

# APPROPRIATIONS CONTRACT

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**THIS CONTRACT** is executed on \_\_\_\_\_, by the City of Pompano Beach (“City”) and URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED, a Not For Profit Corporation authorized to do business in the State of Florida (“Recipient”).

**WHEREAS**, the City of Pompano Beach has appropriated for its current Fiscal Year 2025-2026 (October 1st through September 30th), the sum of Ten Thousand Dollars (\$10,000.00) to Recipient, to conduct a program entitled or activity as described in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description” (collectively the “Work”) attached hereto and incorporated herein by reference, for the period beginning October 1, 2025 and ending September 30, 2026; and

**WHEREAS**, the City Commission finds that entering into this Contract serves a valid public purpose as Recipients shall perform or provide a service that is beneficial to the residents of the City, and that the City is currently not in a position to provide such services on its own;

**WHEREAS**, it is in the best interest of the City to enter into this contract with Recipient to provide the Work hereunder in accordance with the terms and conditions set forth herein; and

**NOW, THEREFORE**, in consideration of those mutual promises and the terms and conditions set forth hereafter, the parties agree as set forth below.

1. *Contract Documents.* This Contract consists of Exhibit “A”, Recipients Requirements, Contractual Responsibilities and Program Description; Exhibit “B”, Payment Schedule; and Exhibit “C”, Insurance Requirements attached hereto, made a part hereof and incorporated herein, and all written change orders and modifications issued and approved by the City after execution of this Contract.

2. *Term of Contract.* This Contract shall be for the period beginning October 1, 2025 and ending September 30, 2026.

3. *Renewal.* This Contract is not subject to renewal.

4. *City’s Maximum Obligation.* City agrees to pay Recipient the aforementioned sum to provide the Work. Both parties agree that unless otherwise directed by City in writing, Recipient shall continue to provide the Work during the term of this Contract.

5. *Payment of Program.* City shall pay Recipient for performance of the Work in accordance with Payment Schedule set forth in Exhibit “B”.

6. *Disputes.* Any factual disputes between City and the Recipient in regard to this Contract shall be directed to the City Manager for the City whose decision shall be final.

7. *Contract Administrators, Notices and Demands.*

A. *Contract Administrators.* During the term of this Contract, the City's Contract Administrator shall be the City Manager or his/her written designee and Recipient's Contract Administrator shall be Germaine Smith Baugh or his/her written designee.

B. *Notices and Demands.* A notice, demand or other communication hereunder by either party to the other shall be effective if it is in writing and sent via email, facsimile, registered or certified mail, postage prepaid to the representative(s) named below or is addressed and delivered to such other authorized representative at the address as that party from time to time may designate in writing and forward to the other as provided herein.

**If to Recipient:** Germaine Smith Baugh  
President & CEO  
560 NW 27th Avenue  
Fort Lauderdale, FL 33311  
Office: (954) 584-0777  
Email: [gsbaugh@ulbcfl.org](mailto:gsbaugh@ulbcfl.org)

**If to City:** Greg Harrison, City Manager  
100 W Atlantic Blvd.  
Pompano Beach, FL 33060  
Office: (954) 786-4601  
Email: [greg.harrison@copbfl.com](mailto:greg.harrison@copbfl.com)

8. *Ownership of Documents and Information.* All information, data, reports, plans, procedures or other proprietary rights in all items, developed, prepared, assembled or compiled by Recipient as required for the Work hereunder, whether complete or unfinished, shall be owned by City without restriction, reservation or limitation of their use and made available at any time and at no cost to City upon reasonable written request for use and/or distribution as City deems appropriate provided City has compensated Recipient in accordance with the terms set forth herein. City's re-use of Recipient's Work product shall be at its sole discretion and risk if done without Recipient's written permission. Upon completion of all Work contemplated hereunder or termination of this Contract, Recipient shall promptly provide City's Contract Administrator copies of all of the above Work documents upon written request. Recipient may not disclose, use, license or sell any Work developed, created or otherwise originated hereunder to any third party whatsoever. The rights and obligations created under this paragraph shall survive termination or expiration of this Contract.

To the extent it is necessary for Recipient to perform the Work, City shall provide any information, data and reports in its possession to Recipient free of charge.

9. *Termination.* City shall have the right to terminate this Contract, in whole or in part, for cause, default or negligence on Recipient's part, upon ten (10) business days advance written notice to Recipient. Such Notice of Termination may include City's requests for certain product documents and materials, and other provisions regarding the Program.

If there is any material breach or default in Recipient's performance of any covenant or obligation hereunder which has not been remedied within ten (10) business days after

City's written Notice of Termination, City, in its sole discretion, may terminate this Contract immediately and Recipient shall not be entitled to receive further payment from the effective date of the Notice of Termination.

In the event the City fails for any reason to appropriate funds for this Contract, it shall be deemed terminated and City shall provide Recipient with ten (10) business days written notice. Upon receipt of said notice, Recipient shall be responsible for any and all expenses and/or legal obligations made after receipt of City's written notice from the City.

10. *Force Majeure.* Neither party shall be obligated to perform any duty, requirement or obligation hereunder if such performance is prevented by fire, hurricane, earthquake, explosion, war, civil disorder, sabotage, accident, flood, acts of nature or by any reason of any other matter or condition beyond the control of either party which cannot be overcome by reasonable diligence and without unusual expense ("Force Majeure"). In no event shall economic hardship or lack of funds be considered an event of Force Majeure. Additionally, should funds not be utilized, and services or programs not provided within the specific required time period in this Contract due to circumstances outside the control of Recipient, including but not limited to, a Force Majeure event, City is under no obligation to amend or extend this Contract to provide the approved funding past the expiration of the performance period set forth in this Contract. Any amendment to this Contract for such purposes shall be at City's sole discretion, based upon its budget, available funds, and other factors it may deem relevant.

Recipient must follow all Federal, State, County, and City safety guidelines, including all CDC safety guidelines in effect during the term of the Program, including but not limited to social distancing, and personal protection equipment. Inability to conduct the Program and follow any and all required safety guidelines from the COVID-19 crisis or other similar emergency, or failure to follow such requirements, including but not limited to, social distancing, shall constitute grounds for immediate cancellation of this Agreement unilaterally by the City upon written notice, which may be provided via electronic mail.

11. *Insurance.* Recipient shall maintain insurance in accordance with Exhibit "C" throughout the term of this Contract.

12. *Indemnification.* Except as expressly provided herein, no liability shall attach to the City by reason of entering into this Contract.

A. Recipient shall at all times indemnify, hold harmless and defend the City, its officials, employees, volunteers and other authorized agents from and against any and all claims, demands, suit, damages, attorneys' fees, fines, losses, penalties, defense costs or liabilities suffered by the City arising directly or indirectly from any act, breach, omission, negligence, recklessness or misconduct of Recipient and/or any of its agents, officers, or employees hereunder, including any inaccuracy in or breach of any of the representations, warranties or covenants made by the Recipient, its agents, officers and/or employees, in the performance of Work under this Contract. Recipient agrees to investigate, handle, respond to, provide defense for, and defend any such claims at its sole expense and to bear all other costs and expenses related thereto, even if the claim(s) is/are groundless, false or fraudulent. To the extent considered necessary by City, any sums due Recipient hereunder may be retained by City until all of City's claims for indemnification hereunder have been settled or otherwise resolved, and any amount withheld shall not be subject to payment or interest by City.

B. Recipient acknowledges and agrees that City would not enter into this Contract without this indemnification of City by Recipient. The parties agree that one percent (1%) of the total compensation paid to Recipient hereunder shall constitute specific consideration to Recipient for the indemnification provided under this Paragraph and these provisions shall survive expiration or early termination of this Contract.

13. *Sovereign Immunity.* Nothing in this Contract shall be construed to affect in any way the rights, privileges and immunities of the City and its agents as set forth in §768.28, Florida Statutes. Nothing herein shall be construed as consent from either party to be sued by third parties.

14. *Non-Assignability and Subcontracting.*

A. *Non-Assignability.* This Contract is not assignable and Recipient agrees it shall not assign or otherwise transfer any of its interests, rights or obligations hereunder, in whole or in part, to any other person or entity without City's prior written consent which must be sought in writing not less than fifteen (15) days prior to the date of any proposed assignment. Any attempt by Recipient to assign or transfer any of its rights or obligations hereunder without first obtaining City's written approval shall not be binding on City and, at City's sole discretion, may result in City's immediate termination of this Contract whereby City shall be released of any of its obligations hereunder. In addition, this Contract and the rights and obligations herein shall not be assignable or transferable by any process or proceeding in court, or by judgment, execution, proceedings in insolvency, bankruptcy or receivership. In the event of Recipient's insolvency or bankruptcy, City may, at its option, terminate and cancel this Contract without any notice of any kind whatsoever, in which event all rights of Recipient hereunder shall immediately cease and terminate.

B. *Subcontracting.* Prior to subcontracting for Work to be performed hereunder, Recipient shall be required to obtain the written approval of the City's Contract Administrator. If the City's Contract Administrator, in his/her sole discretion, objects to the proposed subcontractor, Recipient shall be prohibited from allowing that subcontractor to provide any Work hereunder. Although Recipient may subcontract Work in accordance with this Paragraph, Recipient remains responsible for any and all contractual obligations hereunder and shall also be responsible to ensure that none of its proposed subcontractors are listed on the *Convicted Vendors List* in accordance with the provisions of Paragraph 26 below.

15. *Performance Under Law.* Recipient, in performance of its duties under this Contract, agrees to comply with all applicable local, state and/or federal laws and ordinances including, but not limited to, standards of licensing, conduct of business and those relating to criminal activity.

16. *Audit and Inspection Records.* Recipient shall permit authorized representatives of the City to inspect and audit all data and records of the Recipient, if any, related to the Work being funded by this Contract until three (3) years after City's final payment under this Contract. Recipient agrees that such inspections and audits may include City's authorized representatives auditing Recipient's financial affairs at any time with no advance notice by City.

Recipient further agrees to include in all subcontracts hereunder a provision to the effect that the subcontractor agrees that City or any of its duly authorized representatives shall,



until **three (3) years after City's final payment to Recipient**, have access to and the right to examine any books, documents, papers and records of such subcontractor attendant to any subcontracted Work provided hereunder.

In the event Recipient receives fifty thousand dollars (\$50,000.00) or more from the City, the City reserves the right to request a copy of a Grant Auditing Report conducted in accordance with the Government Auditing Standards issued by the United States Comptroller General and the provisions of OMB Circular A-133 issued by the Office of Management and Budget, Executive Office of the President. If such a request is made by the City, all grant funds shall be shown via explicit disclosure in the annual financial statements and/or the accompanying notes to the financial statement. Upon City's written request, this Report shall be due within one hundred and twenty (120) days of the close of the City's fiscal year.

17. *Adherence to Law.* Both parties shall adhere to all applicable laws governing their relationship with their employees including, but not limited to, laws, rules, regulations and policies concerning worker's compensation, unemployment compensation and minimum wage requirements.

18. *Independent Contractor.* Recipient shall be deemed an independent contractor for all purposes, and employees of Recipient and all its contractors, subcontractors and the employees thereof, shall not in any manner be deemed to be employees of the City. As such, the employees of Recipient, its contractors or subcontractors, shall not be subject to any withholding for tax, social security or other purposes by City, nor shall such contractor, subcontractor or employee be entitled to sick leave, pension benefits, vacation, medical benefits, life insurance, workers or unemployment compensation or the like from City. Furthermore; nothing in this Contract shall be deemed to constitute or create a joint venture, partnership, pooling arrangement or other form of business entity between Recipient and City.

19. *Mutual cooperation.* Recipient recognizes its performance of Work hereunder is essential to the provision of vital public services and the accomplishment of the stated goals and mission of City. Therefore, Recipient shall be responsible to maintain a cooperative and good faith attitude in all relations with City and the public and shall actively foster a public image of mutual benefit to both parties. Recipient shall not make any statements or take any actions detrimental to this effort.

20. *Public Records.*

A. The City of Pompano Beach is a public agency subject to Chapter 119, Florida Statutes. The Recipient shall comply with Florida's Public Records Law, as amended. Specifically, the Recipient shall:

1. Keep and maintain public records required by the City in order to perform the service.

2. Upon request from the City's custodian of public records, provide the City with a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.

3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the Contract if Recipient does not transfer the records to the City.

4. Upon completion of this Contract, transfer, at no cost to City, all public records in its possession or keep and maintain public records required by the City as required hereunder. If Recipient transfers all public records to the City upon completion of this Contract, Recipient shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Recipient keeps and maintains public records upon completion of this Contract, Recipient shall meet all applicable requirements for retaining public records. Upon request from the City's custodian of public records, all records stored electronically by Recipient must be provided to the City in a format that is compatible with the information technology systems of the City.

B. Failure of the Recipient to provide the above described public records to the City within a reasonable time may subject Recipient to penalties under §119.10, Florida Statutes, as amended.

## **PUBLIC RECORDS CUSTODIAN**

**IF THE RECIPIENT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE RECIPIENT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:**

### **CITY CLERK**

**100 W. Atlantic Blvd., Suite 253**

**Pompano Beach, Florida 33060**

**(954) 786-4611**

**[RecordsCustodian@copbfl.com](mailto:RecordsCustodian@copbfl.com)**

21. *Governing Law; Venue.* This agreement must be interpreted and construed in accordance with and governed by the laws of the State of Florida. The exclusive venue for any lawsuit arising from, related to, or in connection with this Agreement will be in the state courts of the Seventeenth Judicial Circuit in and for Broward County, Florida. If any claim arising from, related to, or in connection with this Agreement must be litigated in federal court, the exclusive venue for any such lawsuit will be in the United States District Court or United States Bankruptcy Court for the Southern District of Florida. BY ENTERING INTO THIS AGREEMENT, THE PARTIES HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT.

22. *Waiver and Modification.*

A. No waiver made by either party with respect to performance, manner, time, or any obligation of either party or any condition hereunder shall be considered a waiver of that party's rights with respect to the particular obligation or condition beyond those expressly waived in writing or a waiver of any other rights of the party making the waiver or any other obligations of the other party.

B. No Waiver by Delay. The City shall have the right to institute such actions or proceedings as it may deem desirable for effectuating the purposes of this Contract provided that any delay by City in asserting its rights hereunder shall not operate as a waiver of such rights or limit them in any way. The intent of this provision is that City shall not be constrained to exercise such remedy at a time when it may still hope to otherwise resolve the problems created by the default or risk nor shall any waiver made by City with respect to any specific default by Recipient be considered a waiver of City's rights with respect to that default or any other default by Recipient.

C. Either party may request changes to modify certain provisions of this Contract; however, unless otherwise provided for herein, any such changes must be contained in a written amendment executed by both parties with the same formality of this Contract.

23. *No Contingent Fee.* Recipient warrants that other than a bona fide employee working solely for Recipient, Recipient has not employed or retained any person or entity, or paid or agreed to pay any person or entity, any fee, commission, gift or any other consideration to solicit or secure this Contract or contingent upon or resulting from the award or making of this Contract. In the event of Recipient's breach or violation of this provision, City shall have the right to terminate this Contract without liability and, at City's sole discretion, to deduct from the Payment Schedule set forth in Exhibit B or otherwise recover the full amount of such fee, commission, gift or other consideration.

24. *Attorneys' Fees and Costs.* In the event of any litigation involving the provisions of this Contract, both parties agree that the prevailing party in such litigation shall be entitled to recover from the non-prevailing party reasonable attorney and paraprofessional fees as well as all out-of-pocket costs and expenses incurred thereby by the prevailing party in such litigation through all appellate levels.

25. *No Third-Party Beneficiaries.* Recipient and City agree that this Contract and other contracts pertaining to Recipient's performance hereunder shall not create any obligation on Recipient or City's part to third parties. No person not a party to this Contract shall be a third-party beneficiary or acquire any rights hereunder.

26. *Public Entity Crimes Act.* As of the full execution of this Contract, Recipient certifies that in accordance with §287.133, Florida Statutes, it is not on the *Convicted Vendors List* maintained by the State of Florida, Department of General Services. If Recipient is subsequently listed on the *Convicted Vendors List* during the term of this Contract, Recipient agrees it shall immediately provide City written notice of such designation in accordance with Paragraph 7 above.

27. *Entire Contract.* This document incorporates and includes all prior negotiations, correspondence, conversations, contracts or understandings applicable to the matters contained herein, and the parties agree that there are no commitments, contracts or understandings

concerning the subject matter of this Contract that are not contained in this document. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or contracts, whether oral or written.

28. *Headings.* The headings or titles to Articles of this Contract are not part of the Contract and shall have no effect upon the construction or interpretation of any part of this Contract.

29. *Counterparts.* This Contract may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. A photocopy, email or facsimile copy of this Contract and any signatory hereon shall be considered for all purposes as original.

30. *Approvals.* Whenever City approval(s) shall be required for any action under this Contract, said approval(s) shall not be unreasonably withheld.

