

APPROPRIATIONS CONTRACT

THIS CONTRACT is executed on _____, by the City of Pompano Beach (“City”) and FIRST CALL FOR HELP OF BROWARD, INC., 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 Thirty Thousand Dollars (\$30,000.00) 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 Sheila Smith 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: Sheila Smith
President/CEO
3317 NW 10th Street
Suite # 403
Fort Lauderdale, FL 33309
Office: (954) 729-8102
Email: SheilaSmith@211-broward.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

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

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"

FIRST CALL FOR HELP OF BROWARD, INC.

(Print or type name of company here)

Witnesses:

Brooke Hoffman

Brooke Hoffman
(Print or Type Name)

Marie Hayes

MARIE HAYES
(Print or Type Name)

By: Sheila J Smith

Print Name: Sheila J Smith

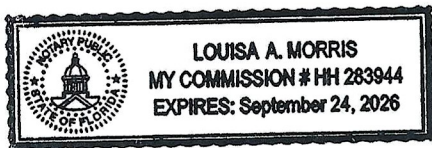
Title: President/CEO

STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☒ online notarization, this 26 day of August, 2025, by Sheila J Smith as President/CEO of FIRST CALL FOR HELP OF BROWARD, INC., a Florida non for profit corporation. She is personally known to me or who has produced _____ (type of identification) as identification.

NOTARY'S SEAL:



Louisa A. Morris

NOTARY PUBLIC, STATE OF FLORIDA

Louisa A. Morris

(Name of Acknowledger Typed, Printed or Stamped)

HH 283944

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:

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

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: FIRST CALL FOR HELP OF BROWARD, INC.

Program Funded: 211 Broward Helpline and 988 Crisis Line

Amount Funded: \$30,000.00

Program Description: Available 24/7/365, 211 Broward's Helpline Counselors provide free, confidential support via phone, text, chat, and email to residents of Pompano Beach and beyond. The Helpline Counselors are the driving force in the 211 Broward engine, and are vital in ensuring that each caller receives the empathetic, knowledgeable, caring support needed, to navigate complicated and overwhelming concerns, guiding them to available resources. Services include empathetic listening, crisis intervention, suicide prevention, comprehensive needs assessments, care coordination, and referrals to over 3,000 programs listed in our up-to-date resource database. Assistance is offered in multiple languages and is accessible to individuals who are deaf or hard of hearing.

In the past year, 211 Broward successfully managed 59,987 request for assistance through incoming calls, chats, and texts. Additionally, counselors made 51,405 outgoing reassurance calls to seniors living on the own in order to ensure their safety, reduce isolation, promote independence and wellbeing, through its Touchline Program.

Through robust follow-up and advocacy calls, extensive care coordination, and a deep understanding of local needs, 211 Broward functions as a vital part of the public safety infrastructure. During emergencies such as hurricanes, 211 Broward is an indispensable partner to residents, government agencies, and community organizations, consistently providing critical support before, during, and after disasters.

Often described and thought of as a public utility, 211 Broward is always available -serving the community even when you may not realize you need it. It is the first step in connecting individuals to essential services, supporting the needs presented by the community, including basic needs, behavioral health, and family supports. 211 Broward fosters safety, stability, and wellness for all.

Form Name:

Submission Time:

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IP Address:

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Location:

City of Pompano Beach Nonprofit Partnership Application

May 1, 2025 10:16 pm

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About Your Organization

Which Fiscal Year Is Your Organization Applying For?	2025-2026
Full Name of Nonprofit:	First Call for Help of Broward, Inc. dba 2-1-1 Broward
Mission of Nonprofit:	The Mission of 211 Broward is to provide a 24-hour, comprehensive helpline that offers all communities, including Hollywood residents, with crisis, health, and human services support and connects them to resources in our community. 211 provides every person in our community with a place to turn when they need answers to life's challenges, big or small. 211 is a free, anonymous, 24-hour helpline offering listening support, information, referral, and crisis services.

Brief Overview of Nonprofit:

211 Broward is a nonprofit, 501(c)(3) organization dedicated to improving the quality of life for all Pompano Beach residents-by providing free, 24/7 access to comprehensive crisis, health, and human services support. Incorporated in 1995, 211 Broward has served the community for nearly 30 years as a trusted source of guidance, connection, and compassionate care.

