Program service revenue including government fees and contracts			
	3	Membership dues and assessments	3		
2 2	4	Investment income	4		
	5a	Gross amount from sale of assets other than inventory 5a			
AUG	b	Less: cost or other basis and sales expenses			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u> </u>	
	6	Gaming and fundraising events	911301		
SCANNED Revenue	a	Gross income from gaming (attach Schedule G if greater than			
Z		\$15,000)	JE //	11	
₹ }	b	Gross income from fundraising events (not including \$ of contributions			
S T		from fundraising events reported on line 1) (attach Schedule G if the sum of such arcss income and contributions exceeds \$15,000)	1 3 29	\$ <i>V</i>	
. •		gross income and contributions exceeds \$15,000)		NS S	
	c	Less: direct expenses from gaming and fundraising events			
	ď	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)) <u></u>	- 1	
	7a	Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold		γ· · γ· • · · · · · · · · · · · · · · · · · ·	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other revenue (describe in Schedule 0)	8		
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	169,569.	
	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE Q	<u>10</u>	117,500.	
	11	Benefits paid to or for members	11		
8	12	Salaries, other compensation, and employee benefits	12		
Expenses	13	Professional fees and other payments to independent contractors		<u> </u>	
옸	14	Occupancy, rent, utilities, and maintenance		ļ	
_	15	Printing, publications, postage, and shipping	15	8,675.	
	16	Other expenses (describe in Schedule O)		3,186.	
	17	Total expenses. Add lines 10 through 16	<u>▶ 17</u>	129,361.	
ŧ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		40,208.	
988	19	Net assets or fund balances at beginning of year (from line 27, column (A))	<u> vidia</u>	44 44	
Net Assets		(must agree with end-of-year figure reported on prior year's return)	1	42,256.	
ž	20	Other changes in net assets or fund balances (explain in Schedule O)		0.	
-	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	82,464.	
나	IA For	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2011)	