31. *Absence of Conflicts of Interest.* Both parties represent they presently have no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with their performance under this Contract and that no person having any conflicting interest shall be employed or engaged by either party in their performance hereunder.

32. *Binding Effect.* The benefits and obligations imposed pursuant to this Contract shall be binding and enforceable by and against the parties hereto.

33. *Employment Eligibility.* By entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility." This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than twenty (20) calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of one (1) year after the date of termination.

34. *Severability.* Should any provision of this Contract or the applications of such provisions be rendered or declared invalid by a court action or by reason of any existing or subsequently enacted legislation, the remaining parts of provisions of this Contract shall remain in full force and effect.

**THE REMAINDER OF THE PAGE IS INTENTIONALLY LEFT BLANK**

**IN WITNESS WHEREOF**, the parties hereto have caused this Agreement to be executed the day and year hereinabove written.

**CITY OF POMPANO BEACH**

By: \_\_\_\_\_  
REX HARDIN, MAYOR

By: \_\_\_\_\_  
GREGORY P. HARRISON, CITY MANAGER

Attest:

\_\_\_\_\_  
KERVIN ALFRED, CITY CLERK (SEAL)

Dated: \_\_\_\_\_

APPROVED AS TO FORM:

\_\_\_\_\_  
MARK E. BERMAN, CITY ATTORNEY

**"RECIPIENT"**

URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED

(Print or type name of company here)

Witnesses:

Mark P. Reyes

Mark P. Reyes  
(Print or Type Name)

Sandra Despaigne

Sandra Despaigne  
(Print or Type Name)

By: Germaine Smith

Print Name: Germaine Smith Baugh

Title: President & CEO

STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 9/8/25 day of September, 2025, by Germaine Smith Baugh as President & CEO of URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED, a Florida non for profit corporation. He is personally known to me or who has produced (type of identification) as identification.

NOTARY'S SEAL:



Donna M. Marshall  
NOTARY PUBLIC, STATE OF FLORIDA

Donna M. Marshall  
(Name of Acknowledger Typed, Printed or Stamped)

HH377132  
Commission Number

## **Exhibit “A”**

### **Recipients Requirements, Contractual Responsibilities and Program Description**

1. RECIPIENT agrees to do as follows:

- a) To accept the funds as appropriated in accordance with the terms of this Contract; and
- b) If RECIPIENT intends on obtaining matching funds from another source at the time of the application for the CITY grant, the CITY reserves the right to request a copy of the matching fund contract along with a financial report; and
- c) Prior to the award of any CITY funds, RECIPIENT shall provide documentation substantiating that RECIPIENT’s corporation/organization falls within Section 501(c)(3) and Section 501(A) of the Internal Revenue Code and a W9 form; and
- d) To abide by Chapter 119, Florida Statutes, as from time to time amended, and to comply with all applicable federal, state, county and municipal laws, ordinances, codes and regulations. Any difference between the above federal, state, county or municipal guidelines or regulations and this Contract shall be resolved in favor of the more restrictive guidelines; and
- e) To utilize allotted funds under this Contract for the sole purpose set forth in this Contract – FRAUDULENT USE OF CITY FUNDS SHALL RESULT IN THE TERMINATION OF THIS CONTRACT AND THE RECIPIENT SHALL BE OBLIGATED TO RETURN ALL THE FUNDS AWARDED BY THIS CONTRACT. IN ADDITION, THE CITY RESERVES ANY AND ALL RIGHTS AFFORDED UNDER THE LAW INCLUDING PROSECUTION FOR SUCH FRAUDULENT USE OF CITY FUNDS IN A COURT OF COMPETENT JURISDICTION. ALL UNSPENT FUNDS MUST BE RETURNED TO THE CITY; and
- f) To return to the CITY within fifteen (15) days of demand all CITY funds paid to said RECIPIENT under the terms of this Contract upon the finding that the terms of any contract executed by the RECIPIENT of the provisions or any applicable ordinance or law have been violated by the RECIPIENT; and
- g) To return to the CITY all funds expended for disallowed expenditures as determined by the CITY which includes, but not limited to:
  - i. Personal digital assistants (PDAs), cell phones, smartphones, and similar devices
  - ii. Service costs to support PDAs, cell phones, smartphones, and similar devices such as wireless services and data plans
  - iii. Proposal preparation including the costs to develop, prepare or write the proposal

- iv. Pre-award costs
- v. Out-of-state travel; non-local travel expenses
- vi. Gift cards
- vii. Purchase/lease of facilities or vehicles (e.g., buildings, buses, vans, cars)
- viii. Rentals – one day only (written justification and approval needed for additional time)
- ix. Entertainment – exceptions shall be made for community events (written justification and approval needed prior)
- x. Land acquisition
- xi. Furniture
- xii. Honorariums for presenters/speakers and any costs associated with travel expenses
- xiii. Kitchen appliances (e.g., refrigerators, microwaves, stoves, tabletop burners)
- xiv. Tuition/Scholarships
- xv. Capital improvements and permanent renovations (e.g., playgrounds, buildings, fences, wiring)
- xvi. Clothing or uniforms (written justification and approval needed)
- xvii. Project banquets/luncheons
- xviii. Costs for items/services already covered by indirect costs allocation (supplanting)
- xix. Out of state college tours
- xx. Out of county field trips
- xxi. Alcohol
- xxii. Airfare
- xxiii. Boat rentals
- xxiv. Family incentives
- xxv. Car mileage
- xxvi. Stipends
- xxvii. Payroll taxes
- xxviii. Laboratory fees
- xxix. Computers
- xxx. Health benefits
- xxxi. Appliances and home goods (written justification and approval needed)
- xxxii. Digital Cameras
- xxxiii. Plaques
- xxxiv. Hotel Costs
- xxxv. Housing - (written justification and approval needed based on programming)

- h) To maintain books, records and documents in accordance with generally accepted accounting procedures and practices to maintain adequate internal controls which, relating to the project(s), sufficiently and properly reflect all expenditures of funds provided by the CITY under this Contract; and



- 2) RECIPIENT agrees to provide the City Manager's Office or designee with a quarterly narrative and financial progress report, if applicable, on the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description.

Such reports shall include basic statistical information relative to the program or activity and a statement of expenditures made in each budget category and line item identified in the budget which is included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description.

RECIPIENT shall receive the first wave of funding upon approval by the City Commission. A narrative and financial report shall be due on the dates listed below, as applicable.

However, following the completion of the first narrative and financial report and as indicated in Exhibit "B" Payment Schedule, the remaining distribution payment to the RECIPIENT shall be contingent upon prior receipt of the required progress narrative and financial report which is due during the preceding quarter. Narrative and financial reports for recipients receiving quarterly or monthly payments as indicated in Exhibit "B" Payment Schedule shall be due no later than the following dates:

- 1<sup>st</sup> Quarterly Narrative & Financial Report (October/November/December) - February 1<sup>st</sup>
- 2<sup>nd</sup> Quarterly Narrative & Financial Report (January/February/March) - May 1<sup>st</sup>
- 3<sup>rd</sup> Quarterly Narrative & Financial Report (April/May/June) - August 1<sup>st</sup>
- 4<sup>th</sup> Quarterly Narrative & Financial Report (July/August/September) - September 30<sup>th</sup>

If RECIPIENT receives a lump sum payment for a one-time event or an award amount of five thousand dollars (\$5,000.00) or less, then the RECIPIENT shall be required to submit their narrative and financial report on a due date above as assigned by the CITY at a later date. The due date shall occur after the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description has concluded.

However, if any of the above dates fall on a weekend, then the due date shall be extended to the next business day, thereafter, as long as it does not exceed the term of this contract.

When submitting the quarterly narrative reports, RECIPIENT shall track and report to the CITY the following:

- a. Current and final outcomes for the program based on the objectives provided in the RECIPIENT's grant application

- b. Include all available statistics and/or numbers regarding the demographics of individuals served by the program; such as the number of CITY of Pompano Beach residents served (include tracking method used)
  - i. Age
  - ii. Race
  - iii. Gender
  - iv. Zip Codes
  - v. Household income (if applicable)
- c. Describe accomplishments of the program to date
- d. Summary of the impact the program has had on its intended target audience; to include challenges faced, photographs of the project and success stories (How did the CITY's funding make a difference in a resident/recipient's life?)

Failure to provide the quarterly narrative reports shall render an organization ineligible to receive future payouts.

- 3) The approved budget for the RECIPIENT, included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description and any changes in the budget which would affect expenditure of funds provided under the terms of this contract, must be approved in writing by the City Manager or his/her designee prior to the expenditure of such funds; provided, that nothing herein shall authorize or allow any expenditure or obligation of funds in excess of the total sum aforesaid.

RECIPIENT shall submit financial reports with all required documentation of expenditures (including original receipts/proofs of payments and itemized list).

Failure to provide a narrative and financial report as assigned by the CITY and/or failure to utilize all of the prior allocated funds from the first six months of the contract shall render an organization ineligible to receive additional payouts and render the organization ineligible for current and future funding from the CITY.

Failure from the RECIPIENT to provide a Quarterly or Lump Sum narrative and financial report shall forfeit all outstanding project funding and shall render the RECIPIENT ineligible for additional funding from the CITY.

- 4) RECIPIENT agrees that any funds provided by the CITY for the operation of the program or activity during the current CITY's fiscal year, which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation shall be returned to the CITY.
- 5) RECIPIENT shall not use the CITY's logo, materials, or testimony for promotion of the RECIPIENT's program without written authorization from the CITY Manager or its designee.

- 6) RECIPIENTS shall attend a mandatory Orientation provided by the CITY at a date to be determined by the CITY. Failure to attend said Orientation shall be grounds for termination of the contract.
- 7) In cases where a contract is terminated by the CITY for default by RECIPIENT, the CITY reserves the right to deny RECIPIENT's future applications for new funding for a time to be determined by the City Manager, and/or his or her designee, and/or the City Commission.
- 8) For contracts awarded for multiple projects, RECIPIENT shall provide separate reports for each project as outlined under Paragraph 2 above. CITY reserves the right to withhold payment if RECIPIENT fails to provide the reports as requested.

Organization Name: URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED

Program Funded: Living Well Chronic Disease Self-Management and Health Literacy Program

Amount Funded: \$10,000.00

Program Description: The Urban League of Broward County respectfully submits this application for the provision of our Living Well program, established in 2014 to address the high rates of diabetes and chronic disease in the African American and Hispanic communities in Broward County. Living Well serves primarily senior African American and Hispanic low- to moderate-income individuals living in Broward County who have been diagnosed with a chronic disease and/or diabetes, or have been deemed at risk to be diagnosed with a chronic disease and/or diabetes. The secondary population is the caregivers and other family members of an individual who has been diagnosed with a chronic disease and/or diabetes.

The Living Well program model includes three components:

1. 6-Week Stanford Self-Management Program (Diabetes or Chronic Disease)
2. 30-60-90 Day Follow-up Care Management

The Stanford Diabetes and Chronic Disease Self-Management Curricula are evidence-based interventions. Implementation of the follow-up care management is included as an evidence-based intervention to provide an additional level of care coordination, helping participants address social determinant barriers to positive health outcomes.

The short-term outcomes of this initiative include:

- Increased knowledge of skills and tools to self-manage chronic disease and diabetes diagnosis as determined through a pre-workshop and post-workshop survey
- Increase in self-reported physical activity by participants post-workshop at 30, 60 and 90-day benchmarks
- Increase in self-reported healthier eating and increased water intake at 30, 60, and 90 day benchmarks
- Increase the number of participants who have a medical home/primary care physician

Longer-term outcomes of this initiative include:

- Reduced hospitalization (costs)
- Decreased number of visits to the emergency room due to chronic disease and/or diabetes
- Improved overall health outcomes

In addition, ULBC proposes to conduct quarterly health education workshops for Pompano residents to improve health outcomes for Pompano seniors.

Form Name:	City of Pompano Beach Nonprofit Partnership Application
Submission Time:	May 2, 2025 11:49 am
Browser:	Chrome 135.0.0.0 / Windows
IP Address:	160.72.189.98
Unique ID:	1340519039
Location:	26.4554, -80.0755

## About Your Organization

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<b>Which Fiscal Year Is Your Organization Applying For?</b>	2025-2026
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<b>Full Name of Nonprofit:</b>	Urban League of Broward County, Inc.
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<b>Mission of Nonprofit:</b>	Founded in 1975 as an affiliate of the National Urban League, the nation's oldest and largest community-based movement devoted to empowering African Americans, the Urban League of Broward County (ULBC) is dedicated to empowering communities and changing lives in the areas of Education, Entrepreneurship, Jobs, Justice, Housing, and Health. The mission of the Urban League movement is to enable African-Americans and others in historically underserved communities to secure economic self-reliance, parity, power, and civil rights.
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## **Brief Overview of Nonprofit:**

Founded in 1975 as an affiliate of the National Urban League, the nation's oldest and largest community-based movement devoted to empowering African Americans, the Urban League of Broward County (ULBC) is dedicated to empowering communities and changing lives in the areas of Education, Entrepreneurship, Jobs, Justice, Housing, and Health. ULBC has been a cornerstone in Broward for 50 years and has positively impacted thousands of lives via holistic support. Annually, ULBC offers 18 robust and impactful programs serving over 13,000 low- to moderate-income individuals and families. The ULBC's theory of change requires us to not only work with the individual but also with their family with the understanding that family by family, we'll change a block; block by block, we'll change the community.

Our program areas are designed to produce the following impacts:

**Education:** The key to a healthier and more prosperous life. We value education as a critical component for living a healthier and more prosperous life. Our education and youth development programs provide young people with the essential skills they need to excel academically, avoid at-risk behavior and become engaged members in their communities. Tutoring, college preparation, and leadership development are some of the many educational advancement tools offered.

**Entrepreneurship:** We are committed to building community wealth through ownership. Our Entrepreneurship Center's M3 Model (Money, Market, & Management) helps small business owners access the tools needed to grow and develop their business. We provide technical assistance, business management training, and lending solutions.

**Jobs:** We are committed to strengthening the family unit by promoting economic self-sufficiency. We help equip individuals with the tools needed to enter or re-enter the workforce through training, career-building, and job placement services. Our Center for Working Families offers a full range of essential economic resources for low-income residents to help them succeed in the workforce, stabilize their finances and build assets.

**Justice:** We strive to build a stronger, safer community for the children and families we serve. Through our community justice programs, our youth learn the value of social responsibility. We use various methods, including the restorative justice model, to engage youth and community in critical conversations regarding our day-to-day interactions.

**Housing:** We are dedicated to building thriving communities

through a robust economic infrastructure. Our housing programs offer families long-term, sustainable solutions that focus on building assets through savings and homeownership. Our wealth accumulation services include financial literacy education, budgeting, credit counseling, homeownership, foreclosure prevention, and loan modification.

Health: We believe that health and wellness education is the key to optimal growth for our children and families. Our health programs are designed to ensure that preventative care advances and vital health resources reach those who need them most.

<b>Type of Organization:</b>	Human Services
<b>Nonprofit Website:</b>	<a href="http://www.ulbroward.org">www.ulbroward.org</a>
<b>Federal Tax ID Number:</b>	59-1564384
<b>Which funding priority/sub pillar does your nonprofit qualify for?</b>	Community Excellence: Senior Services
<b>How does your program/event(s) fit the funding priority/sub pillar?</b>	<p>The Urban League of Broward County respectfully submits this application to support the provision of our Living Well program to Pompano Beach seniors. Established in 2014 to address the high rates of diabetes and chronic disease in the African American and Hispanic communities, Living Well serves primarily senior African American and Hispanic low- to moderate-income individuals living in Broward County who have been diagnosed with a chronic disease and/or diabetes, or have been deemed at risk to be diagnosed with a chronic disease and/or diabetes. The secondary population is the caregivers and other family members of an individual who has been diagnosed with a chronic disease and/or diabetes.</p>



**Statement of Need:**

Data shows that Black, and often lower-income, individuals are disproportionately burdened by diabetes and other chronic diseases with higher incidence rates, increased complications and death, and reduced overall health outcomes compared to other racial/ethnic groups. According to the "Leading Causes of Death Profile" for Broward County from Florida Health Charts ([flhealthcharts.gov](http://flhealthcharts.gov)), four of the top five leading causes of death for Black Broward are chronic diseases (heart disease, stroke, cancer, and diabetes). These chronic diseases often disproportionately impact Black residents. For example, adjusted for age, diabetes was more than 2.5 times as likely to cause death in Black residents than in white residents (40.7 vs 15.1 per 100,000). Also, Black Broward is twice as likely as their White counterparts to have had a stroke and been hospitalized for it, and 1.8 times as likely to have been diagnosed with diabetes. Nearly 70% of the Black population is either overweight or obese.