By dialing 211, residents can reach a live, multilingual, and highly trained counselor at any time, day or night. These counselors provide empathetic listening, assess needs, and link callers to more than 3,000 programs and services throughout the county. These services address a wide range of concerns including food insecurity, housing instability, utility assistance, child care, elder care, mental health and substance use treatment, health care access, legal aid, and more.

211 Broward answers the 988 Suicide and Crisis Lifeline, handling calls that originate from Broward ZIP codes-including those in Pompano Beach. These services offer immediate emotional support and crisis intervention for individuals in distress, often playing a lifesaving role. In addition to its core helpline, 211 Broward provides critical services through a variety of targeted Care Coordination services. Services for Caregiver, Children with Special health and behavioral health needs, and for adults in crisis.

For older adults, 211 Broward operates the Touchline Program, which provides daily reassurance calls to seniors living alone to ensure their safety and reduce isolation. Our services for caregivers connect individuals with resources tailored to their caregiving responsibilities, ensuring they are supported in their role.

211 Broward also promotes economic stability through initiatives such as the IRS Volunteer Income Tax Assistance (VITA/EITC) and Summer Feeding Programs, helping families meet basic needs and build resilience.

211 Broward is on the forefront of innovation and service delivery through the creation and implementation of the Community Connections Council (C3). The Community Connections Council (C3) is a program designed to provide personalized, wraparound support to individuals and families facing complex challenges that cannot be addressed through standard referrals alone. This approach goes beyond referral. By uniting various service providers, C3 ensures participants are connected to a network of resources that collaborate in real-time, facilitating a closed-loop process where follow-through is tracked, outcomes are shared, and no one falls through the cracks. C3 provides a clear, coordinated path forward through trusted partnerships and seamless service navigation. C3 aims to transform service delivery into a proactive, holistic, and person-centered system, ensuring that participants receive coordinated and effective support tailored to their specific situations.

Beyond direct service, 211 Broward plays an integral role in disaster response and recovery. Much like a public utility, we are always on-providing essential information and coordination support before, during, and after natural or man-made emergencies, including hurricanes.

The organization's stability is anchored by a deeply experienced leadership team. The CEO has served for 16 years, the COO for 22 years, and the CFO since the inception of the organization. This continuity is supported by a diverse and engaged Board of Directors that reflects the community and provides strategic oversight and advocacy.

211 Broward is proud to be a vital resource for the City of Pompano Beach. With continued support, we remain committed to ensuring that every resident has access to the services, support, and connections they need to thrive-day or night, in times of crisis or when simply seeking guidance. This wide array of services provides a healthier and safer community.

Type of Organization:	Human Services
Nonprofit Website:	https://www.211-broward.org/
Federal Tax ID Number:	65-0589294
Which funding priority/sub pillar does your nonprofit qualify for?	Community Excellence: Behavioral Health

How does your program/event(s) fit the funding priority/sub pillar?

211 Broward is requesting funding under the Community Excellence: Behavioral Health pillar but also meaningfully contributes to the City's goals for Senior Services. As the centralized gateway for behavioral health support in Broward County, 211 Broward plays a critical role in reducing barriers to care, promoting mental wellness, and de-escalating crises before they become emergencies. If you are an individual who has ever felt alone, overwhelmed, stressed, fearful, and wary of "no place to turn" - 211 Broward is here for you.

Through its 24/7 Helpline, 211 Broward offers immediate crisis intervention, suicide prevention, and emotional support to individuals experiencing mental health challenges. As the primary answering point for the 988 Suicide & Crisis Lifeline, the agency ensures that those in emotional distress or suicidal crisis receive compassionate, real-time help and are connected to appropriate services. In the past year, 211 Broward responded to 104 behavioral health crisis calls from Pompano Beach residents, including 4 calls identified as a suicide in progress, illustrating the direct and life-saving impact of the service.

Behavioral health-related concerns such as anxiety, depression, and isolation are consistently among the most frequently reported issues by Pompano Beach residents. For many, especially those reluctant to pursue formal treatment, the Helpline serves as a trusted first step toward support. Counselors provide emotional assistance and facilitate warm handoffs to vetted providers, support groups, and wellness programs-reducing stigma and increasing access to care for underserved residents.

By meeting people where they are-through phone, text, and online platforms-211 Broward fosters early intervention and care connection, key elements of effective behavioral health systems. By providing proactive outreach, real-time emotional support, and referrals to mental health services, 211 Broward reduces the long-term emotional and financial costs of untreated behavioral health issues. Our services are accessible to all Pompano Beach residents regardless of age, income, or language spoken, helping to build a healthier, more resilient community. The program aligns with the City's Community Excellence goals by promoting mental wellness, reducing stigma, and supporting individuals before their needs escalate into more costly emergency or institutional interventions.