	990-EZ (2011) 8 ARTHUR ADLER			<u> </u>	38407	88 Page 2
Pa	nt II Balance Sheets. (see the instructions for Part II.		=			~ E2×15
	Check if the organization used Schedule O to res			<u> r::::</u>	<u></u>	<u></u>
			A) Beginning of year	+		nd of year
22	Cash, savings, and investments		42,256		1	82,464.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)		40.056	24	1	
25	Total assets		42,256	_	 	82,464.
26	Total liabilities (describe in Schedule O)			. 26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) at III. Statement of Program Service Accomplishme		42,256	. 27	1	82,464.
Pa						renses for section
	Check if the organization used Schedule O to res		on in this Part III	LX		and 501(c)(4)
wnat	t is the organization's primary exempt purpose? SEE SCHEDULE C)			organizati	ons and section
	tibe the organization's program service accomplishments for each of its three largest program or, describe the services provided, the number of persons benefited, and other relevant inform		s. In a clear and concise		for others.) trusts; optional
		<u></u>	277 100		 	-,
	PROVIDED CLOTHING, TOYS AND HOLIDAY					
4	FAMILIES OF THE BOYS & GIRLS CLUB C	OF BOCA RATON	<u> </u>	—		
-	05.000			_	l l	
	(Grants \$ 25,000.) If this amount includes foreign			Ш	28a	
	GRANT TO HIRE A PEDIATRIC NURSE FOR	K FLORENCE FU	ירקאר		1 1	
•	DEVELOPMENT CENTER					
-	05.000			_	1	
	(Grants \$ 25,000.) If this amount includes foreign			Щ	29a	
	GRANT FOR BOCA HELPING HANDS TO OPE					
	LUNCH TO CHILDREN AND THEIR FAMILIE		WELL AS		i i	
	GIVE THEM BAGS OF FOOD FOR THE WEEK			_		
-	(Grants \$ 22,500.) If this amount includes foreign (30a	
	(Grants \$) If this amount includes foreign (31a	
32	Total program service expenses (add lines 28a through 31a) Int. IV: List of Officers, Directors, Trustees, and Key E			▶	32	0.
Ра					Instructions for	or Part IV)
	Check if the organization used Schedule O to res		1			
	4.50	(b) Title and average hours per week devoted to	(C) Reportable compensation (Forms	contr	alth benefits, ributions to	(e) Estimated amount of other
	(a) Name and address	position	W-2/1009-MISC)		and deferred	compensation
3.50	MINITE ADI ED 7464 DEVELODO DOLD		(into pad, and -07)	com	pensation	
_	THUR ADLER, 7464 REXFORD ROAD,	CHAIRMAN			•	
	CA RATON, FL 33434	0.00	<u> </u>		0.	0.
		VICE PRESIDE	1		•	١ .
	CA RATON, FL 33434	0.00	0.		0.	0.
	EP FOREST, 20087 WATERS EDGE	SECRETARY			•	1
	IVE, BOCA RATON, FL 33434	0.00	0.		0.	0.
	LVIN LECHNER, 20320 FAIRWAY OAKS	TREASURER				
	IVE, BOCA RATON, FL 33434	0.00	0.		0.	0.
	RON FOGELMAN, 19607 OAKBROOK	VICE PRESIDE	7- 1		_	_
	RCLE, BOCA RATON, FL 33434	0.00	0.		0.	0.
_	RNARD ROBINSON, 19683 BAY COVE	VICE PRESIDE				
	IVE, BOCA RATON, FL 33434	0.00	0.		0.	0.
	WARD BOILEN, 19664 BAYCOVE DRIVE,	VICE PRESIDE	1 1			
BO	CA RATON, FL 33434	0.00	0.		0.	0.
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			l			
132 17 02-06	72 3-12				Form ⁹	990-EZ (2011)
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Page 3 Other-Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V \mathbf{x} Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 X Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," ailir) b Did the organization file Form 1120-POL for this year? 37h 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations, Enter-39a **b** Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 <u>•</u>; section 4912 ▶ _ b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? e Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 0. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. NONE 42a The organization's books are in care of ► KATHY CAMPBELL Telephone no. $\triangleright 561-488-6966$ Located at ≥ 20583 BOCA WEST DRIVE, BOCA RATON, ZIP+4 > 334.34-4708b At any time during the calendar year, did the organization have an interest in or a signature or other authority No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b X If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

27-3840788

Form 990-EZ (2011)

Form 990-EZ (2	011) % ARTH	UR ADLE	R				<u>27-3840</u>	
4. ?	•				ويعتز ناور بالبرح			Yes
46 Did the or	ganization engage, directl	ly or indirectly, i	n political campaign activiti	es on behalf of or	in opposition	to candidates for p	ublic office?	
	omplete Schedule C, Part		· · · · · · · · · · · · · · · · · · ·			<u> </u>	<u></u>	46
Part VI	Section 501(c)(3)	organization	ons and section 49	947(a)(1) non	exempt	charitable tru	sts only. A	Il section 50
	organizations and sect	ion 4947(a)(1)	nonexempt charitable t	rusts must answ	er question	ns 47-49b and 52,	and complete	the tables
	for lines 50 and 51. Ch	eck if the orga	nization used Schedule	O to respond to	any quest	ion in this Part VI		<u></u>
							 -	Yes
47 Did the or	ganization engage in lobb	ying activities o	r have a section 501(h) ele	ction in effect durii	ng the tax ye	ar? If "Yes," complet	e Sch. C, Part II	47
		-	170(b)(1)(A)(ii)? If "Yes,"		_			48
			npt non-charitable related o					49a
	-		organization?	-				49b
			est compensated employee					each received
		_	tion. If there is none, enter		•	,		
	(a) Name and addr			(b) Title and ave	erage hours	(C) Reportable	(d) Health benef	fits, (e) Estir
	paid more t	than \$100,000 `	•	per week de	voted to	compensation (Forms W-2/1099-MISC)	contributions t	amount o
		N	IONE	positio	on	W-2/1099-MISC)	plans, and defen	red compan
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(a) Name and	d address of each indepen	ident contractor	paid more than \$100,000		(b) Type o	f service	(c) Compensation
								