The majority of strokes occur among Black populations in Broward County, while chronic lower respiratory diseases and suicide tend to impact the White population. Heart disease appears to be evenly distributed among the Black and White populations. Hypertension, diabetes, and congestive heart failure account for the highest number of chronic disease cases and the highest charges from Broward Health hospitals and comparable hospitals.

Socioeconomic factors contribute significantly to the burden of chronic diseases, including diabetes, impacting the overall health outcomes of Black residents of Broward County. Social determinants include socioeconomic status (including income and poverty), education, access to care, community engagement, social integration, access to healthy food, and the physical environment. Black residents, especially those with lower incomes, face significant systemic barriers to healthcare, including lower rates of health insurance (uninsured or publicly insured), the ability to travel to care, and the ability to access services such as chronic disease self-management that is culturally competent and actionable. In Broward County, only 45.2% of adults with diabetes have received diabetes self-management education (DSME) compared to 49.6% statewide. In addition, 21.6% of African Americans in Broward did not see a doctor in the past year due to cost, compared to 17.2% for Broward County as a whole (FL Health Charts). When you consider the impact of social determinants of health, a significant percentage of the population lives in poverty, uses public insurance, is low-income, and has a lower level of education. These are key risk factors in having low health outcomes due to disparities in care, including access to care.

**Program/Event Information #1**

**Will your organization be hosting the program/event on City property?** Yes

**Which are you applying for? (Program/Event)** Program

**Program/Event Name:** Living Well Chronic Disease Self-Management and Health Literacy Program

**Type of Program/Event:** Nonprofit Program/Seminar/Workshop

**Share an executive summary of the program/event:**

The Urban League of Broward County respectfully submits this application for the provision of our Living Well program, established in 2014 to address the high rates of diabetes and chronic disease in the African American and Hispanic communities in Broward County. Living Well serves primarily senior African American and Hispanic low- to moderate-income individuals living in Broward County who have been diagnosed with a chronic disease and/or diabetes, or have been deemed at risk to be diagnosed with a chronic disease and/or diabetes. The secondary population is the caregivers and other family members of an individual who has been diagnosed with a chronic disease and/or diabetes.

The Living Well program model includes three components:

1. 6-Week Stanford Self-Management Program (Diabetes or Chronic Disease)
2. 30-60-90 Day Follow-up Care Management

The Stanford Diabetes and Chronic Disease Self-Management Curricula are evidence-based interventions. Implementation of the follow-up care management is included as an evidence-based intervention to provide an additional level of care coordination, helping participants address social determinant barriers to positive health outcomes.

The short-term outcomes of this initiative include:

- Increased knowledge of skills and tools to self-manage chronic disease and diabetes diagnosis as determined through a pre-workshop and post-workshop survey
- Increase in self-reported physical activity by participants post-workshop at 30, 60 and 90-day benchmarks
- Increase in self-reported healthier eating and increased water intake at 30, 60, and 90 day benchmarks
- Increase the number of participants who have a medical home/primary care physician

Longer-term outcomes of this initiative include:

- Reduced hospitalization (costs)
- Decreased number of visits to the emergency room due to chronic disease and/or diabetes
- Improved overall health outcomes

In addition, ULBC proposes to conduct quarterly health education workshops for Pompano residents to improve health outcomes for Pompano seniors.

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**Elaborate on your program/event goals and objectives. How do you plan on using the funding to solve the problem?**

Funding from Pompano Beach will allow the Urban League of Broward County to provide two cohorts of up to 16 individuals per cohort with the 6-week curriculum and follow-up care coordination, as well as quarterly health education workshops. The Stanford Chronic Disease Self-Management Curriculum (SMCDSM) serves as a cornerstone of the Living Well Program, offering a comprehensive and evidence-based approach to empowering individuals with chronic diseases to take control of their health and improve their quality of life. Developed through extensive research and informed by the input of individuals living with chronic illnesses, this 6-week curriculum covers various essential topics:

- **Disease Management:** Participants learn practical strategies for managing their chronic conditions effectively, including symptom management and monitoring.
- **Healthy Eating:** The curriculum guides adopting a nutritious diet tailored to the needs of individuals with chronic illnesses, emphasizing the importance of balanced nutrition and mindful eating habits.
- **Reading Food Labels:** Participants are equipped with the skills to interpret food labels accurately, enabling them to make informed dietary choices and better manage their health.
- **Stress Management:** Techniques for stress reduction and coping mechanisms are explored to help participants navigate the emotional challenges associated with chronic illness.
- **Positive Thinking:** The curriculum emphasizes the power of positive thinking and resilience in coping with chronic diseases, fostering a proactive mindset and emotional well-being.
- **Safe and Easy Exercise:** Participants learn about the importance of regular physical activity in managing chronic conditions, with a focus on safe and accessible exercises suitable for individuals of all fitness levels.
- **Medication Usage:** Practical guidance on medication management is provided, including proper dosage, adherence strategies, and potential side effects.
- **Depression Management:** Strategies for recognizing and managing symptoms of depression are discussed, addressing the significant mental health implications often associated with chronic illness.
- **Working with Health Care Professionals:** Participants are

empowered to become active partners in their healthcare journey, learning effective communication skills and advocacy techniques when interacting with healthcare providers.

Classes will be held once a week for 2.5 hours each, spanning 6 weeks. Each session will be led by a trained facilitator. Two (2) cohorts will be conducted throughout the fiscal year, serving 32 seniors. To enhance accountability and engagement, participants are encouraged to select a class buddy who will support them throughout the program. Regular team activities and peer support mechanisms further foster a sense of community and motivation. During each class, participants will develop and update personal action plans outlining their goals for self-management between sessions. These action plans serve as tangible markers of progress and enable the instructors to provide tailored support and feedback to participants based on their individual needs.

**What are the proposed outcomes of your program/event?**

The short-term outcomes of this initiative include:

- Increased knowledge of skills and tools to self-manage chronic disease and diabetes diagnosis as determined through a pre-workshop and post-workshop survey
- Increase in self-reported physical activity by participants post-workshop at 30, 60 and 90-day benchmarks
- Increase in self-reported healthier eating and increased water intake at 30, 60, and 90 day benchmarks
- Increase the number of participants who have a medical home/primary care physician

Longer-term outcomes of this initiative include:

- Reduced hospitalization (costs)
  - Decreased number of visits to the emergency room due to chronic disease and/or diabetes
  - Improved overall health outcomes
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**Share the primary methodology by which you will measure the outcomes of your program/event:**

Evaluation of the Living Well program is designed to support effective project monitoring and project assessment that will inform of the impact of the program's goal to 1) improve self-management knowledge and behaviors; 2) drive behavioral change among individuals with diabetes and other chronic diseases, those at risk for developing chronic diseases and their families; and, 3) improve their quality of life. The expected outcomes to be achieved are: 1) 80% of participants will change behaviors immediately after completion of the class, and 2) 75% of participants will demonstrate improvements on pre/post tests and/or progress on their action plans.

ULBC will utilize several tools to measure the performance results. The simplest tool ULBC uses to measure outputs is sign-in sheets. Sign-in sheets allow the capture of the total number of participants who completed each activity. The primary tool used to measure program effectiveness is pre/post testing. The pre-test gauges the health status of the participant at program entry. It probes for existing eating habits, frequency of exercise, hospital visits, and the participants' overall feeling about their health status. Post-tests, using the same instrument, will be used to evaluate whether the participant will answer the question differently. The measurement intervals are critical to determining participant progress. The pre-test must be administered before the participants begin engaging in class activities, and the post-test must be administered on the last day of class to ensure that the participant has had regular and complete involvement. Increases in attitude and changes in behaviors are captured to show improvement. The post-test is also used to identify which participants will receive additional follow-up services as previously expressed. Action plans will also be used for follow-up with clients to document improvements in the area of healthy eating, physical fitness, and hospitalizations. The action plans will be followed by the implementation of a survey after 6 months to determine if improvements were made through the follow-up period.

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**Estimated total number of individuals expected to attend your program/event:**

51-150

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**Please specify the number of City of Pompano Beach residents your organization will serve if the program/event is funded:**

112

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<b>Describe the demographics of the population you are impacting with this program/event:</b>	<p>Living Well 2025 focuses on Pompano Beach senior residents who are at-risk of developing a chronic disease or who have been diagnosed with a chronic disease. At-risk is defined as those who have been told by a medical professional that they are at-risk based upon obesity or other clinical diagnosis, or those, for example, who have type 2 diabetes in their family and are overweight. Chronic health conditions and lifestyle factors, such as being overweight or obese, being inactive, having metabolic syndrome, and genetic predispositions, all contribute to the increase in diabetes and chronic disease prevalence. The program is expected to serve primarily minorities, lower-income seniors, or individuals who are either uninsured or use public insurance, as they are disproportionately impacted by chronic disease. Family members will be able to attend to help bolster the primary participant's long-term success.</p> <p>Living Well anticipates serving 32 seniors directly through the 6-week series and an additional 80 through quarterly health education workshops.</p>
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<b>Include a description of the geographic area your program/event(s) will serve and how it will impact the area:</b>	<p>The program will serve Pompano Beach and its residents to improve health outcomes for its senior population. Pompano Beach's population is approximately 112,000, of which over half are Black and Latino, and over 20% are over the age of 65. According to the 2022 Community Health Needs Assessment by Holy Cross Health, Pompano Beach residents, as does the broader Broward County, faces several significant health challenges including access to quality healthcare services (barriers include affordability and transportation), limited access to affordable, nutritious food contributing to diet-related health issues, and the high prevalence of diabetes and obesity, particularly in underserved neighborhoods.</p>
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<b>How does your organization specifically market your program/event to City of Pompano Beach residents?</b>	<p>ULBC will conduct outreach to individuals and families through local community organizations, homeowner associations, recreation centers, and more to market the program. ULBC will also utilize its cadre of program alumni to share their experience and increase word of mouth marketing.</p>
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<b>How does a City of Pompano Beach resident access the services/program your nonprofit provides?</b>	The Urban League serves the entire Broward County community but recognizes that access is often limited to seniors due to transportation and other challenges. The Urban League seeks to bring this programming directly to the residents of Pompano Beach by providing the programming on site at the E. Pat Larkins Community Center or a similar community facility in Pompano Beach to reduce the potential transportation barrier.
<b>Start Date of Program/Event:</b>	Jul 01, 2025
<b>End Date of Program/Event:</b>	Jun 30, 2026
<b>Does your program/event have a start time/end time?</b>	No
<b>Name of Program/Event Venue:</b>	TBD
<b>Address of Program/Event Venue Location:</b>	TBD Pompano Beach, FL 33060
<b>Attire of Program/Event (select the one that best applies):</b>	Casual
<b>List any benefits or partnership opportunities the City of Pompano Beach receives:</b>	City of Pompano Beach will be recognized on all marketing collateral for the programming, including flyers, palm cards, and other printed materials. Additionally, Pompano Beach will be recognized on the Urban League's website and in the annual report.
<b>Total dollar amount of the overall program/event budget:</b>	15000
<b>Total dollar amount being requested from the City:</b>	15000
<b>How will your organization use the City of Pompano Beach funding?</b>	Funding will be used to cover the costs of staff time to conduct the workshop series and presentations, staff travel, program supplies, promotional items, participant incentives, and more.
<b>Are you applying for a second program/event?</b>	Yes

## Program/Event Information #2

<b>Will your organization be hosting the program/event on City property?</b>	Yes
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<b>Which are you applying for? (Program/Event)</b>	Program
<b>Program/Event Name:</b>	Advance U Workforce Development Program - Workplace Excellence Workshop Series
<b>Type of Program/Event:</b>	Nonprofit Program/Seminar/Workshop
<b>Share an executive summary of the program/event:</b>	<p>The National Urban League had the goal that by 2025, every American would have access to a job with a living wage and good benefits. The Urban League of Broward County works toward reaching this goal within our Advance U model. We are committed to strengthening the family unit by promoting economic self-sufficiency. With over 30 years of experience in workforce development programs, we help equip individuals with the tools needed to enter or re-enter the workforce through training, career-building, and job placement services. ADVANCE-U offers a full range of essential economic resources for residents to help them succeed in the workforce, stabilize their finances and build assets. ADVANCE-U can be described in three simple solutions: career credentialing, career preparation, and career advancement. The Urban League proposes delivering career preparation services to Pompano Beach residents by conducting twice annually the Workplace Excellence series - 8 hours of soft skills workforce development training, facilitated over the course of four (4) sessions, which includes the following soft skills modules: Adaptability; Communication; Dependability; Presentation; Respect; Reasoning; Suitability; Transitioning; and Work ethics. The modules collectively help the unemployed, underemployed and aspiring incumbent workers successfully navigate the workplace, including teaching how to develop a resume and prepare for interviews.</p>
<b>Elaborate on your program/event goals and objectives. How do you plan on using the funding to solve the problem?</b>	<p>Funding will support the provision of the evidence-based Workplace Excellence series, a soft skills workforce development training to help job seekers successfully navigate the workplace. Once participants complete the series, they will be eligible to meet obtain individual career coaching through one of the Urban League's employment specialists.</p>

<b>What are the proposed outcomes of your program/event?</b>	<p>ULBC's model for evaluation includes monthly monitoring of client and program performance data, including established outputs and outcomes based on the Results-Based Accountability framework.</p> <p>Outputs and Outcomes include:</p> <ul style="list-style-type: none"> <li>• □# of job seekers served</li> <li>• □90% of job seekers who report feeling supported and being satisfied with the services they received</li> <li>• □80% of job seekers improve their employability skills</li> <li>• □50% of job seekers will obtain employment or receive an increase in pay or start a business</li> <li>• □80% reporting an increase in financial well-being</li> </ul>
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<b>Share the primary methodology by which you will measure the outcomes of your program/event:</b>	<p>The ULBC staff utilizes pre and post-testing, satisfaction surveys, and program evaluations to measure the progress of our programs and activities. ULBC collects baseline data about the individual client at intake, including current income, employment status, education level, etc. In addition to short-term tracking of client outcomes (at the close of participation in the program), the Urban League seeks to track clients' post-service completion to determine true impact at 6 months and one-year milestones.</p>
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<b>Estimated total number of individuals expected to attend your program/event:</b>	1-50
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<b>Please specify the number of City of Pompano Beach residents your organization will serve if the program/event is funded:</b>	50
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**Describe the demographics of the population you are impacting with this program/event:**

In 2022, the Urban League of Broward County released the State of Black Broward, which elevated the lived experiences of Black residents of Broward County and highlighted the disparities impacting its children and families. Black residents constitute 30.5% of Broward County's total population, which is approaching 2 million residents. According to the report, the median household income of African Americans is only 71% of White households. The percentage of Black/African American families with children living in poverty is nearly four times higher than white families. In addition, while the current unemployment rate in Broward County is currently at 3.3% as of March 2025 (US Bureau of Labor Statistics), historically the rate for Black Broward is 2-3 times that number. Labor force participation rates also vary across different racial and ethnic groups. According to the Economic Policy Institute's State of Working America, the labor force participation rate for Black or African American residents in Florida was 62.3%, while White residents had a participation rate of 52.6%. These figures highlight the active engagement of Black communities in the labor market, despite facing higher unemployment rates.

Finally, the CoVID-19 Community Distress Index (CDI), shows high level of stress in communities that are heavily populated with Black, Latino and immigrant populations. For example, while Broward County is ranked as prosperous (17th in the state), Pompano Beach is considered an at-risk community. This primary community stressors include high rates of unemployment, low income, lack of educational attainment, and housing affordability. This is also supported through the United Way of Broward County's ALICE Report.

These statistics underscore the urgent need for systemic change to address the racial wealth gap and ensure that our families have access to the tools and resources they need to build long-term financial security and end the cycle of poverty. Programs like the Urban League's AdvanceU Workforce Development Program focus first on moving families from crisis to stability and then to thriving.

The Florida Chamber of Commerce's "Employability Skills Framework" speaks to the need for enhancement of employability and job readiness programming, as both technical and soft skill gaps were noted. According to the report, skills gaps are found across all occupations and education levels in Florida's labor market. While this report was completed in 2019, the results are still relevant in 2025. As such, the report provides one of the clearest signals from private-sector employers to the workforce, education, and economic development partnerships about employers' skills needs. Skills are a key to growing an economy and a viable labor market for employees, students, and job

seekers. ULBC's AdvanceU Workforce Development Program's Workplace Excellence Series offers a solution to this challenge by offering underemployed and unemployed individuals best practice employability training.