By engaging people via phone, text, and online platforms, 211 Broward promotes early intervention and cost-effective behavioral health strategies. The program's emphasis on prevention, accessibility, and personalized care helps build a more resilient and mentally well community, in full alignment with the City's Community Excellence goals. Additionally, a caller may reach out for one specific identified issue, such as a need for food, and through the listening skills and supportive interaction of the Helpline Counselor, they are willing to share other critical life

issues that they may have been fearful of asking for support. In addition, 211 Broward advances Pompano Beach's priorities under the Senior Services sub-pillar. The Touchline Program offers daily reassurance calls to older adults living alone or facing social isolation. Through the Touchline Program, over the past year, 2,484 calls were placed to seniors in Pompano Beach, helping to monitor safety, reduce loneliness, and identify emerging needs before they become emergencies. In many cases, Helpline Counselors intervene to offer emotional support or connect seniors to services when they express anxiety, grief, or uncertainty.

211 Broward provides Caregiver Navigation for adults caring for another adult. These situations provide support with challenges such as chronic illness, caregiving stress, limited income, or lack of transportation. Counselors assess each individual's needs and coordinate access to community-based services, including home care, benefits enrollment, and behavioral health resources. Services are offered free of charge and in multiple languages to ensure inclusivity across the city's diverse senior population. By promoting stability, safety, and meaningful connection, 211 Broward enhances the well-being of Pompano Beach's older residents—helping them maintain independence and quality of life. Through its specialized senior and behavioral health support services, 211 Broward serves as a vital partner in advancing the City's vision of a healthier, more connected community for all.

Statement of Need:

The City of Pompano Beach is a thriving, forward-looking community experiencing notable economic growth, job creation, cultural revitalization, and downtown redevelopment. Like many growing urban areas, Pompano Beach also faces serious challenges-including homelessness, financial insecurity, coastal vulnerability, infrastructure strain, and the growing need for comprehensive behavioral health and senior support services. Pompano Beach is currently grappling with a complex and multifaceted behavioral health crisis that reflects broader trends across Broward County. Residents face an array of mental health challenges-including anxiety, depression, substance use disorders, and an urgent need for crisis stabilization. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 4.9% of adults in South Florida experience a major depressive episode annually, and 15% of Broward County adults report frequent mental distress. Yet, many individuals in Pompano Beach hesitate to seek help due to stigma, fear of judgment, limited awareness, and concerns about privacy or past negative experiences. Structural barriers-such as affordability and limited access to culturally competent care-further prevent individuals from getting the help they need.

These concerns are particularly acute for the city's growing aging population. With over 21,000 seniors-nearly 24% of the local population-aged 65 or older according to Census Reporter, Pompano Beach faces urgent challenges in meeting the complex needs of older adults. Social isolation is a critical issue, increasing the risk of anxiety, depression, and suicide. Approximately 300 lives were lost to suicide in Broward County this past year. Nationally, one in four seniors experiences social isolation-a condition directly correlated with mental health decline and elevated mortality. Locally, while the city operates a Senior Activity Center, demand for transportation, in-home support, and geriatric mental health services far exceeds existing capacity. 211 Broward helps bridge these service gaps by offering 24/7 confidential emotional support, suicide prevention, crisis intervention, and coordinated referrals through trained Helpline Counselors. As a primary responder for the 988 Suicide & Crisis Lifeline and provider of the Touchline program for isolated seniors, 211 Broward offers both immediate relief and long-term, wraparound support to those in crisis. By meeting residents where they are-by phone, text, or web-211 Broward eliminates access barriers and ensures that those in distress are never alone. Addressing these behavioral health and senior service disparities is essential to creating a more resilient, inclusive, and connected Pompano Beach. Supporting 211 Broward directly aligns with the City's Community Excellence goals by expanding access to critical care, strengthening the safety net for vulnerable populations, and improving quality of life for all residents.

Program/Event Information #1

Will your organization be hosting the program/event on City property? No

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

Program/Event Name: 211 Broward Helpline and 988 Crisis Line

Type of Program/Event: Other

If other, please specify: N/A

Share an executive summary of the program/event:

Available 24/7/365, 211 Broward's Helpline Counselors provide free, confidential support via phone, text, chat, and email to residents of Pompano Beach and beyond. The Helpline Counselors are the driving force in the 211 Broward engine, and are vital in ensuring that each caller receives the empathetic, knowledgeable, caring support needed, to navigate complicated and overwhelming concerns, guiding them to available resources. Services include empathetic listening, crisis intervention, suicide prevention, comprehensive needs assessments, care coordination, and referrals to over 3,000 programs listed in our up-to-date resource database. Assistance is offered in multiple languages and is accessible to individuals who are deaf or hard of hearing.