			····					
								
and Arthur						بد د ,		
							:	
								 -
			h					
	· ·		th receiving over \$100,000					
	-		All section 501(c)(3) organi	zauons and 494/(a	a)(1) nonexe	npt	<u>.</u> 1	.
Under penalties o	e trusts must attach a com if perjury, I declare that I have e	examined this return	n, including accompanying sche	dules and statements	a, and to the be	st of my knowledge and	belief, it is true. c	correct, and comm
Declaration of pre	parer (other than officer) is base	ed on all information	on of which preparer has any kno	owledge.			1	
Sign	Signature of officer						Date	/
Here	Carl.	1	_ 1/1/	SUKER			Z/	7/1,
	<i>J</i> - 14	~	- INCA	JUNTA			0/	1111
	Type of print name hind that				-			110
	Type or print name and title							7/10
	Type or print name and title Print/Type preparer's na		Preparer's signature		Date	Check	if PTIN	7/10
Paid				~		self- emplo	→ · · · · ·	7/10
Preparer		ame			Date 08/07	self- emplo	yed	L403077
	Print/Type preparer's na	ame	Preparer's signature			self- emplo	yed	
Preparer	Print/Type preparer's na MELVIN LECH Firm's name MNL Firm's address 20	INER CONSUL 320 FAI	Preparer's signature TANTS, INC. RWAY OAKS DE	RIVE #382	08/07	self- emplo	pyed P01 1 ► 65-00	
Preparer Use Only	Print/Type preparer's na MELVIN LECH Firm's name ▶ MNL Firm's address ▶ 20 BO	iner CONSUL 320 FAI	Preparer's signature TANTS, INC. RWAY OAKS DE ON, FL 33434	RIVE #382	08/07	self- emplo	pyed P01 1 ► 65-00)45534 183-879
Preparer Use Only	Print/Type preparer's na MELVIN LECH Firm's name MNL Firm's address 20	iner CONSUL 320 FAI	Preparer's signature TANTS, INC. RWAY OAKS DE ON, FL 33434	RIVE #382	08/07	self- emplo	pyed P01 1 ► 65-00	45534

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public

Name of the organization

BOCA WEST COMMUNITY CHARITABLE FNDN.