<b>Include a description of the geographic area your program/event(s) will serve and how it will impact the area:</b>	This program will serve Pompano Beach and its residents with the goal of increasing employment among unemployed and underemployed residents of the city.
<b>Start Date of Program/Event:</b>	Jul 01, 2025
<b>End Date of Program/Event:</b>	Jun 30, 2026
<b>Does your program/event have a start time/end time?</b>	No
<b>Name of Program/Event Venue:</b>	ULBC's Workplace Excellence Workshop Series
<b>Address of Program/Event Venue Location:</b>	TBD Pompano Beach, FL 33060
<b>Attire of Program/Event (select the one that best applies):</b>	Casual
<b>List any benefits or partnership opportunities the City of Pompano Beach receives:</b>	City of Pompano Beach will be acknowledged on all program collateral including flyers, palm cards, etc. The City will also be recognized on the Urban League's website and in the annual report.
<b>Total dollar amount of the overall program/event budget:</b>	15000
<b>Total dollar amount being requested from the City:</b>	15000
<b>How will your organization use the City of Pompano Beach funding?</b>	Funding will be used to support the cost of staff time for the provision of the workshop, marketing, participant incentives, program materials, etc.

## Additional Activities

<b>Are there any additional activities associated with the primary sponsorship event (Examples include VIP event, Kickoff event, Awards Ceremony, Thank You/Recognition Party, etc...)</b>	No
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## Additional Information

**What are your organization's credentials? Tell us why your organization does it better than anyone else.**

Founded in 1975 as an affiliate of the National Urban League, the nation's oldest and largest community-based movement devoted to empowering African Americans, the Urban League of Broward County (ULBC) is dedicated to empowering communities and changing lives in the areas of Education, Entrepreneurship, Jobs, Justice, Housing, and Health. The Urban League of Broward County's vision is to be a catalyst for change in Broward County and one of Florida's best human service organizations. We will be the provider of choice for our customers, the employer of choice for our co-workers, the investment of choice for our corporate, government, and philanthropic partners, and a model of integrity and excellence for a community-based organization. We value integrity, innovation, impact, passion, commitment, empowerment, and excellence. ULBC has been a cornerstone in Broward for 50 years and has positively impacted thousands of lives via holistic support. Annually, ULBC offers 18 robust and impactful programs serving over 13,000 low- to moderate-income individuals and families. The ULBC's theory of change requires us to not only work with the individual but also with their family with the understanding that family by family, we'll change a block; block by block, we'll change the community.

Key Staff Experience: ULBC has the operational, administrative, fiscal capacity, and resources to plan and implement an expanded CWF. ULBC has an extensive history of successfully delivering quality outcome-oriented and innovative workforce and economic development programs to socio-economically disadvantaged individuals and families. ULBC's CEO, Dr. Germaine Smith-Baugh, leads over 70 full & part-time staff. She receives policy direction from a 25-person Board of Directors that meets six times per year. The ULBC staff is a dedicated team of qualified professionals who embrace the important responsibility of providing a seamless continuum of services designed to equip our individuals and families with the necessary skills to overcome challenges and prepare for success. Mark Reyes, MBA, the Senior Vice President of Program Impact has over 25 years of nonprofit experience in programming, development, community relations, advocacy, etc. agency.

ULBC has extensive experience in providing direct health education and workforce development services to vulnerable residents throughout Broward County. This has afforded the ULBC the opportunity to garner 50 years of experience in outreach, recruitment, and retention and case management to the target populations with the specified communities. Also ULBC recognizes the socio-cultural diversity of Broward County and embraces and celebrates diversity by ensuring that its programs and services meet the needs of different individuals and that individuals have the same opportunities to learn and participate

in its community-based activities. The Urban League ensures that programs have staff members that speak the three common languages of our clients - English, Kreyol, and Spanish.



<b>Other than the program/event you are applying for, how is your organization serving the residents of the City of Pompano Beach?</b>	All of the Urban League of Broward County's programs and services are available to residents of the City of Pompano Beach. From financial capability and homebuyer education to entrepreneurship and workforce, ULBC serves individuals and families from across the County.
<b>Any other information you wish to share?</b>	ULBC has previously partnered with the City of Pompano Beach to provide services to its residents. We look forward to re-engaging in this partnership.

## City of Pompano Beach Funding History

<b>Has your organization been funded before by City of Pompano Beach?</b>	Yes
<b>If yes, when was the most recent year?</b>	n/a
<b>What was the name of program/event funded?</b>	n/a
<b>How much was the funding for this program/event?</b>	10000

## Requested Budget Information

<b>What is your organization's operational budget?</b>	14667725
<b>What is the total value your nonprofit is applying for?</b>	30000
<b>If you are not awarded the full funding requested for your program/event(s), will you be able to complete your project?</b>	No

## About Your Staff and Leadership

<b>Total Number of Employees:</b>	75
<b>Full Name of President/CEO/Executive Director:</b>	Germaine Smith-Baugh

**Include your  
President/CEO/Executive  
Director's biography:**

Dr. Germaine Smith-Baugh is a visionary leader who has dedicated more than two decades of service to the Urban League Movement. Since being named President and CEO in 2006, Dr. Baugh has elevated the profile of the Urban League of Broward County to a premier nonprofit organization dedicated to promoting social and economic advancement for more than 14,000 people each year. Throughout her career, Dr. Baugh has cultivated strategic partnerships to advance racial equity and social justice. A gifted speaker, Dr. Baugh's insights manifest the ideals of the civil rights movement to build economic resiliency for historically underserved communities. She has received numerous accolades for her professional achievements, yet she points to her role as proud wife and loving mother as her greatest accomplishments. Dr. Baugh's education includes a doctorate in Organizational Leadership from Nova Southeastern University, a BS in Business Communications and a MSW from Florida State University.

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**About Your Board of Directors**

<b>Total Board Members:</b>	25
<b>How many board members contribute financially to the organization?</b>	25
<b>Is there a formal give/get policy for board members?</b>	Yes
<b>If so, what is the required amount?</b>	5000

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**About Your Partnerships and Contributors**

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**Does your organization have any programmatic collaborations with other community partners? If so, please list them and provide a brief description of their involvement with your organization.**

ULBC has been a cornerstone in Broward for 50 years and has positively impacted thousands of lives via holistic support. Annually, ULBC offers 18 robust and impactful programs serving over 13,000 low- to moderate-income individuals and families. The ULBC's theory of change requires us to work with the individual and their family, understanding that, family by family, we'll change a block; block by block, we'll change the community. Our six program areas are Education, Entrepreneurship, Jobs, Justice, Housing, and Health.

This comprehensive nature of our work requires us to partner and collaborate with agencies within and outside of Broward County to provide high-impact program models in Broward. ULBC has multiple informal and formal programmatic collaborations and partnerships with organizations and health care providers to conduct outreach, recruit for program activities, and referral for follow-up services, which all lead to better coordination of services and reduce the likelihood of duplication.

ULBC has partnered for years with groups such as Hispanic Unity, local housing authorities, United Way of Broward County, Children's Services Council and ARC Broward on Economic prosperity related matters that inform community level programming including workforce development. Additionally, ULBC has partnered with Baptist Health, Sunshine, Broward Health, Holy Cross, and other health-related institutions to provide direct services and improve access to care for those not presently connected.

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**What other funders have supported your organization within the past year? Please include their levels of contribution.**

The Urban League of Broward County's budget for FY 2024-2025 is over \$14M. This is made possible through a diverse and integrated revenue structure that includes state and local government agencies, private corporations and foundations, individual donors, special events and earned revenue. Institutional donors include:

AIDS Healthcare Foundation (AHF)  
Amazon Foundation  
Amerant Bank  
American Express Charitable Fund  
Bank of America Charitable Foundation  
BankUnited  
Broward College  
Broward County  
Broward Healthy Start Coalition  
Capital One  
Centene Corporation  
Chase Bank  
Children's Services Council of Broward County  
Citi Foundation  
City Furniture  
Cleveland Clinic  
Comcast Foundation  
Community Foundation of Broward  
Enterprise Holdings  
Fifth Third Bank  
Florida Blue Foundation  
Florida Department of Commerce  
Florida Education Fund  
Florida Office of the Attorney General  
Freddie Mac  
Jim Moran Foundation, The  
JM Family Enterprises  
JP Morgan Chase  
Memorial Healthcare System  
Miami Dolphins  
Microsoft  
National Urban League  
NextEra Energy (FPL)  
Sunshine Health  
TD Bank  
Third Federal Foundation  
United Way of Broward County  
US Department of Housing and Urban Development

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## **Financial Information**

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**How does your nonprofit organization currently undergo financial scrutiny and assurance? Please select from one of the applicable options:**

External Financial Audit conducted by an professional auditing firm

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**Upload your documents: All items in this section are mandatory.**

**Itemized Program/Event Budget - Please provide a budget ONLY for the program/event you are applying for.**

<https://www.formstack.com/admin/download/file/17950041220>

**Agency Operational Budget**

<https://www.formstack.com/admin/download/file/17950041221>

**Agency External or Internal Audit and/or a combined PDF with your organization's Balance Sheet and P&L.**

<https://www.formstack.com/admin/download/file/17950041222>

**W9**

<https://www.formstack.com/admin/download/file/17950041223>

**IRS 501(c)(3) Determination Letter**

<https://www.formstack.com/admin/download/file/17950041224>

**Articles of Incorporation**

<https://www.formstack.com/admin/download/file/17950041225>

**Most Recent 990 Form**

<https://www.formstack.com/admin/download/file/17950041226>

**List of Board of Directors**

<https://www.formstack.com/admin/download/file/17950041227>

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**Matching Gift Documentation**

**Does Your Organization Receive Matching Funds?**

No

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**President/CEO/Executive Director Contact Information**

**Name**

Germaine Smith Baugh

**Title**

President & CEO

**Email**

gsbaugh@ulbcfl.org

**Phone Number**

(954) 584-0777

<b>Mailing Address</b>	560 NW 27th Avenue Fort Lauderdale, FL 33311
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**Primary Nonprofit Contact**

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<b>Name</b>	Mark Reyes
<b>Title</b>	Senior Vice President, Program Impact
<b>Email</b>	mreyes@ulbcfl.org
<b>Phone Number</b>	(954) 625-2598

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**Certification and Authorization**

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**I HEREBY CERTIFY BY READING  
AND SELECTING EACH  
STATEMENT LISTED BELOW THAT  
THE:**

Applicant certifies that information contained in this application is complete and accurate. = Select to Agree

Applicant certifies that their organization is a Not For Profit Corporation authorized to do business in the State of Florida. = Select to Agree

Applicant has read and understands the application instructions and requirements of the program. = Select to Agree

Applicant agrees that if recommended for funding, the nonprofit will attend the Mandatory Nonprofit Orientation Workshop and that they will participate in a Nonprofit Program Services Fair as required by the City. = Select to Agree

Applicant certifies that the awarded program/event(s) will serve City of Pompano Beach residents. = Select to Agree

Applicant acknowledges that a recommended award letter is subject to commission approval. = Select to Agree

Applicant acknowledges that only an executed contract with the City authorizes the initiation of program/event services or activities and incurring expenditures. = Select to Agree

Applicant acknowledges that narrative and financial reporting will be required and the organization will meet the assigned deadlines as set forth by the City. = Select to Agree

Applicant acknowledges that the program/event(s) will be completed by the end of the contract term. = Select to Agree

Applicant certifies that the organization has the capacity to comply with all requirements of the program/event(s). = Select to Agree

Applicant will not use funds for disallowed expenditures as set forth by the City. = Select to Agree

Applicant confirms that the organization has an anti-discrimination policy. = Select to Agree

Applicant acknowledges that the program/event(s) submitted will not be eligible to receive funding for if the program/event(s) receives a separate grant from the City for the same program. = Select to Agree

Applicant acknowledges that current policies for general liability, sexual molestation, automobile and workers compensation insurance are required to contract with the City. = Select to Agree

Applicant understands that the submission of their funding request does not guarantee the organization will be selected to receive funding. = Select to Agree

Applicant acknowledges that all information submitted in the partnership application along with any email or correspondence you provide to the City of Pompano Beach becomes a public record and may be subject to disclosure to anyone who requests it under the State's Public Records Laws, to another government agency as required by state or federal law; and/or in response to a court or administrative order, subpoena or search warrant. Your application may be subject to inspection and copying by the public, unless an exception in law exists. = Select to Agree



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248322622  
Feb. 27, 2009 LTR 4168C E0  
59-1564384 000000 00 000  
00012578  
BODC: TE

URBAN LEAGUE OF BROWARD COUNTY  
INCORPORATED  
11 NW 36TH AVE  
FT LAUDERDALE FL 33311-8330

Employer Identification Number: 59-1564384  
Person to Contact: Mrs. Eckert  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Feb. 18, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in February 1980, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations I



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Urban League of Broward County, Inc.</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>560 NW 27th Avenue</b> <b>6</b> City, state, and ZIP code <b>Fort Lauderdale, FL 33311</b> <b>7</b> List account number(s) here (optional)	<b>Requester's name and address (optional)</b>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number										
			-				-			
or										
Employer identification number										
5	9	-	1	5	6	4	3	8	4	


**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
		4/23/2025

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

ARTICLES OF INCORPORATION  
OF  
URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED

We, the undersigned have associated ourselves together, and do hereby associate ourselves together, for the purpose of becoming incorporated under the laws of the State of Florida as a corporation not for profit, pursuant to the following Articles of Incorporation.

I. NAME

The name of this corporation shall be URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED. Its principal office shall be in the County of Broward, and the State of Florida.

II. PURPOSES

SECTION I. The URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED, is an educational and community service agency specializing in the practice of intergroup relations and community organization. The URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED, employs leadership methods to influence community planning, and to initiate constructive relationships among institutions, groups, and industries that should have a common concern for the community and its general welfare.

This organization will carry out a program of services among blacks, other minority groups, and the disadvantaged poor in Broward County, working in coordination and cooperation with existing agencies and organizations:

- A. To improve the economic welfare of blacks and other minorities;
- B. To encourage the development of other agencies where necessary;
- C. To make studies of economic conditions among blacks and other minorities;

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JAN 2 1 23 PM '74  
STATE OF FLORIDA



D. To carry out a program of public education among the citizens of Broward County;

E. To develop and maintain harmonious race relationships;

F. To promote, encourage, assist, and engage in any and all kinds of work to improve economic and social conditions.

The specific tools to achieve these ends include research, fact-finding, interpretation, and public education, demonstration of effective program methods, and projection of future goals.

SECTION II. The corporation shall comply with all pertinent sections of the Internal Revenue code and its Regulations as they now exist or as they may hereafter be amended.

SECTION III. The corporation shall be empowered to publish papers, pamphlets, books and magazines; acquire, rent, lease, let, hold, own, buy, convey, mortgage, bond, sell or assign, property real, personal or mixed, as the purposes of this corporation, whether expressed or implied, shall require, associate itself with other corporations, or associations, of a similar or like nature; collect dues, fees, rents, fines, subscriptions and other revenues to the advantage of the corporation, and to do and perform all such other acts and things, including those generally allowed by the laws of the State of Florida relative to corporations not for profit, as now existing, or as the law may henceforth provide, as from time to time may be necessary, or expedient in the exercise of any or all of its corporate functions, powers and rights.

### III. QUALIFICATION OF MEMBER

The members of this corporation shall be the subscribers, and such other persons as may from time to time be elected to membership by the members of the corporation.

### IV. TERM OF EXISTENCE

This corporation shall have perpetual existence.



#### V. SUBSCRIBERS

The names and residences of the subscribers and incorporators are as follows:

JAMES L. BASS	614 Northwest 9 Avenue Fort Lauderdale, Florida
---------------	--

LUISSES G. HORNE	9430 Live Oak Place Fort Lauderdale, Florida
------------------	---

FREDERICK PINKSTON	7341 Northwest 14 Street Plantation, Florida
--------------------	---

SYLVIA POITIER	377 Northwest 3 Street Deerfield Beach, Florida
----------------	--

MARGARET B. ROACH	1651 Northwest 26 Avenue Fort Lauderdale, Florida
-------------------	--

#### VI. MANAGEMENT OF CORPORATION

The affairs and business of this corporation shall be conducted and managed by the Board of Directors of the corporation, and a President, First Vice-President, Second Vice-President, Secretary, and Treasurer, all of whom will be elected by a majority vote of the membership present at the annual meetings.

#### VII. OFFICERS

The names of the officers who are to serve until the first election are:

PRESIDENT	MARGARET B. ROACH
1st Vice President	BERNARD GEBHARDT
2nd Vice President	SYLVIA POITIER
Secretary	FREDERICK PINKSTON
Treasurer	HOWARD FOREMAN

#### VIII. DIRECTORS

The Board of Directors of the corporation will consist of the President, First Vice President, Second Vice President, Secretary, and Treasurer, and an unfixed number of members elected by the membership. The first Board of Directors and their respective addresses are as follows:



MARGARET B. ROACH	1651 Northwest 26 Avenue Fort Lauderdale, Florida
BERNARD GEBHARDT	2050 Northeast 39 Street Oakland Park, Florida
SYLVIA POITIER	377 Northwest 3 Street Deerfield Beach, Florida
FREDERICK PINKSTON	7341 Northwest 14 Street Plantation, Florida
IRMA ALLEN	2507 Northwest 9 Street Fort Lauderdale, Florida
WALLACE ORR	631 Northwest 9 Court Hallandale, Florida
RALEIGH RAWLS, ESQ.	1018 1/2 Northwest 6 Street Fort Lauderdale, Florida
GINI WELLS SALTER	3151 Glendale Boulevard Fort Lauderdale, Florida
ROBERT SCHROEDER	4400 Northwest 36 Street Fort Lauderdale, Florida
HOWARD FOREMAN	814 Southeast 2 Street Hollywood, Florida

Directors who are not officers, shall hold terms of office as prescribed in the By-Laws.