In the past year, 211 Broward successfully managed 59,987 request for assistance through incoming calls, chats, and texts. Additionally, counselors made 51,405 outgoing reassurance calls to seniors living on the own in order to ensure their safety, reduce isolation, promote independence and wellbeing, through its Touchline Program.

Through robust follow-up and advocacy calls, extensive care coordination, and a deep understanding of local needs, 211 Broward functions as a vital part of the public safety infrastructure. During emergencies such as hurricanes, 211 Broward is an indispensable partner to residents, government agencies, and community organizations, consistently providing critical support before, during, and after disasters.

Often described and thought of as a public utility, 211 Broward is always available -serving the community even when you may not realize you need it. It is the first step in connecting individuals to essential services, supporting the needs presented by the community, including basic needs, behavioral health, and family supports. 211 Broward fosters safety, stability, and wellness for all.

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

The funding support from the City of Pompano covers .75 FTE of a Helpline Counselor. The Helpline Counselors objective is to "answer the call" and be a readily available resource to anyone in Pompano Beach, via phone, email or text, to provide vital resources, referrals, and crisis intervention. Counselors offer support that addresses an individual or family's needs and puts them on a path toward resolution and stability. Helpline counselors are extensively trained in crisis intervention techniques, problem-solving, and local health and human service systems. 100% of our Helpline Counselors are crisis certified, with the majority of staff certified by the American Association of Suicidology (AAS).

211 Broward is the primary gateway for Pompano residents to obtain the information and services they need. Helpline Counselors reduce stress and anxiety, offering hope, and ultimately helping the family and the community. Callers and their family members are assessed to identify any issues they are struggling with and what resources are available to help them. 211 helps to resolve situations before they reach a crisis level. The majority of calls relate to basic needs such as food, housing, rent/utility assistance, health, and wellness. The complexity of calls has continued to grow, with an emphasis on mental health as well as basic needs, including access to housing, issues regarding homelessness, employment concerns, and an increased need for food resources. There is no "typical" caller. 211 Broward is essential for the City of Pompano because all residents benefit from communities that are healthier, safer, and stronger. Additionally, more first-time callers are seeking support and assistance as they navigate unfamiliar challenges. 211 Broward helps people who are struggling, identifies local resources and plans an appropriate solution. 211 works continuously to prevent suicide, address mental health and reduce substance use. 211's primary objective is to provide help to anyone in need.

What are the proposed outcomes of your program/event?

The proposed outcome of 211 Broward's program is to ensure that Pompano Beach residents are effectively connected with services that meet their individual and family needs. With increased access to and awareness of eligible community programs, residents will be better equipped to resolve challenges, improve stability, and enhance their overall well-being. We project that approximately 3,600 Pompano Beach residents will reach out on behalf of themselves or their families, and will receive almost 11,000 referrals to essential services such as housing assistance, food programs, mental health care, and financial support. Service delivery is evaluated using benchmarks that emphasize effectiveness, efficiency, and customer satisfaction. We consistently monitor and report on key data points, including caller zip codes, demographic information, expressed needs, and referrals provided. Our counselors are trained to remain engaged with each caller until they feel their concerns have been fully addressed. Last year, more than 8 out of 10 Pompano callers, reported satisfaction with the 211 service. Additionally, 211 Broward maintains a robust, continually updated database of over 1,200 local agencies. We ensure that all City of Pompano Beach-funded organizations are included, enhancing the visibility and accessibility of city-supported resources. Residents can access these services through our online directory or by speaking with a Helpline Counselor, which significantly increases utilization and the success of the city's overall investment in social services.