% ARTHUR ADLER

Employer identification number 27-3840788

Part la	Reason	for Public Char	rity Status (All organiz	zations mu	ist comple	te this par	t.) See ins	tructions.				
The organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one t	oox.)	_				
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).				
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(iii).					
4 🔲			operated in conjunction					ХЬХ 1ХАХіі	ii). Enter th	e hospital's	s name	Θ.
	city, and stat								•	•		•
5 🔲	An organizati	on operated for the	benefit of a college or u	niversity o	wned or or	perated by	a govern	mental uni	t describe	d in		
		(b)(1)(A)(iv). (Compl		•		•						
6			ent or governmental uni	t describe	d in sectio	n 170/b¥	1VAY\\					
7			eives a substantial part					or from the	general p	ublic descr	ihed ir	,
_		b)(1)(A)(vi). (Comple		o		90.0	orneed Grine (<i>y</i>	gonora p	abilo 4000i	1000 11	•
8 🗀			section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗓			eives: (1) more than 33			rom contr	ibutions n	nemhershi	n fees and	d aross rec	ainte f	mom
_			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete			by Holli bu	31103303	acquii eu t	y ule olge	u iizatioi i a	itei oune ot	, 15/	J.
10 🔲			perated exclusively to te	st for publ	ic safety 9	Saa aartir	n 500/aV	4)				
11 🗀			perated exclusively for the						v out the r	umases of	one o	
			ations described in section									P4
			organization and comple				-). C oo se	cuon sos ₍	адор Опо		ııaı	
	a Type		¬		e III - Func		teamted		a 🗀	Type III - O	thor	
e 🗆			at the organization is not	• -		-	-	r more die				
- —			than one or more publicly									•
f			tten determination from t						J(u)(1) 01 3	000000000000000000000000000000000000000	۵/۱۵).	
•	_	rganization, check tl			•							
9		-	nis box organization accepted ar						2	•••••	••••••	ш
•			firectly controls, either al			•		• •		ſ	Yes	No
		-	upported organization?	-		•		• • • •			163	NO
			n described in (i) above?								\dashv	
	(ii) A 35%	controlled entity of a	person described in (i) o		ì ~?	•••••	•••••	••••••	• • • • • • • • • • • • • • • • • • • •	11g(ii)		
h						••••••	•••••••	••••••	••••••	11g(iii)		
h	Provide the h	ollowing information	about the supported org	ganization	(S).							
` '	of supported	(ii) EIN	(iii) Type of	(iv) Is the c		· · · · · · · · · · · · · · · · · · ·						
org	anization		organization	5 and (1) li	organization	(v) Did you	u notify the	(vi) Is organizato	the	(vii) Amo	unt of	
			(described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	lorganizátic	on in col. I	(vii) Amo supp		
			(described on lines 1-9 above or IRC section	in col. (i) lis governing	sted in your document?	organizat (i) of you	ion in col. r support?	organizatıd (i) organız U.S	on in col. ed in the .?			
			(described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	lorganizátic	on in col. I			
			(described on lines 1-9 above or IRC section	in col. (i) lis governing	sted in your document?	organizat (i) of you	ion in col. r support?	organizatıd (i) organız U.S	on in col. ed in the .?			
		:	(described on lines 1-9 above or IRC section	in col. (i) lis governing	sted in your document?	organizat (i) of you	ion in col. r support?	organizatıd (i) organız U.S	on in col. ed in the .?			
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			(described on lines 1-9 above or IRC section	in col. (i) lis governing	sted in your document?	organizat (i) of you	ion in col. r support?	organizatıd (i) organız U.S	on in col. ed in the .?			
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			(described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis governing Yes	sted in your document?	organizat (i) of your Yes	non in col. r support? No	organizatı((i) organız U.S Yes	on in col. ed in the ? No			
			(described on lines 1-9 above or IRC section	in col. (i) lis governing Yes	sted in your document?	organizat (i) of your Yes	ion in col. r support?	organizatı((i) organız U.S Yes	on in col. ed in the .?			

chedule	A /Form	aan	or 990-F7)	2011

Page 2

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.)

Section A Public Support

<u> </u>	ction A. Fublic Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		<u></u>				
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		THE TANK TO BE AND THE SECOND	. v (ta kačna	a ^{te} rii ara milid	-trit in asstice	
	by each person (other than a		dicipa dyfaithi.	r d d d d d d d d d d d d d d d d d d d			
	governmental unit or publicly			Al-Land			
	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.	i adh mi i	rakija i sar Zaman S. vakia at tari.	#\$ # 1		." ; \$ < '	··········
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on]					
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	[
11	Total support. Add lines 7 through 10	**			1 2 3	55 1 1 3	
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•					
	organization, check this box and stor	here	***************************************				▶□
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2011 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2010					15	%
	33 1/3% support test - 2011. If the c					ore, check this box	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies						
b	33 1/3% support test - 2010. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	t - 2011. If the org:	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	r more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						•-
	organization meets the "facts-and-circ						▶[
18	Private foundation. If the organizatio						
						dule A /Earm 900 a	- 000 F7\ 0044

Schedule A (Form 990 or 990-EZ) 2011 % ARTHUR ADLER

27-3840788 Page 3

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

al there -

(Complete only if you checked the box on line 9 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.)