#### IX. BY-LAWS

The By-Laws of the corporation shall be made by the Board of Directors and may be amended by two-thirds of the Board of Directors present at any regular or special meeting called for that purpose, or by two-thirds of the membership present and voting at any regular or special meeting called for that purpose.

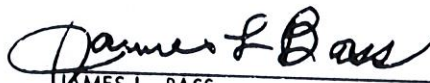
#### X. AMENDMENTS

Amendments to the Articles of Incorporation shall be proposed by two-thirds vote of the Board of Directors present at any regular or special meeting called for that purpose and such proposal shall be submitted



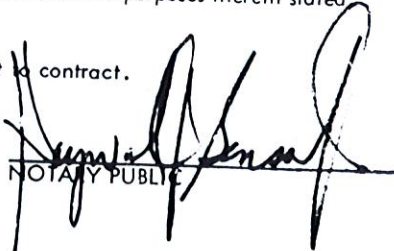
by the Board of Directors to the membership at the next ensuing meeting of the membership. A two-thirds vote of all members present and entitled to vote at a duly constituted meeting of the membership called for that purpose shall be necessary to amend the Articles of Incorporation.

IN WITNESS WHEREOF I have hereunto set my hand and seal,  
acknowledged and filed the foregoing Articles of Incorporation  
under the laws of the State of Florida, this 18 day of Oct,  
1974.

  
JAMES L. BASS (SEAL)

STATE OF FLORIDA     )  
                                  SS  
COUNTY OF BROWARD )

I HEREBY CERTIFY that on this 18 day of Oct, 1974,  
before me the undersigned authority, personally appeared, JAMES  
BASS, who is well known to me and known to be the person described  
in and who executed the foregoing instrument, and acknowledged the  
execution of said instrument for the uses and purposes therein stated  
and is a natural person competent to contract.

  
NOTARY PUBLIC

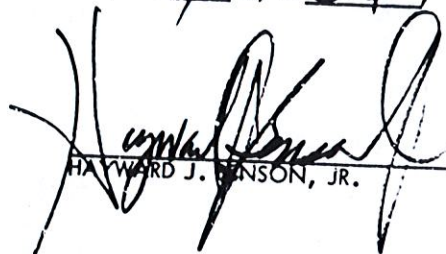
My Commission expires:

Notary Public, State of Florida at Large  
My Commission Expires Oct. 29, 1976  
Bonded \$10,000



IN WITNESS WHEREOF I have hereunto set my hand and  
seal, acknowledged and filed the foregoing Articles of Incorporation

under the laws of the State of Florida, this 4 day of SEP,  
1974.

  
HAYWARD J. BENSON, JR. (SEAL)

STATE OF FLORIDA )  
COUNTY OF BROWARD )

I HEREBY CERTIFY that on this 4 day of Sept:

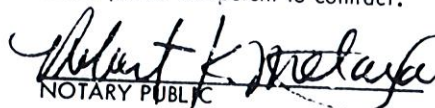
1974, before me the undersigned authority, personally appeared,

HAYWARD J. BENSON, JR., who us well know to me and known

to be the person described in and who executed the foregoing instrument,

and acknowledged the execution of said instrument for the uses and

purposes therein stated, and is a natural person competent to contract.

  
NOTARY PUBLIC

My Commission expires:

Notary Public, State of Florida at Large  
My Commission Expires Jan. 14, 1978  
Burd y American Fire & Casualty Co.

PKM

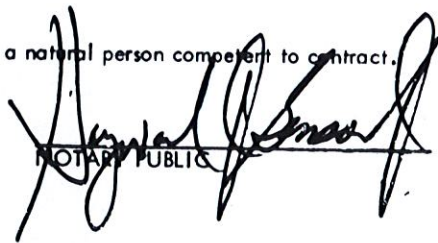


IN WITNESS WHEREOF I have hereunto set my hand and  
seal, acknowledged and filed the foregoing Articles of Incorporation  
under the laws of the State of Florida, this 18 day of Sep  
1974.

  
ULYSSES G. HORNE (SEAL)

STATE OF FLORIDA     )  
                                  SS  
COUNTY OF BROWARD )

I HEREBY CERTIFY that on this 18 day of Sep  
1974, before me the undersigned authority, personally appeared,  
ULYSSES G. HORNE, who us well know to me and known to be  
the person described in and who executed the foregoing instrument,  
and acknowledged the execution of said instrument for the uses and  
purposes therein stated, and is a natural person competent to contract.

  
NOTARY PUBLIC

My Commission expires:

Notary Public, State of Florida at Large  
My Commission Expires Oct. 29, 1976  
Bonded by American Fire & Casualty Co.

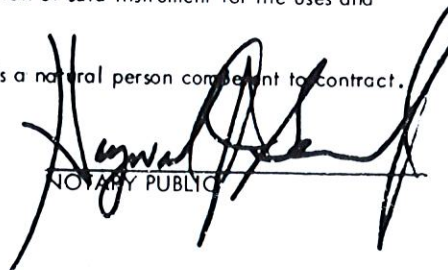


IN WITNESS WHEREBY I have hereunto set my hand and  
seal, acknowledged and filed the foregoing Articles of Incorporation  
under the laws of the State of Florida, this 4<sup>th</sup> day of Sept.  
1974.

 (SEAL)  
FREDERICK PINKSTON

STATE OF FLORIDA     )  
                                  SS  
COUNTY OF BROWARD )

I HEREBY CERTIFY that on this 4 day of Sept.  
1974, before me the undersigned authority, personally appeared,  
FREDERICK PINKSTON, who us well know to me and known to be  
the person described in and who executed the foregoing instrument,  
and acknowledged the execution of said instrument for the uses and  
purposes therein stated, and is a natural person competent to contract.

  
NOTARY PUBLIC

My Commission expires:

Notary Public, State of Florida at Large  
My Commission Expires Oct. 29, 1974  
Bonded by American Fire & Casualty Co.



IN WITNESS WHEREBY I have hereunto set my hand and  
seal, acknowledged and filed the foregoing Articles of Incorporation  
under the laws of the state of Florida, this 18 day of Sep  
1974.

Sylvia Poitier (SEAL)  
SYLVIA POITIER

STATE OF FLORIDA     )  
                                  SS  
COUNTY OF BROWARD )

I HEREBY CERTIFY that on this 18 day of Sep  
1974, before me the undersigned authority, personally appeared,  
SYLVIA POITIER, who us well know to me and known to be the  
person described in and who executed the foregoing instrument,  
and acknowledged the execution of said instrument for the uses  
and purposes therein stated, and is a natural person competent to  
contract.

Harold J. [Signature]  
NOTARY PUBLIC

My Commission expires:

Notary Public, State of Florida at Large  
My Commission Expires Oct. 29, 1976  
Bonded by American Fire & Casualty Co.

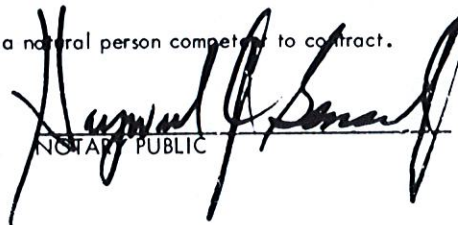


IN WITNESS WHEREOF I have hereunto set my hand and  
seal, acknowledged and filed the foregoing Articles of Incorporation  
under the laws of the State of Florida, this 11 day of Sep  
1974.

  
MARGARET B. ROACH (SEAL)

STATE OF FLORIDA     )  
                                  SS  
COUNTY OF BROWARD )

I HEREBY CERTIFY that on this 11 day of Sep  
1974, before me the undersigned authority, personally appeared,  
MARGARET B. ROACH, who us well know to me and known to be  
the person described in and who executed the foregoing instrument,  
and acknowledged the execution of said instrument for the uses and  
purposes therein stated, and is a natural person competent to contract.

  
NOTARY PUBLIC

My Commission expires:  
Notary Public, State of Florida at Large  
My Commission Expires Oct. 29, 1976  
Bonded by American Fire & Casualty Co.

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SECRETARY OF STATE  
MIAMI, FLORIDA



Urban League of Broward County, Incorporated.  
AMENDMENTS TO ARTICLES OF INCORPORATION

Article II, Section II is amended to read: (part underscored is added)

"The corporation shall comply with all pertinent sections of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter be amended, and this Corporation is organized exclusively for charitable and educational purposes as defined in Section 501 (c) (3) of the Internal Revenue Code of 1954 and shall conduct itself according to the requirements thereof."

Article II, Section IV is hereby added:

"No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its members, trustees, officers or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in these Articles of Incorporation. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.

Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law.)"

Article II, Section V is hereby added:

"Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for payment of all the liabilities of the Corporation, dispose of all the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by the Circuit Court of Broward County, exclusively for such purposes or to such organization or organizations as the Court shall determine, which are organized and operated for such purposes."

AT A MEETING OF THE BOARD OF DIRECTORS OF THE URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED, HELD ON JANUARY 15, 1975, AT 3521 WEST BROWARD BOULEVARD, FORT LAUDERDALE, BROWARD COUNTY, FLORIDA, PURSUANT TO NOTICE AND IN ACCORDANCE WITH THE ARTICLES OF INCORPORATION, THESE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED, WERE, UPON MOTION DULY MADE AND SECONDED, UNANIMOUSLY RECOMMENDED FOR ADOPTION TO THE MEMBERSHIP OF THE URBAN LEAGUE OF BROWARD COUNTY.

AT A MEETING OF THE MEMBERSHIP OF THE URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED, HELD ON JANUARY 15, 1975, AT 3521 WEST BROWARD BOULEVARD, FORT LAUDERDALE, BROWARD COUNTY, FLORIDA, PURSUANT TO NOTICE AND IN ACCORDANCE WITH THE ARTICLES OF INCORPORATION, THESE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED, WERE, UPON MOTION DULY MADE AND SECONDED, UNANIMOUSLY ADOPTED.

IN WITNESS WHEREOF, we have hereunto set our hand and seal, acknowledged and filed the foregoing Amendments to the Articles of Incorporation under the laws of the State of Florida this 4th day of June, 1975.

Margaret Blake Roach (Seal)  
Margaret Blake Roach, President

Frederick Pinkston (Seal)  
Frederick Pinkston, Secretary

I hereby Certify that on this 4th day of June, 1975, before me the undersigned authority, personally appeared, Margaret Blake Roach and Frederick Pinkston, who are well known to me and known to be the persons described in and who executed the foregoing instrument, and acknowledged the execution of said instrument for the uses and purposes therein stated, and are natural persons competent to contract.

My Commission expires:

Notary Public, State of Florida at Large  
My Commission Expires Oct. 29, 1976  
Bonded by American Fire & Casualty Co.

NOTARY PUBLIC

A-518  
6-17



Amendment To The Articles of Incorporation for  
URBAN LEAGUE OF BROWARD COUNTY, INC.

FILED  
JAN 20 3 00 PM '80  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Article VI Management of Corporation

Delete #4 & 5 sentences ("all of whom will be elected by a majority vote of the membership present at the annual meetings")

Article III Directors

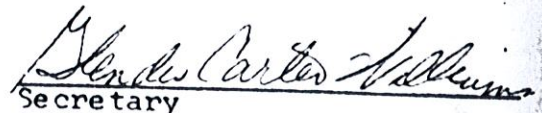
Amended to read: " The Board of Directors of the corporation will consist of the Chairman, First Vice-Chairman, Second Vice-Chairman, Secretary and Treasurer, and an unfixed number of members elected by the membership". The remaining section of this article remains unchanged.

Article X Amendments


In its action taken December 13, 1978 at a regular scheduled meeting the Board of Directors voted to present to the membership at the next ensuing meeting of the membership a proposal for amending the charter. Hence, on January 17, 1979, at a meeting called for that purpose, the membership by unanimous vote did amend its articles of incorporation in a form and manner as stated above.

I certify and attest that the above is a true and accurate of actions taken, both by the Board of Directors and the Membership.

  
Chairman of the Board

  
Secretary





## FY 2024-2025 Board of Directors

Timothy Hogans Jr.		Board Chair	Project Director, Development <b>GridLiance, a NextEra Energy</b> Transmission Company  C: 305-215-1800 E: Tim.Hogans@nee.com
Marie Waugh		1st Vice Chair	Vice President, Chief Talent, Culture and Inclusion Officer <b>Pacific Gas &amp; Electric Company</b>  C: 614-787-6373 E: marie.waugh@pge.com
Pablo J. Pino		2nd Vice Chair	South Florida Market President <b>TD Bank, N.A.</b>  C: 305-724-4888 E: Pablo.Pino@td.com
James H. Malone		Treasurer	Chief Financial Officer <b>Community Capital Management</b>  C: 954-299-9185 E: jmalone@ccminvests.com
Giselle Cushing		Secretary	Regional President, Central Region <b>Aetna</b>  C: 954.648.4759 E: giselle.cushing@aetna.com






Ralph Renzi		Member at Large	<p>General Manager  <b>Cox Media Group</b>  Assistant: Angela Perry  E: <a href="mailto:angela.perry@cmg.com">angela.perry@cmg.com</a></p> <p>T: 305-567-2727  C: 301-452-9292  E: <a href="mailto:ralph.renzi@cmg.com">ralph.renzi@cmg.com</a></p>
Shawn Sackman		Immediate Past Chair	<p>Commercial Banking Leader  <b>Regions Bank</b>  C: 954-540-2018  E: <a href="mailto:shawn.sackman@regions.com">shawn.sackman@regions.com</a></p>
Jay Cohen		Member, and Chair ,Audit Committee	<p>Partner/Owner <b>Cohen, Blostein &amp; Ayala PA</b>  Assistant: Juli Duque/Karla Flores  <a href="mailto:jduque@jaycohenlaw.com">jduque@jaycohenlaw.com</a>/<a href="mailto:kflores@jaycohenlaw.com">kflores@jaycohenlaw.com</a>  T: 954-763-6939  C: 954-401-0068  E: <a href="mailto:jcohen@jaycohenlaw.com">jcohen@jaycohenlaw.com</a></p>
Mildred Coyne		Member	<p>E: <a href="mailto:mildred.coyne@gmail.com">mildred.coyne@gmail.com</a></p>



Nelson Fernandez		Member at large, Village Committee	<p>Executive Vice President <b>ANF Group, Inc.</b></p> <p>Assistant: Janet Flores / Jody Nordone jflores@anfgroup.com/ jnordone@anfgroup.com</p> <p>T: 954-449-1610 C: 954-275-4952 E: nfernandez@anfgroup.com</p>
Shanequa Fleming		Member, HR SubCommittee	<p>Chief Executive Officer <b>Culture Accelerators</b></p> <p>Assistant: Isabella Ojeda Isabella@cultureaccelerators.com C: 954-406-7724 (Asst.)</p> <p>C: 786-859-6782 E: sfleming@cultureaccelerators.com</p>
Sandra Juliachs		Member, Governance Committee	<p>Senior Vice President, Fort Lauderdale Market Executive <b>Bank of America</b></p> <p>T: 954-765-2090 C: 954-294-0144 E: sandra.m.juliachs@bofa.com</p>
Jeanine Karp		Member and Chair, Marketing Committee	<p>Vice President and Partner <b>Rbb Communications</b></p> <p>T: 305-448-3754 jeanine.karp@rbbcommunications.com</p>







Dana M. Moore		Member, HR SubCommittee	Regional Vice President of People and Culture, East Region <b>IHG Luxury &amp; Lifestyle Americas</b>  E: dana.moore1@ihg.com
Brenda Morrison		Member, Board Relations Committee	Community Engagement Representative <b>Community Care Plan</b>  C: 954-790-4471 E: brenda.lea.morrison@gmail.com
Dennis D. Smith		Member and Chair, Village Committee	Chairman <b>Tripp Scott, P. A.</b> Assistant: Jane Wolmart jxv@trippscott.com C: 954-525-7500 (Asst.)  T: 954-760-4920 C: 954-882-8573 E: dds@trippscott.com
Dana Sutton		Member, HR SubCommittee	Director of Sales <b>Enterprise Holdings, Inc.</b>  C: 954-909-8248 E: dana.r.sutton@ehi.com