Share the primary methodology by which you will measure the outcomes of your program/event:

In order for 211 Broward to address the Community Excellence Pillar of Behavioral Health, a critical measure of performance is our ability to intervene in a crisis and prevent a circumstance from getting worse. Last year, 211 responded to 2167 suicide prevention/intervention calls, of these 104 were from Pompano Beach residents. Suicide is largely preventable and 211 tracks and reports on these lifesaving efforts as a means of further reducing their incidence. We compare and analyze data year over year and seasonally to gain and share a deeper understanding of current and emerging trends in our community. 2-1-1 Broward prides itself on providing a high degree of customer satisfaction. In order to evaluate the success of the program several steps are taken. Quality assurance calls are placed by supervisory staff to identify the customer's satisfaction with the Helpline Counselors and services provided. Callers are asked a series of standard questions such as: Overall were you satisfied with the Helpline Counselor? Overall, were you satisfied with the information/referrals or support provided? Overall, did your call to 2-1-1 help you?

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

5,001-10,000

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

3800

Describe the demographics of the population you are impacting with this program/event:

During the last fiscal year, 2-1-1 Broward responded to 3614 contacts (calls, chats, and texts) calls from Pompano Beach. It is important to note that for every one contact, it is estimated that there is an average of 2.57 individuals that are positively affected in the same household ($3614 \times 2.57 = 9288$ Pompano residents directly impacted).

Although services are provided to any caller from Broward County the primary population is low to moderate-income individuals and families as determined by general eligibility requirements. In Pompano Beach: 72.98% of callers are female. 33% have children (0-18) in the household. 21.35% population have seniors in the household. 5.02% have a member of the military in the household. 31.74% have someone living with a disability in the household.

The top five needs for Pompano Beach residents are: Basic Needs, such as food, shelter, and clothing (4906), Mental Health (2640), Government/Community Services (1777), Health and Wellness needs (726), and Legal/Criminal Justice (458). There were 104 unique crisis/suicide calls from Pompano Beach during the year (an increase of almost 20%), with 4 individuals reporting that the suicide was "in progress".

Include a description of the geographic area your program/event(s) will serve and how it will impact the area:

211 Broward provides services throughout Broward County. The residents, businesses and visitors to the City of Pompano Beach can readily access this service through their personal cellular devices. Anyone calling within Broward, will be directed to 211 Broward for support.

How does your organization specifically market your program/event to City of Pompano Beach residents?

211 Broward has limited funding to support marketing and outreach, similar to many not for profit organizations. The majority of all funding received is used to provide direct service delivery to callers, and those experiencing a crisis. 211 Broward participates in community outreach events, tabling, and providing materials to participants. There has been continued community outreach and education about 988 services, including billboards, during television shows with the subject matter, and news events when there has been a critical incident.

How does a City of Pompano Beach resident access the services/program your nonprofit provides?

A City of Pompano Beach resident is able to easily access 211 Broward services by dialing 2-1-1 on their cell phone or land line. This line can also be reached through dialing 954-537-0211. A resident call also text 898211, and receive chat support Monday through Friday 10 am to 8 pm. Connecting with 211 Broward can also be done through sending an email. 211 Broward has a downloadable app - for both Apple and Android users. Additionally, you can access more information about 211 Broward by going directly to the website at <https://211-broward.org/>. All of these methods can guide a resident to vital information, and directly to a supportive, well trained, Helpline Counselor.

Start Date of Program/Event:	Jul 01, 2025
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End Date of Program/Event:	Jun 30, 2026
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Does your program/event have a start time/end time?	No
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Name of Program/Event Venue:	211 Broward Helpline and 988 Crisis Line
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Address of Program/Event Venue Location:	3317 NW 10th Terrace Suite #403 Fort Lauderdale, FL 33309
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Attire of Program/Event (select the one that best applies):	Casual
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List any benefits or partnership opportunities the City of Pompano Beach receives:

The City of Pompano Beach has access to the data, resources and information provided by 211 Broward. This information could be vital to planning and identifying needs of the community presented by callers to 211. Additionally, 211 can provide valuable training regarding suicide prevention to City Administration and in community settings, and 211 staff to present at outreach events to inform the community about this critical support service.

211 Broward provides an opportunity for any not for profit to be listed in the resource database. 211 seeks to include 100% of organizations funded by Pompano Beach. A listing in the database allows Helpline Counselors to guide callers to organizations in Pompano Beach, and those that are closest to their location. Additionally, the resource database elevates new funding and new programs, so they are shared with the community, and hopefully, fully utilized.

In cases of crisis, 211 Broward is available to provide support to organizations, communities, and cities. Lastly, and most importantly, the City of Pompano Beach benefits from peace of mind knowing that highly trained, degreed professionals are available at any time of day or night to assist.

Total dollar amount of the overall program/event budget:	1376936
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Total dollar amount being requested from the City:	36000
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How will your organization use the City of Pompano Beach funding?