Dalendary year (or fiscal year beginning in) P Giffs, gurans, contributions, and memberahip fees received. (Do not include any "unusual grants"). Giros macipits from admissions, merchandres sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-enorary purpose. Giros receipts from admissions that are not an unrelated frade or bus insess uncles section 610. Tax revenues sived for the organization's tax-enorary purpose. The value of enorices or facilities furnished in any activity that is related to the organization's tax-enorary purpose. The value of enorices or facilities furnished by a complete organization's benefit and either paid to or expended on its behalf are not an unrelated frade or bus insess uncles section 610. The value of enorices or facilities furnished by a governmental unit to the organization's benefits on without charge of the organization of the o	Sec	ction A. Public Support						
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include any *unusual grants.*) Gross receipts from admissions, menchandise acid or services performed, or facilities furnished in any activity that is related to the organization's travewarpt purpose 3. Gross receipts from activities that are not an unrelated frade or business under section 513 4. Tax revenues levide 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. Testal. Add lines 1 through 5. 7.a Amounts included on lines 1 2. 2 and 3 received from disqualified persons but an experimental to the organization without charge of the services	1	Gifts, grants, contributions, and					-	
2 Gross receipts from activities parformed, or facilities furnished in any activity that is related to the organization's far revenues levided 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's benefit and either paid to or expended on its behalf 6 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons 8 John Statistics of the services or facilities furnished by a governmental unit to the organization without charge 9 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons 9 John Statistics of the services or facilities for the encount on lines 1, 2, and 3 received from disqualified persons 9 John Statistics of the services or facilities for the encount on lines 1, 2, and 3 received from disqualified persons 9 John Statistics or facilities for the services or facilities for faci		membership fees received. (Do not	1	ĺ				
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	nization qualifies	as a publicly supp	orted organization	▶□
	20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	▶□

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

5.1.75*156.45*6

Name of the organization

BOCA WEST COMMUNITY CHARITABLE FNDN. STATE STREET

Employer identification number 3840788

T ARTHUR ADDER	1 27-3040700
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: BOYS & GIRLS CLUBS OF PALM BEACH COUNTY	
GRANTEE ADDRESS: 800 NORTHPOINT PARKWAY WEST PALM BEACH,	FL 33407-1946
PROPERTY DESCRIPTION: CASH	
METHOD USED TO DETERMINE BOOK VALUE: CASH	
METHOD USED TO DETERMINE FMV: CASH	
BOOK VALUE OF PROPERTY: 25,000.	
AMOUNT GIVEN:	25,000.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: WAYNE BARTON STUDY CENTER	
PROPERTY DESCRIPTION: CASH	
METHOD USED TO DETERMINE BOOK VALUE: CASH	
METHOD USED TO DETERMINE FMV: CASH	
BOOK VALUE OF PROPERTY: 24,000.	
AMOUNT GIVEN:	24,000.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: JEWISH ADOPTION & FOSTER CARE	
PROPERTY DESCRIPTION: CASH	
METHOD USED TO DETERMINE BOOK VALUE: CASH	
METHOD USED TO DETERMINE FMV: CASH	
BOOK VALUE OF PROPERTY: 17,500.	
AMOUNT GIVEN:	17,500.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

BOCA WEST COMMUNITY CHARITABLE FNDN.

Employer identification number 27 – 3840788

	% ARTHUR ADLER	27-3840788
		
ACTIVITY CLASSI	IFICATION:	·······
GRANTEE NAME: F	BOCA HELPING HANDS	
PROPERTY DESCRI	IPTION: CASH	
METHOD USED TO	DETERMINE BOOK VALUE: CASH	
METHOD USED TO	DETERMINE FMV: CASH	
BOOK VALUE OF I	PROPERTY: 22,500.	
AMOUNT GIVEN:		22,500.
ACTIVITY CLASS	IFICATION:	
GRANTEE NAME: I	FLORENCE FULLER CHILD DEVELOPMENT CENTER	
PROPERTY DESCRI	IPTION: CASH	
METHOD USED TO	DETERMINE BOOK VALUE: CASH	
METHOD USED TO	DETERMINE FMV: CASH	
BOOK VALUE OF I	PROPERTY: 25,000.	
AMOUNT GIVEN:	1	25,000.
ACTIVITY CLASS	IFICATION:	
GRANTEE NAME: S	SOS CHILDRENS VILLAGE	
PROPERTY DESCRI	IPTION: CASH	
METHOD USED TO	DETERMINE BOOK VALUE: CASH	
METHOD USED TO	DETERMINE FMV: CASH	
BOOK VALUE OF I	PROPERTY: 3,500.	
AMOUNT GIVEN:		3,500.
TOTAL INCLUDED	ON FORM 990-EZ, LINE 10	117,500.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BOCA WEST COMMUNITY CHARITABLE FNDN.