Paul Tanner		Member and Chair, Investment Committee, Village Committee	<p>Founder, Managing Director <b>Las Olas Capital Advisors</b> Assistant: Ornella Verano E: Ornella.Verano@lasolascap.com</p> <p>T: 954-289-4691 C: 954-494-7494 E: paul.tanner@lasolascap.com</p>
Wayne Thompson		Member, IT and Audit Committee	<p><b>Albion Ventures LLC.</b></p> <p>E: wayne@albionventuresllc.com</p>
Charlene Zein		Member, Governance Committee	<p>SVP, Products <b>Sunshine Health</b></p> <p>Assistant: Alethea Abrahams aabrahams@sunshinehealth.com</p> <p>C: 410-215-8456 Charlene.g.zein@sunshinehealth.com</p>
Adriene McCoy		Member, Village Marketing Committee and HR SubCommittee	<p>SVP, Chief People Officer <b>Baptist Health South Florida</b> Assistant: Lee Orellana E: leeo@baptisthealth.net C: 786.662.7086 (Asst.)</p> <p>C: 954.559.8627 E: Adrienem@baptisthealth.net</p>



Jacinda "Cindy" Mason		Member	<p>Market Lead Broward <b>Florida Blue</b> Assistant: Kamal Chhatwal E.Kamal.Chhatwal@bcbsfl.com C: 305-921-7400 (Asst.)</p> <p>C: 954-728-5651 E: cindy.mason@bcbsfl.com</p>
Stephanie Green		Member	<p>Regional President <b>Fifth Third Bank, N.A. (South Florida)</b></p> <p>Assistant: Sara Torres E: 239-591-6311 C: Sara.Torres@53.com</p> <p>C: 614-419-0574 E:Stephanie.Green@53.com</p>



**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

**Do not enter social security numbers on this form as it may be made public.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**  
**Open to Public Inspection**

**A** For the 2023 calendar year, or tax year beginning 07/01/23 , and ending 06/30/24

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div style="text-align: center;"><b>URBAN LEAGUE OF BROWARD COUNTY INC</b></div>		<b>D</b> Employer identification number <div style="text-align: center;"><b>59-1564384</b></div>
	Doing business as		<b>E</b> Telephone number <div style="text-align: center;"><b>954-584-0777</b></div>
	Number and street (or P.O. box if mail is not delivered to street address) <div style="text-align: center;"><b>560 NW 27 AVENUE</b></div>	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <div style="display: flex; justify-content: space-between;"> <span><b>FORT LAUDERDALE</b></span> <span><b>FL 33311</b></span> </div>		<b>G</b> Gross receipts\$ <b>12,555,622</b>
	<b>F</b> Name and address of principal officer: <div style="text-align: center;"> <b>DR. GERMAINE SMITH-BAUGH</b>  <b>560 NW 27 AVENUE</b>  <b>FORT LAUDERDALE</b> <b>FL 33311</b> </div>		
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.ULBROWARD.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1974</b>	<b>M</b> State of legal domicile: <b>FL</b>
<b>H(c)</b> Group exemption number			

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO ENABLE AFRICAN-AMERICANS AND OTHERS IN HISTORICALLY UNDERSERVED COMMUNITIES TO SECURE ECONOMIC SELF-RELIANCE, PARITY, POWER AND CIVIL RIGHTS.</b>		
	2 Check this box <input type="checkbox"/> 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)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	109
	6 Total number of volunteers (estimate if necessary)	6	223
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,957,968	11,681,512
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,396	30,630
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	104,135	323,711
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	243,946	273,846
		12,340,445	12,309,699
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,388,277	4,187,235
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,531,379	5,145,689
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	494,025	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,239,074	3,060,375
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,158,730	12,393,299
	19 Revenue less expenses. Subtract line 18 from line 12	181,715	–83,600
		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	13,895,688	17,218,638
	21 Total liabilities (Part X, line 26)	5,724,521	8,797,869
	22 Net assets or fund balances. Subtract line 21 from line 20	8,171,167	8,420,769

## 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.

Sign Here	Signature of officer			Date	
	DR. GERMAINE SMITH-BAUGH			PRESIDENT & CEO	
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date
	ALEJANDRO TRUJILLO		ALEJANDRO TRUJILLO		10/28/24
					self-employed
	Check <input type="checkbox"/> if PTIN				P01064712
	Firm's name				Firm's EIN
	GARCIA SANTA MARIA DE ARMAS TRUJILLO				65-0118209
	135 SAN LORENZO AVE STE 660				
	CORAL GABLES, FL 33146				Phone no. 305-448-0404

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

**For Paperwork Reduction Act Notice, see the separate instructions.**

Form **990** (2023)

**Part III Statement of Program Service Accomplishments**

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

☒**1** Briefly describe the organization's mission:

**TO ENABLE AFRICAN-AMERICANS AND OTHERS IN HISTORICALLY UNDERSERVED COMMUNITIES TO SECURE ECONOMIC SELF-RELIANCE, PARITY, POWER AND CIVIL RIGHTS.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **3,741,896** including grants of \$ **2,422,389** ) (Revenue \$ )  
**SEE SCHEDULE O**

**4b** (Code: ) (Expenses \$ **904,586** including grants of \$ ) (Revenue \$ )

**JOBS: DESIGNED TO PROVIDE TRAINING AND DEVELOPMENTAL SKILLS NECESSARY TO ENTER, OR RE-ENTER THE WORKFORCE AND BECOME ECONOMICALLY SELF-SUFFICIENT, PROGRAM BENEFITS INCLUDE EDUCATIONAL SERVICES, EMPLOYABILITY SKILLS, TRAINING, CREDENTIALING AND JOB PLACEMENT TO BECOME ECONOMICALLY SELF SUFFICIENT DURING A TIME WHEN EMPLOYERS CLOSED AND MANY WERE WITHOUT STABLE INCOME, PROGRAMMING ALSO POSITIONED INDIVIDUALS FOR JOB PLACEMENT OPPORTUNITIES AS BUSINESSES RE-OPENED DURING THE PANDEMIC. OUR CENTER FOR WORKING FAMILIES OFFERS A FULL RANGE OF ESSENTIAL ECONOMIC RESOURCES FOR LOW TO MODERATE INCOME RESIDENTS TO HELP THEM SUCCEED IN THE WORKFORCE, STABILIZE THEIR FINANCES AND BUILD ASSETS, THIS PROGRAM SERVED OVER 1,261 INDIVIDUALS.**

**4c** (Code: ) (Expenses \$ **454,855** including grants of \$ ) (Revenue \$ )

**HOUSING: WE ARE DEDICATED TO BUILDING THRIVING COMMUNITIE THROUGH STRONG ECONOMIC INFRASTRUCTURE. OUR HOUSING PROGRAMS OFFER FAMILIES LONG-TERM SUSTAINABLE SOLUTIONS THAT FOCUS ON BUILDING ASSETS THROUGH SAVINGS AND HOMEOWNERSHIP, OUR WEALTH ACCUMULATION SERVICES INCLUDE FINANCIAL LITERACY EDUCATION, BUDGETING, CREDIT COUNSELING, HOMEOWNERSHIP, FORECLOSURE PREVENTION, LOAN MODIFICATION, RENTAL COUNSELING AND FINANCIAL ASSI STANCE , THIS PROGRAM SERVES OVER 1,275 INDIVIDUALS.**

**4d** Other program services (Describe on Schedule O.)(Expenses \$ **5,245,344** including grants of \$ **1,764,846** ) (Revenue \$ )**4e** Total program service expenses **10,346,681**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.		<b>X</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>19</b>
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>109</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	



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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	<b>26</b>		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	<b>26</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?		<b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?		<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?		<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>9</b>		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **FL**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 records.

**GERMAINE SMITH-BAUGH****560 NW 27 AVENUE****FORT LAUDERDALE****FL 33311****954-584-0777**

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. GERMAINE SMITH-BAUGH PRESIDENT & CEO	35.00 5.00			X				405,995	0	61,218
(2) COURTNEE BISCARDI EXECUTIVE VICE PRESI	40.00 0.00			X				150,168	0	38,312
(3) ALICA BROWN SR VP OF PHILANTHROP	40.00 0.00			X				113,860	0	19,960
(4) MARK REYES SR VP PROGRAM IMPACT	40.00 0.00			X				107,554	0	18,862
(5) LENORA FOSTER VP OF FINANCE & ADMI	40.00 0.00			X				24,500	0	1,867
(6) DAVID BENNETT DIRECTOR	2.00 0.00	X						0	0	0
(7) JAMES MALONE, CFA TREASURER	2.00 0.00	X						0	0	0
(8) JAY COHEN DIRECTOR	2.00 0.00	X						0	0	0
(9) MILDRED COYNE DIRECTOR	2.00 0.00	X						0	0	0
(10) GISELLE CUSHING SECRETARY	2.00 0.00	X						0	0	0
(11) NELSON FERNANDEZ DIRECTOR	2.00 0.00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>SHANEQUA FLEMING</b>										
(12) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(13) <b>TIMOTHY HOGANS</b>										
(13) <b>CHAIR</b>	2.00 0.00	X						0	0	0
(14) <b>CINDY JACKSON</b>										
(14) <b>SECRETARY</b>	2.00 0.00	X						0	0	0
(15) <b>SANDRA JULIACHS</b>										
(15) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(16) <b>JEANINE KARP</b>										
(16) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(17) <b>ADRIENE MCCOY</b>										
(17) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(18) <b>DANA MOORE</b>										
(18) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(19) <b>BRENDA MORRISON</b>										
(19) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
<b>1b Subtotal</b>								<b>802,077</b>		<b>140,219</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>802,077</b>		<b>140,219</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>SHUTTS AND BROWN LLP</b> <b>MIAMI</b> <b>FL 33131</b>	<b>200 SOUTH BISCAYNE BLVD, SUITE 4100</b> <b>LEGAL SERVICES</b>	<b>171,228</b>
<b>IBRIDGE LLC</b> <b>CORAL SPRINGS</b> <b>FL 33071</b>	<b>1820 NW 124TH WAY</b> <b>CONSULTANT SERV</b>	<b>137,500</b>

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	11,399,512					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	282,000					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f			11,681,512				
<b>Program Service Revenue</b>			Business Code					
	<b>2a OTHER REVENUE</b>			30,630	30,630			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			30,630				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			323,711	323,711			
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6a</b> Gross rents		(i) Real	(ii) Personal				
		<b>6a</b>						
		<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		<b>7a</b>						
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>						
	<b>d</b> Net gain or (loss)							
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
		<b>8a</b>	519,769					
		<b>b</b> Less: direct expenses	<b>8b</b>	245,923				
	<b>c</b> Net income or (loss) from fundraising events			273,846				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19								
	<b>9a</b>							
	<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities								
<b>10a</b> Gross sales of inventory, less returns and allowances								
	<b>10a</b>							
	<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory								
<b>Miscellaneous Revenue</b>			Business Code					
	<b>11a</b>							
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions			12,309,699	354,341	0	0		

**Part IX Statement of Functional Expenses***Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).*Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>4,187,235</b>	<b>4,187,235</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>942,296</b>	<b>132,436</b>	<b>702,804</b>	<b>107,056</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>4,203,393</b>	<b>3,947,116</b>	<b>1,245</b>	<b>255,032</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	<b>33,496</b>		<b>33,496</b>	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>1,093,721</b>	<b>528,061</b>	<b>565,660</b>	
<b>12</b> Advertising and promotion	<b>147,695</b>	<b>124,981</b>	<b>5,140</b>	<b>17,574</b>
<b>13</b> Office expenses	<b>53,404</b>	<b>35,989</b>	<b>13,039</b>	<b>4,376</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>558,576</b>	<b>439,085</b>	<b>89,756</b>	<b>29,735</b>
<b>17</b> Travel	<b>37,406</b>	<b>36,953</b>	<b>453</b>	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>95,224</b>	<b>38,486</b>	<b>34,871</b>	<b>21,867</b>
<b>20</b> Interest	<b>1,000</b>	<b>1,000</b>		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	<b>107,425</b>	<b>89,634</b>	<b>12,053</b>	<b>5,738</b>
<b>24</b> 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.)				
<b>a</b> <b>PROGRAM SERVICE</b>	<b>399,821</b>	<b>391,481</b>	<b>-1,467</b>	<b>9,807</b>
<b>b</b> <b>TELEPHONE &amp; NETWORK</b>	<b>338,261</b>	<b>267,213</b>	<b>37,529</b>	<b>33,519</b>
<b>c</b> <b>EQUIPMENT RENTAL &amp; REPAIR</b>	<b>44,928</b>	<b>39,533</b>	<b>4,294</b>	<b>1,101</b>
<b>d</b> <b>PROGRAM SUPPLIES</b>	<b>38,181</b>	<b>33,484</b>	<b>-14</b>	<b>4,711</b>
<b>e</b> All other expenses	<b>111,237</b>	<b>53,994</b>	<b>53,734</b>	<b>3,509</b>
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	<b>12,393,299</b>	<b>10,346,681</b>	<b>1,552,593</b>	<b>494,025</b>
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>3,780,972</b>	<b>1</b>	<b>7,810,735</b>
	<b>2</b> Savings and temporary cash investments	<b>3,469,875</b>	<b>2</b>	<b>3,881,772</b>
	<b>3</b> Pledges and grants receivable, net	<b>2,045,558</b>	<b>3</b>	<b>2,478,048</b>
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>37,212</b>	<b>8</b>	<b>54,450</b>
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>451,617</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	<b>10c</b>	<b>451,617</b>
	<b>11</b> Investments—publicly traded securities	<b>93,225</b>	<b>11</b>	<b>97,394</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>4,017,229</b>	<b>15</b>	<b>2,444,622</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>13,895,688</b>	<b>16</b>	<b>17,218,638</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>1,401,681</b>	<b>17</b>	<b>4,748,888</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>2,313,031</b>	<b>19</b>	<b>2,155,359</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	<b>2,009,809</b>	<b>25</b>	<b>1,893,622</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>5,724,521</b>	<b>26</b>	<b>8,797,869</b>
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>		
<b>27</b> Net assets without donor restrictions		<b>8,077,942</b>	<b>27</b>	<b>8,323,375</b>
<b>28</b> Net assets with donor restrictions		<b>93,225</b>	<b>28</b>	<b>97,394</b>
<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds			<b>29</b>	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>30</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds			<b>31</b>	
<b>32</b> Total net assets or fund balances		<b>8,171,167</b>	<b>32</b>	<b>8,420,769</b>
<b>33</b> Total liabilities and net assets/fund balances		<b>13,895,688</b>	<b>33</b>	<b>17,218,638</b>

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>12,309,699</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>12,393,299</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-83,600</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>8,171,167</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>350,921</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>-17,719</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>8,420,769</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<input checked="" type="checkbox"/>	
<b>b</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 _____	<input checked="" type="checkbox"/>	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>PABLO PINO</b>										
(12) 2ND VICE CHAIR	2.00 0.00	X						0	0	0
(21) <b>RALPH RENZI</b>										
(13) MEMBER AT LARGE	2.00 0.00	X						0	0	0
(22) <b>SHAWN SACKMAN</b>										
(14) IMMEDIATE PAST CHAIR	2.00 0.00	X						0	0	0
(23) <b>DENNIS D SMITH</b>										
(15) DIRECTOR	2.00 0.00	X						0	0	0
(24) <b>DANA SUTTON</b>										
(16) DIRECTOR	2.00 0.00	X						0	0	0
(25) <b>PAUL TANNER</b>										
(17) DIRECTOR	2.00 0.00	X						0	0	0
(26) <b>WAYNE THOMPSON</b>										
(18) DIRECTOR	2.00 0.00	X						0	0	0
(27) <b>MARIE WAUGH</b>										
(19) 1ST VICE CHAIR	2.00 0.00	X						0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) <b>CAREN SNEAD WILLIAMS</b>										
(12) ..... <b>2.00</b>										
<b>DIRECTOR</b> ..... <b>0.00</b>		<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(29) <b>CHARLENE ZEIN</b>										
(13) ..... <b>2.00</b>										
<b>DIRECTOR</b> ..... <b>0.00</b>		<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**SCHEDULE A**  
**(Form 990)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

**URBAN LEAGUE OF BROWARD COUNTY INC**

Employer identification number

**59-1564384**

**Part I 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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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 university: .....
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2023

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,629,593	8,239,474	9,538,045	11,957,968	11,681,512	49,046,592
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	7,629,593	8,239,474	9,538,045	11,957,968	11,681,512	49,046,592
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						49,046,592

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	7,629,593	8,239,474	9,538,045	11,957,968	11,681,512	49,046,592
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	105,355	120,120	52,369	104,135	323,711	705,690
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						49,752,282
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	874,110

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	98.58 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	94.75 %
<b>16a 33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test — 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test — 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.		Yes	No
<b>2a</b>			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 .....			
<b>b</b> From 2019 .....			
<b>c</b> From 2020 .....			
<b>d</b> From 2021 .....			
<b>e</b> From 2022 .....			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 .....			
<b>b</b> Excess from 2020 .....			
<b>c</b> Excess from 2021 .....			
<b>d</b> Excess from 2022 .....			
<b>e</b> Excess from 2023 .....			



**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area for supplemental information with horizontal dotted lines.

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

URBAN LEAGUE OF BROWARD COUNTY INC

Employer identification number

59-1564384

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a 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 public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** ☐ Public exhibition **d** ☐ Loan or exchange program  
**b** ☐ Scholarly research **e** ☐ Other .....
- c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table.

- c** Beginning balance .....  
**d** Additions during the year .....  
**e** Distributions during the year .....  
**f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ..... %  
**b** Permanent endowment ..... %  
**c** Term endowment ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations? .....  
(ii) Related organizations? .....

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>451,617</b>		<b>451,617</b>
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				<b>451,617</b>

**Part VII Investments – Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments – Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>RIGHT OF USE ASSETS</b>	<b>1,893,622</b>
(2) <b>FUNDS HELD IN ESCROW</b>	<b>551,000</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>2,444,622</b>

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>RIGHT OF USE LIABILITY</b>	<b>1,893,622</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>1,893,622</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>12,789,729</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>350,921</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>95,613</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>33,496</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>480,030</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>12,309,699</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>12,309,699</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>12,455,416</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>95,613</b>
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>-33,496</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>62,117</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>12,393,299</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>12,393,299</b>

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC NO 740 , "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" ( "ASC NO 740"). ASC 740 REQUIRED THAT THE IMPACT OF TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON EXAMINATION. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE FINANCIAL STATEMENTS. AT 6/30/23, THERE WERE NO UNCERTAIN TAX POSITIONS. THE ORGANIZATION FILES TAX RETURNS WITH US FEDERAL AND OTHER TAX AUTHORITIES FOR WHICH STATUE LIMITATIONS MAY GO BACK TO THE YEAR ENDED 2020 .

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**INVESTMENT FEES** \$ **33,496**

**Part XIII** Supplemental Information *(continued)*

## PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

INVESTMENT FEES \$ -33,496

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

**URBAN LEAGUE OF BROWARD COUNTY INC**

Employer identification number

**59-1564384**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants  
**b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants  
**c** ☐ Phone solicitations **g** ☐ Special fundraising events  
**d** ☐ In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>SPECIAL EVENT</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	519,769			519,769
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	519,769			519,769
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	204,404			204,404
	9 Other direct expenses	41,519			41,519
	10 Direct expense summary. Add lines 4 through 9 in column (d)				245,923
11 Net income summary. Subtract line 10 from line 3, column (d)				273,846	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: .....

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: .....



- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name .....

Address .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ ..... and the amount of gaming revenue retained by the third party \$ .....
- c** If "Yes," enter name and address of the third party:

Name .....

Address .....

**16** Gaming manager information:

Name .....

Gaming manager compensation \$ .....

Description of services provided .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ .....

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

**URBAN LEAGUE OF BROWARD COUNTY INC**

Employer identification number

**59-1564384**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CENTRAL FLORIDA URBAN LEAGUE 2804 BELCO DRIVE ORLANDO FL 32808	59-1766368		347,400				PASS THROUGH STATE
(2)	DERRICK BROOKS CHARITIES 3750 GUN HWY, SUITE 109 TAMPA FL 33618	45-0496688		357,100				PASS THROUGH STATE
(3)	JACKSONVILLE URBAN LEAGUE 903 WEST UNION STREET JACKSONVILLE FL 32204	59-0637865		672,279				PASS THROUGH STATE
(4)	PINELLAS COUNTY URBAN LEAGUE 333 31 STREET NORTH ST PETERSBURG FL 33713	59-1665523		924,887				PASS THROUGH STATE
(5)	TALLAHASSEE URBAN LEAGUE, INC 923 OLD BAINBRIDGE ROAD TALLAHASSEE FL 32303	59-1346143		572,264				PASS THROUGH STATE
(6)	URBAN LEAGUE OF GREATER MIAMI 8500 NW 25 AVENUE MIAMI FL 33147	59-6099445		360,101				PASS THROUGH STATE
(7)	URBAN LEAGUE OF PALM BEACH COUNTY 1700 N AUSTRALIAN AVENUE WEST PALM BEACH FL 33407	59-1533710		953,204				PASS THROUGH STATE
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees**

**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

**URBAN LEAGUE OF BROWARD COUNTY INC**

Employer identification number

**59-1564384**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. GERMAINE SMITH-BAUGH PRESIDENT & CEO	(i)	405,995	0	0	61,218	0	467,213	0
	(ii)	0	0	0	0	0	0	0
2 COURTNEE BISCARDI EXECUTIVE VICE PRESI	(i)	150,168	0	0	38,312	0	188,480	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

**URBAN LEAGUE OF BROWARD COUNTY INC**

Employer identification number

**59-1564384**

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

EDUCATION: WE VALUE EDUCATION AS A KEY COMPONENT FOR LIVING A PROSPEROUS LIFE. OUR EDUCATION AND COMMUNITY JUSTICE PROGRAMS PROVIDE YOUNG PEOPLE WITH THE CRITICAL SKILLS THEY NEED TO EXCEL ACADEMICALLY, AVOID AT-RISK BEHAVIOR AND BECOME ENGAGED MEMBERS IN THEIR COMMUNITIES. TUTORING, COLLEGE PREPARATION AND LEADERSHIP DEVELOPMENT ARE SOME OF THE MANY EDUCATIONAL ADVANCEMENT TOOLS OFFERED, EDUCATIONAL PROGRAMMING WAS OF CRITICAL IMPORTANCE DURING AND POST THE PANDEMIC GIVEN THE TRANSITION OF SCHOOLS, AFTERSCHOOL PROGRAMMING AND LIMITED PRO SOCIAL ACTIVITIES. WE ENGAGE DIGITALLY AND IN PERSON WITH YOUTH INDIVIDUALLY AND IN GROUPS WHERE POSSIBLE TO REDUCE THE RISK OF LEARNING LOSS, RISK BEHAVIORS, AND KEEP THEM INVOLVED IN POSITIVE ACTIVITIES, THIS PROGRAM SERVES OVER 2,526 INDIVIDUALS.

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

TOTAL CLIENTS SERVED THROUGH ALL OF THE ORGANIZATION'S PROGRAMS WAS 10,922.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

THE 990 IS REVIEWED BY THE AUDIT COMMITTEE, THEN GIVEN TO ALL OF THE BOARD MEMBERS TO REVIEW AND A VOTE OF APPROVAL IS DONE AT A BOARD MEETING TO FORMALLY APPROVE AND ISSUE THE 990 RETURN.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

1. BEFORE ANY MEETING OF THE BOARD OF DIRECTORS, AN AGENDA WILL BE

CIRCULATED TO EACH DIRECTOR WITH AN AGENDA OF ITEMS TO BE DISCUSSED

Name of the organization

Employer identification number

URBAN LEAGUE OF BROWARD COUNTY INC

59-1564384

DESCRIBED IN SUFFICIENT DETAIL TO ALLOW MEMBERS OF THE BOARD TO IDENTIFY POSSIBLE CONFLICTS OF INTERESTS.

2. A MEMBER OF THE BOARD WITH A CONFLICT OF INTEREST WILL DECLARE THE SAME IN WRITING TO THE CHAIR PRIOR TO THE INTRODUCTION OF THE AGENDA ITEM IN QUESTION.

3. THE PARTICULARS OF ANY SUCH DISCLOSURES ARE NOTED IN THE MINUTES

4. THE MEMBER OF THE BOARD WHO HAS DISCLOSED A CONFLICT OF INTEREST REGARDING AN AGENDA ITEM WILL REFRAIN FROM PARTICIPATION IN DISCUSSIONS AND VOTING OF THE ITEM, AND WILL LEAVE THE MEETING ROOM WHEN THE BOARD REACHES THAT AGENDA ITEM.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
COMPENSATION OF OTHER KEY EMPLOYEES IS DETERMINED BY THE CEO BASED ON  
COMPENSATION PAID BY SIMILAR SIZED URBAN LEAGUES, AND SALARY SURVEYS OF  
SIMILAR NON-PROFITS IN THE LOCAL MARKET. THE BOARD APPROVES THE SALARY LINE  
ITEMS ANNUALLY DURING THE BUDGET APPROVAL PROCESS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
COMPENSATION OF OTHER KEY EMPLOYEES IS DETERMINED BY THE CEO BASED ON  
COMPENSATION PAID BY SIMILAR SIZED URBAN LEAGUES, AND SALARY SURVEYS OF  
SIMILAR NON-PROFITS IN THE LOCAL MARKET. THE BOARD APPROVES THE SALARY LINE  
ITEMS ANNUALLY DURING THE BUDGET APPROVAL PROCESS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Name of the organization

URBAN LEAGUE OF BROWARD COUNTY INC

Employer identification number

59-1564384

NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

PRIOR YEAR A/P ADJUSTMENT \$ -17,719

FORM 990, PART XII, LINE 3B - REASON FOR NOT UNDERGOING REQUIRED AUDIT

A SINGLE AUDIT IN COMPLIANCE WITH UNIFORM GUIDANCE, 2 CFR PART 200 WAS  
PERFORMED FOR THE YEAR ENDED JUNE 30, 2024

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

URBAN LEAGUE OF BROWARD COUNTY INC

Employer identification number  
59-1564384

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(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 entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CENTRAL COUNTY COMMUNITY DEVELOPMEN 560 NW 27 AVE 65-0699777 FORT LAUDERDALE FL 33311	REAL ESTAT	FL	501C3	12D	N/A		X
(2) URBEN VENTURES LLC 560 NW 27 AVE 35-2458538 FORT LAUDERDALE FL 33311		FL	501C3	12D	N/A		X
(3) .....							
(4) .....							
(5) .....							

**Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) <b>URBEN POMPANO INC</b> <b>560 NW 27 AVENUE</b> <b>FORT LAUDERDALE FL 33311</b> <b>65-0831829</b>	<b>REAL ESTAT</b>	<b>FL</b>	<b>C CORP</b>				<b>100.000000</b>		<b>X</b>
(2) .....									
(3) .....									
(4) .....									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) URBAN VENTURES LLC	K	276,000	DETERMINED BY BOARD
(2) CENTRAL COUNTY COMMUNITY DEVELOPMEN	O	517,050	COST
(3)			
(4)			
(5)			
(6)			

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

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



## Part VII

### Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

## Federal Statements

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 1,093,721	\$ 528,061	\$ 565,660	\$
TOTAL	\$ 1,093,721	\$ 528,061	\$ 565,660	\$ 0

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACTED SERVICES	\$ 27,608	\$ 27,608	\$	\$
PITCH COMPETITION	26,511	24,785	120	1,606
BANK CHARGES	24,199	31	24,168	
AUTO	12,304	1,082	11,222	
DUES & SUBSCRIPTIONS	11,821	688	9,895	1,238
LICENSES & FEES	5,633		5,633	
TAX FEES	1,794	-200	1,329	665
MISCELLANEOUS	1,367		1,367	
TOTAL	\$ 111,237	\$ 53,994	\$ 53,734	\$ 3,509

**Schedule A, Part II, Line 1(e)**

Description	Amount
GOVERNMENT GRANTS OR CONTRIBUTIONS	\$ 11,399,512
OTHER	82,750
COHEN, BLOSTEIN & AYALA PA	
CASH CONTRIBUTION	5,000
JP MORGAN CHASE	
CASH CONTRIBUTION	15,000
COMERICA BANK	
CASH CONTRIBUTION	5,000
ENTERPRISE HOLDING	
CASH CONTRIBUTION	24,250
MEMORIAL HEALTHCARE	
CASH CONTRIBUTION	20,000
CITY FURNITURE	
CASH CONTRIBUTION	45,000
UNITED WAY OF BROWARD COUNTY	
CASH CONTRIBUTION	55,000
CLEVELAND CLINIC	
CASH CONTRIBUTION	20,000
BANK INSURANCE & SECURITY ASSOC	
CASH CONTRIBUTION	10,000
TOTAL	\$ 11,681,512

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
OTHER REVENUE	\$ 30,630
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	225,070
TAXABLE DIVIDENDS AND INTEREST FROM SECURITIES	98,641
SPECIAL EVENT	519,769
TOTAL	\$ 874,110

SPECIAL EVENT

Other Direct Fundraising or Gaming Expenses

Description	Amount
SUPPLIES AND OTHER	\$ 41,519
TOTAL	\$ 41,519



# **ULBC CONSOLIDATED FY25 BUDGET - FINAL**

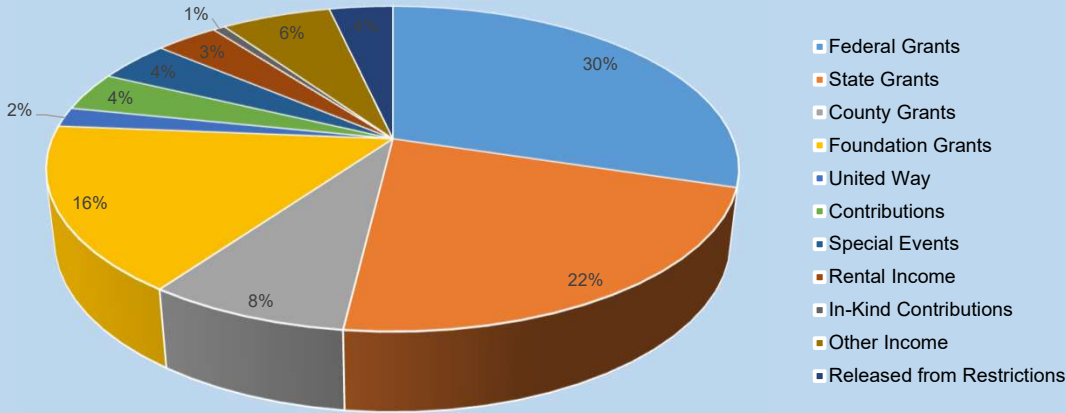
Prepared by:  
Lenora Foster, VP of Finance & Administration

Urban League of Broward County  
 Revenue by Source & Program & Expenses  
 FY25

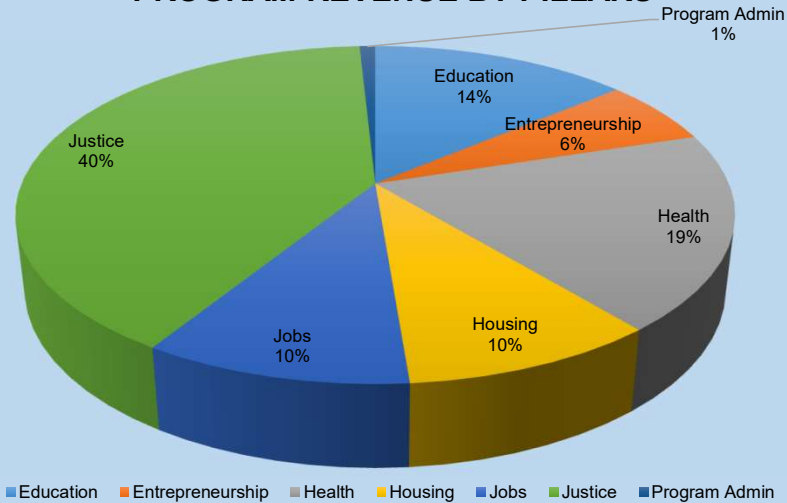
Revenue by Source	FY25	% to Revenue
Federal Grants	4,363,491	30%
State Grants	3,249,398	22%
County Grants	1,167,593	8%
Foundation Grants	2,411,375	16%
United Way	282,500	2%
Contributions	567,612	4%
Special Events	600,000	4%
Rental Income	511,247	3%
In-Kind Contributions	100,000	1%
Other Income	895,037	6%
Released from Restrictions	519,473	4%
Total	\$ 14,667,725	100%

Summary of Program Revenue by Pillars	FY25	% to Revenue
Education	1,240,795	14%
Entrepreneurship	561,128	6%
Health	1,688,595	19%
Housing	874,203	10%
Jobs	911,875	10%
Justice	3,606,300	40%
Program Admin	75,000	1%
	\$ 8,957,895	100%