Employer identification number 27 – 3840788

——————————————————————————————————————	% ARTHUR ADLER		27-3840788
FORM 990-EZ, P.	ART_I, LINE 16, OTHER EXPENSES		
DESCRIPTION OF	OTHER EXPENSES:		AMOUNT:
INSURANCE			687.
SUPPLIES			400.
REGISTRATION F	BES		149.
WEBSITE		·····	1,950.
TOTAL TO FORM	990-EZ, LINE 16		3,186.
FORM 990-EZ, P.	ART III, PRIMARY EXEMPT PURPOS	E - TO IDENT	IFY AND FUND
PROJECTS DESIG	NED TO STRENGTHEN, BUILD AND I	MPROVE THE L	IVES OF
INDIVIDUALS, G	ROUPS AND FAMILIES IN THE COMM	UNITY OF BOC	A RATON AND THE
SOUTH PALM BEA	CH COUNTY AREA.		
FORM 990-EZ, P.	ART V, INFORMATION REGARDING P	ERSONAL BENE	FIT CONTRACTS:
THE ORGANIZATI	ON DID NOT, DURING THE YEAR, R	ECEIVE ANY F	UNDS, DIRECTLY,
OR INDIRECTLY,	TO PAY PREMIUMS ON A PERSONAL	BENEFIT CON	TRACT.
THE ORGANIZATI	ON, DID NOT, DURING THE YEAR,	PAY ANY PREM	IUMS, DIRECTLY,
OR INDIRECTLY,	ON A PERSONAL BENEFIT CONTRAC	т	····

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			▶ X
	re filing for an Additional (Not Automatic) 3-Month Ex					
Do not co	emplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tire	ne to file (6 months for a co	orporation
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request a	n extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers .	Associated With	Certain
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	ctronic filing of th	nis form,
	irs.gov/efile and click on e-file for Charities & Nonprofits		,			•
Part I			submit original (no copies ne	eded).		
A corpora	tion required to file Form 990-T and requesting an autor					
Part I only	· · · · · · · · · · · · · · · · · · ·			-		
All other o	corporations (including 1120-C filers), partnerships, REM					
	ome tax returns.					
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification n	umber (EIN) or
print	BOCA WEST COMMUNITY CHARITY	ABLE I	FNDN.	Ì		` '
,	% ARTHUR ADLER			X	27-3840	788
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (S	
filing your	20583 BOCA WEST DRIVE				,	,
retum See instructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.	• 		
	BOCA RATON, FL 33434-4708					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			01
				• • • • • • • • • • • • • • • • • • • •		
Applicati	on	Return	Application	·		Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990		01	Form 4720			09
Form 990		04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
	KATHY CAMPBELL					
• The bo	ooks are in the care of > 20583 BOCA WEST	r DRIV	VE - BOCA RATON, F	T. 334	34-4708	
	one No. ► 561-488-6966		FAX No. ▶		2,00	· · · · · · · · · · · · · · · · · · ·
•	organization does not have an office or place of business	s in the I In				
	s for a Group Return, enter the organization's four digit					n check this
_	. If it is for part of the group, check this box					
	quest an automatic 3-month (6 months for a corporation			_	OF S THE EXTENSION	1113 101.
1 110		•	tion return for the organization name		The extension	
io fe	or the organization's return for:	t Organiza	don return for the organization ham	ou above.	IIIO OXIGIISIOII	
_	X calendar year 2011 or					
	<u> </u>		d anding			
	tax year beginning	, an	a ending		_ ·	
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n	
L	_] Change in accounting period					
				 ,		
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
nor	refundable credits. See instructions.			3a	\$	0.
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
esti	mated tax payments made. Include any prior year overp	ayment al	lowed as a credit.	3b	\$	0.
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions	Зс	\$	0.
	If you are going to make an electronic fund withdrawal y			orm 8870.	FO for payment	

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.