Revenue by Source - FY25



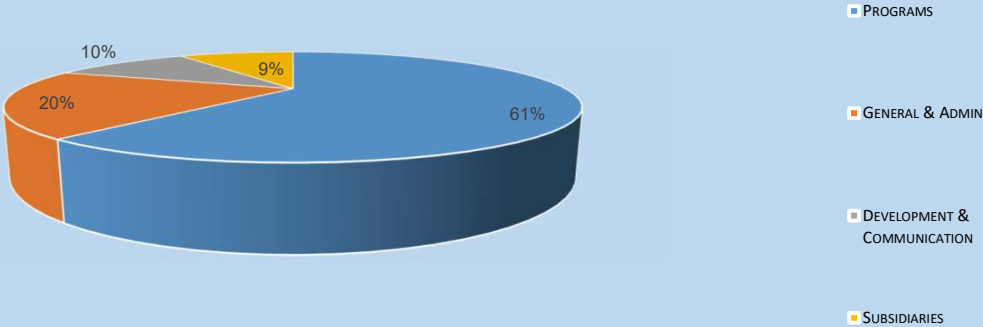
PROGRAM REVENUE BY PILLARS



Urban League of Broward County  
Revenue by Source & Program & Expenses  
FY25

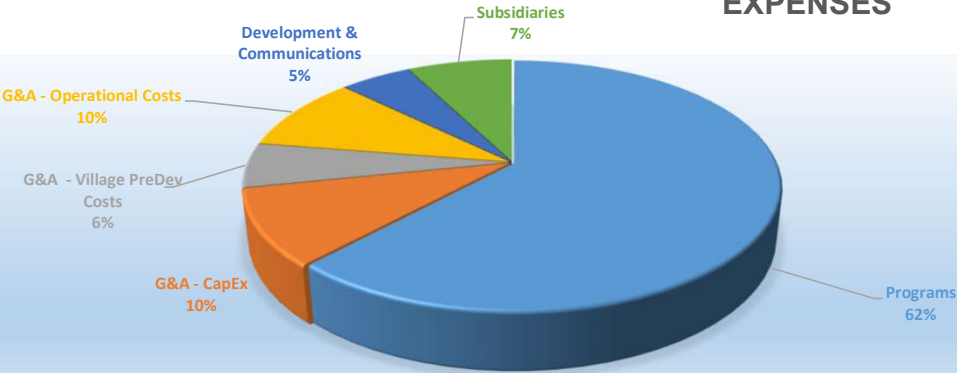
Revenue by Category	FY25	% to Revenue
Programs	8,957,895	61%
General & Admin	2,902,829	20%
Development & Communication	1,514,424	10%
Subsidiaries	1,292,576	9%
Total	\$ 14,667,725	100%

Revenue by Program & Category - FY25



Expenses By Category	FY25	% to Expenses
Programs	9,026,126	62%
General & Administrative - CapEx	1,461,700	10%
General & Administrative - Village PreDev Costs	850,000	6%
General & Administrative - Operational Costs	1,444,747	10%
Development & Communications	760,234	5%
Subsidiaries	1,124,918	8%
Total	14,667,725	100%

EXPENSES





Urban League of Broward County  
FY25 - Budget Summary

	ULBC Operating - FY25			Subsidiaries - FY25		FY25	FY24	FY24						
	Programs	General & Administrative	Development & Communication	Central County Community Development	Urban Ventures	Budget Year 2024-2025	Budget Year 2023 2024	Variance - \$	Variance - %	Programs	G&A	Dev & Comm	CCCDC	UV
REVENUE & SUPPORT														
Federal grants	1,858,491	2,405,000		100,000		\$ 4,363,491	4,098,132	265,359	6%	4,098,132				
State grants	3,249,398			-		3,249,398	5,399,388	(2,149,990)	-40%	5,146,388			253,000	
County grants	1,090,593			77,000		1,167,593	1,115,704	51,889	5%	1,115,704				
Foundation Grants	1,547,125	189,125	285,500	389,625		2,411,375	2,413,400	(2,025)	-0.1%	2,035,000			378,400	
United Way	282,500	-				282,500	170,000	112,500	66%	170,000				
Contributions	75,000		492,612	-		567,612	1,372,500	(804,888)	-59%	120,000		1,077,500	175,000	
Special Events			600,000			600,000	400,000	200,000	50%			400,000		
Rental Income				195,247	316,000	511,247	400,656	110,591	28%				124,656	276,000
In-kind Contributions			100,000			100,000	50,000	50,000	100%			50,000		
Other Income	423,628	256,705	-	174,704	40,000	895,037	65,000	830,037	1277%		15,000		50,000	
Released from Restrictions	431,161	52,000	36,312			519,473	544,396	(24,923)	-5%	544,396				
TOTAL REVENUES	\$ 8,957,895	\$ 2,902,829	\$ 1,514,424	\$ 936,576	\$ 356,000	\$ 14,667,725	\$ 16,029,176	\$ (1,361,451)	-8%	\$ 13,229,620	\$ 15,000	\$ 1,527,500	\$ 981,056	\$ 276,000
% of Total revenue	61%	20%	10%	6%	2%									
EXPENSES														
Programs	6,200,326					6,200,326	9,681,194	(3,480,869)	-36%	9,681,194				
General & Administrative		2,294,747				2,294,747	336,658	1,958,089	582%		336,658			
Development & Communications			760,234			760,234	165,269	594,966	360%			165,269		
Pass-thru	2,825,800					2,825,800	4,591,427	(1,765,627)	-38%	4,591,427				
Subsidiaries		-		936,576	188,342	1,124,918	1,011,739	113,179	11%				998,495	13,244
TOTAL EXPENSES	\$ 9,026,126	\$ 2,294,747	\$ 760,234	\$ 936,576	\$ 188,342	\$ 13,206,025	\$ 15,786,287	-\$ 2,580,262	-16%	\$ 14,272,621	\$ 336,658	\$ 165,269	\$ 998,495	\$ 13,244
% of Total Expenses	68%	17%	6%	7%	1%	100%				90%	2%	1%	6%	0.1%
OPERATING EXPENSES	\$ 9,026,126	\$ 2,294,747	\$ 760,234	\$ 936,576	\$ 188,342	\$ 13,206,025	\$ 15,786,287	\$ (2,580,262)	-16%	\$ 14,272,621	\$ 336,658	\$ 165,269	\$ 998,495	\$ 13,244
CapEx	-	1,461,700				1,461,700	-	1,461,700	100%	-	-	-	-	-
TOTAL EXPENSES BEFORE DEPRECIATION	9,026,126	3,756,447	760,234	936,576	188,342	14,667,725	15,786,287	-1,118,562	-7%	14,272,621	336,658	165,269	998,495	13,244
OPERATIONAL NET SURPLUS/(DEFICIT)	\$ (68,230)	\$ (853,618)	\$ 754,190	\$ 0	\$ 167,658	\$ 0	\$ 242,889	\$ (242,889)	-100%	\$ (1,043,001)	\$ (321,658)	\$ 1,362,231	\$ (17,439)	\$ 262,756
Non-Cash Expense: - Depreciation	-	-	-	27,812	239,717	267,529	242,889	24,640	10%	-	-	-	18,151	224,738
NET SURPLUS/(DEFICIT) AFTER DEPRECIATION	\$ (68,230)	\$ (853,618)	\$ 754,190	\$ (27,812)	\$ (72,059)	\$ (267,529)	\$ -	\$ (267,529)	-100%	\$ (1,043,001)	\$ (321,658)	\$ 1,362,231	\$ (35,590)	\$ 38,018

**City of Pompano Beach**  
**FY 25-26**  
**Living Well Self-Management Program**

Line-Item Budget	Calculation	Requested Amount
Personnel Costs/Salaries	5% FTE for Division Manager (Workshop Facilitator)	\$3,700
Fringe Benefits	30% of FTE	\$1,110
Travel	Mileage Reimbursement @ .70/mile est. 500 miles	\$350
Equipment (unit items over \$1000)		\$
Supplies	Office supplies, flip charts, program incentives @ \$80/participant	\$2,560
Refreshments	\$30/session	\$480
Printing and Copying	Program information, training material	\$500
Marketing/Advertising	Flyers, palm cards, social media	\$1000
Overhead	20% of Request	\$2,300
<b>Total REQUEST:</b>		<b>\$ 12000</b>

**City of Pompano Beach**  
**FY 25-26**  
**Workforce Excellence Program**

Line-Item Budget	Calculation	Requested Amount
Personnel Costs/Salaries	5% FTE for Program Coordinator (Workshop Facilitator)	\$2,750
Fringe Benefits	30% of FTE	\$825
Travel	Mileage Reimbursement @ .70/mile est. 500 miles	\$350
Equipment (unit items over \$1000)		\$
Supplies	Office supplies, flip charts, program incentives @ \$80/participant	\$2,560
Refreshments	\$30/session	\$480
Printing and Copying	Program information, training material	\$500
Marketing/Advertising	Flyers, palm cards, social media	\$1000
Overhead	~20% of Request	\$1535
<b>Total REQUEST:</b>		<b>\$ 10000</b>

## **Exhibit “B” Payment Schedule**

### **A. AWARD DISBURSEMENTS**

The awards disbursement process will begin in October, 1 and end in September, 30 for the fiscal year that this contract is approved.

### **B. PAYMENT SCHEDULE**

The total amount awarded for the URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED for Living Well Chronic Disease Self-Management and Health Literacy Program for the current fiscal year is: Ten Thousand Dollars (\$10,000.00).

There will be four (4) payout/s during the period (depending on the amount awarded to each organization):

1. The first (1<sup>st</sup>) will equal twenty-five percent (25 %) of the total allocation or Two Thousand Five Hundred Dollars (\$2,500.00); be issued in advance. For any funds advanced the RECIPIENT agrees to provide the CITY with an itemization of how funds advanced were spent, along with invoices and proof of payment. Such an accounting must be provided to the CITY in the quarterly narrative and financial report as indicated in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description. Failure to comply with this requirement may result in the denial of the future requests for payments.
2. The second (2<sup>nd</sup>) will equal twenty-five percent (25%) of the total allocation or Two Thousand Five Hundred Dollars (\$2,500.00); will be issued upon receipt AND approval of the second quarterly narrative and financial report (including any additional requested documents);
3. The third (3<sup>rd</sup>) payout will equal twenty-five percent (25%) of the total allocation or Two Thousand Five Hundred Dollars (\$2,500.00); will be issued upon receipt AND approval of the third quarterly narrative and financial report (including any additional requested documents);
4. The fourth (4<sup>th</sup>) payout will be the final twenty-five percent (25%) of the total allocation or Two Thousand Five Hundred Dollars (\$2,500.00) and will be issued in upon receipt AND approval of the final quarterly narrative and financial report (including any additional requested documents).

All payments and reporting requirements apply for each project which is a part of the awarded contract. Payments and reports shall be handled separately for each project.

## **EXHIBIT C**

### **INSURANCE REQUIREMENTS: NON PROFIT ORGANIZATION**

ORGANIZATION shall not commence services under the terms of this Agreement until certification or proof of insurance detailing terms and provisions has been received and approved in writing by the CITY's Risk Manager. If you have questions regarding the insurance requirements hereunder, please contact the City's Purchasing Department at (954) 786-4098. If the contract has already been awarded, please direct any queries and proof of the requisite insurance coverage to City staff responsible for oversight of the subject project/contract.

ORGANIZATION is responsible to deliver to the CITY for timely review and written approval/disapproval Certificates of Insurance which evidence that all insurance required hereunder is in full force and effect and which name on a primary basis, the CITY as an additional insured on all such coverage. Such policy or policies shall be issued by United States Treasury approved companies authorized to do business in the State of Florida. The policies shall be written on forms acceptable to the City's Risk Manager, meet a minimum financial A.M. Best and Company rating of no less than Excellent, and be part of the Florida Insurance Guarantee Association Act. No changes are to be made to these specifications without prior written approval of the City's Risk Manager.

Throughout the term of this Agreement, CITY, by and through its Risk Manager, reserve the right to review, modify, reject or accept any insurance policies required by this Agreement, including limits, coverages or endorsements. CITY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of poor financial condition or failure to operate legally.

Failure to maintain the required insurance shall be considered an event of default. The requirements herein, as well as CITY's review or acceptance of insurance maintained by ORGANIZATION, are not intended to and shall not in any way limit or qualify the liabilities and obligations assumed by ORGANIZATION under this Agreement.

Throughout the term of this Agreement, ORGANIZATION and all subcontractors or other agents hereunder, shall, at their sole expense, maintain in full force and effect, the following insurance coverages and limits described herein, including endorsements.

A. Worker's Compensation Insurance covering all employees and providing benefits as required by Florida Statute, Chapter 440, regardless of the size of the company (number of employees) or the state in which the work is to be performed or of the state in which the ORGANIZATION is obligated to pay compensation to employees engaged in the performance of the work. ORGANIZATION further agrees to be responsible for employment, control and conduct of its employees and for any injury sustained by such employees in the course of their employment.

B. Liability Insurance.

(1) Naming the City of Pompano Beach as an additional insured as City's interests may appear, on General Liability Insurance only, relative to claims which arise from

ORGANIZATION'S negligent acts or omissions in connection with Contractor's performance under this Agreement.

(2) Such Liability insurance shall include the following checked types of insurance and indicated minimum policy limits.

**Type of Insurance**

**Limits of Liability**

**GENERAL LIABILITY:**

Minimum \$1,000,000 Per Occurrence and  
\$2,000,000 Per Aggregate

\* Policy to be written on a claims incurred basis

XX	comprehensive form	bodily injury and property damage
XX	premises - operations	bodily injury and property damage
—	explosion & collapse hazard	
—	underground hazard	
XX	products/completed operations hazard	bodily injury and property damage combined
XX	contractual insurance	bodily injury and property damage combined
XX	broad form property damage	bodily injury and property damage combined
XX	independent contractors	personal injury
XX	personal injury	
XX	sexual abuse/molestation	Minimum \$1,000,000 Per Occurrence and Aggregate
—	liquor legal liability	Minimum \$1,000,000 Per Occurrence and Aggregate

**AUTOMOBILE LIABILITY:**

Minimum \$10,000/\$20,000/\$10,000

XX comprehensive form  
XX owned  
XX hired  
XX non-owned

**REAL & PERSONAL PROPERTY**

— comprehensive form Agent must show proof they have this coverage.

**EXCESS LIABILITY**

Per Occurrence Aggregate

—	other than umbrella	bodily injury and property damage combined	\$1,000,000	\$1,000,000
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**PROFESSIONAL LIABILITY**

Per Occurrence Aggregate

— \* Policy to be written on a claims made basis \$1,000,000 \$1,000,000



(3) If Professional Liability insurance is required, Contractor agrees the indemnification and hold harmless provisions of Section 12 of the Agreement shall survive the termination or expiration of the Agreement for a period of three (3) years unless terminated sooner by the applicable statute of limitations.

C. Employer's Liability. ORGANIZATION and all subcontractors shall, for the benefit of their employees, provide, carry, maintain and pay for Employer's Liability Insurance in the minimum amount of One Hundred Thousand Dollars (\$100,000.00) per employee, Five Hundred Thousand Dollars (\$500,000) per aggregate.

D. Policies. Whenever, under the provisions of this Agreement, insurance is required of the ORGANIZATION, the ORGANIZATION shall promptly provide the following:

- (1) Certificates of Insurance evidencing the required coverage;
- (2) Names and addresses of companies providing coverage;
- (3) Effective and expiration dates of policies; and
- (4) A provision in all policies affording CITY thirty (30) days written notice by a carrier of any cancellation or material change in any policy.

E. Insurance Cancellation or Modification. Should any of the required insurance policies be canceled before the expiration date, or modified or substantially modified, the issuing company shall provide thirty (30) days written notice to the CITY.

F. Waiver of Subrogation. ORGANIZATION hereby waives any and all right of subrogation against the CITY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then ORGANIZATION shall notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy which includes a condition to the policy not specifically prohibiting such an endorsement, or voids coverage should ORGANIZATION enter into such an agreement on a pre-loss basis.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/03/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Brown & Brown Insurance Services, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (954) 776-2222 <b>FAX (A/C, No):</b> (954) 776-4446 <b>E-MAIL ADDRESS:</b> 053.Certs@bbrown.com
<b>INSURED</b> Urban League Of Broward County Inc 560 NW 27th Avenue Fort Lauderdale FL 33311	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Company <b>INSURER B:</b> AmTrust Insurance Company <b>INSURER:</b> <b>INSURER:</b> <b>INSURER:</b> <b>INSURER:</b>
	<b>NAIC #</b> 18058 15954

**APPROVED** Daniel Beecher  
By Daniel Beecher at 12:53 pm, Sep 04, 2025

**COVERAGES** **CERTIFICATE NUMBER:** 25-26 GL/AU/D&O/WC/ **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability \$1,000,000 <input checked="" type="checkbox"/> Abuse/Molestation \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2568132022	06/30/2025	06/30/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2568132022	06/30/2025	06/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB868917022	06/30/2025	06/30/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	TWC4535398	01/23/2025	01/23/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Directors & Officers, Employment Practices, Fiduciary			PHSD1796331010	06/30/2025	06/30/2026	Directors & Officers 2,000,000 Employment Practices 2,000,000 Fiduciary Liability 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Carrier A: Sexual or physical abuse or molestation vicarious liability Limit each occurrence \$1,000,000/aggregate \$1,000,000  
Additional Insured on the General Liability policy: City of Pompano Beach

## CERTIFICATE HOLDER

## CANCELLATION

City of Pompano Beach 100 West Atlantic Blvd  Pompano Beach FL 33060	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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**Additional Named Insureds**

Other Named Insureds

Central County Community Development Corporation

Urban Ventures, LLC