211 Broward is requesting \$36,000 from the City of Pompano Beach to support .75 FTE of a 211 Helpline Counselor, and is anticipating serving 3800 residents. This 211 Helpline Counselor will also answer calls to the 988 crisis intervention line. This funding level of \$36,000 represents \$9.47 per contact, and only \$3.27 for every referral provided (11000) to address a specific need. We believe this represents an extraordinary return on investment for the City and its residents. Additionally, the Touchline program anticipates providing over 2000 daily reassurance call to an older adult, in the City of Pompano Beach, at no additonal cost.

211 Broward is more than a helpline-it is a lifeline for the community, ensuring that individuals receive the right support at the right time. Helpline counselors are available 24 hours a day, seven days a week, 365 days a year, to answer calls, chats, and texts for any caller.

The scope of services provided by 211 Broward is vast, including:

- Crisis and Suicide care - Crisis line for anyone experiencing feelings of hopelessness or helplessness
- Touchline - Free, daily reassurance calls to support older adults, that are vulnerable and live alone.
- Caregiver Navigation - provides support, linkage, and hope for individuals caring for a loved one that is over the age of 18.
- Youth Services - Safe, confidential support and information for youth, parents, educators, and caregivers. Services include TeenSpace - A service set to listen and help teens with empathy and respect, while empowering them with answers, support and hope - Special Needs Connections - A comprehensive support source for children from birth to 22 years of age with developmental and physical disabilities.
- Mental Health - A comprehensive support source for children and adults. Providing 24/7 support and access to behavioral health services (mental health and substance use).
- Disaster Related Services- When the Broward County Emergency Operations Center (EOC) is activated for a hurricane or any disaster, 2-1-1 relocates and answers calls from the EOC. 211 further responds by collecting and sharing important resource information.

Are you applying for a second program/event?

No

Additional Activities

Are there any additional activities associated with the primary sponsorship event (Examples include VIP event, Kickoff event, Awards Ceremony, Thank You/Recognition Party, etc...)

No

Additional Information

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

211 Broward provides a unique resource: Dedicated, highly trained, caring and committed staff. Entering the 30th year of service to Broward County, 211 Broward has transformed as the community requires. For example, the Marjorie Stoneman Douglas shooting, manning the suicide/crisis line not only for those students, but the entire community that was devastated by this event. Another example was continuous service throughout the Covid Pandemic. During hurricanes, 211 staff are deployed at Broward EOC. 211 Broward is resilient, in touch with the community, and ready to provide the support needed. What sets 211 Broward apart is our ability to combine immediate, around-the-clock access to help with personalized, high-quality care. Our robust data collection and evaluation processes allow us to identify community trends, monitor outcomes, and continuously improve services. 211 Broward provides both quick access to information and sustained care coordination - following up with residents to ensure their needs are met and their situations improve over time. 211 Broward ensures it maintains its national accreditation with INFORM USA, American Association of Suicidology (AAS), reflecting our commitment to excellence in service delivery, data accuracy, and crisis intervention. Our Helpline Counselors are trained professionals, with 100% certified in crisis response, and the majority holding certification from AAS.

Other than the program/event you are applying for, how is your organization serving the residents of the City of Pompano Beach?

In addition to the 24/7 Helpline, 211 Broward offers Care Coordination services, Touchline program, Children's Behavioral Health Care Coordination, C3 support services, and offers dedicated support for veterans and their families. Through these programs, 211 Broward continues to enhance its work in meeting the evolving needs of Pompano Beach residents and strengthening the well-being of the entire community.

Any other information you wish to share?

211 Broward provides a unique resource to callers, often during the worst times in their lives. All callers have the opportunity to provide direct feedback to the counselor, or to provide anonymous feedback after the call. We are providing just a few of the comments received from Pompano Beach residents, after receiving support/resources/referrals from a 211 Helpline Counselor, that typify how callers feel.

- "Thank you for listening"
- "Thank you for taking the time to talk to me about the resources. You've helped me feel less alone".
- "You are such an angel; I'm so glad I was able to speak with you. I really do appreciate your help and kind words."
- Caller tearfully stated "I know you're just doing your job but you have been so empathetic with me and have helped me so much. It makes me feel like I'm not alone, and I appreciate you".
- "Estoy muy agradecido por esta línea de ayuda. El trabajo que ustedes hacen por personas como yo, que estamos solos en este mundo, no tiene precio. (translation) I am so grateful for this helpline. The work that you guys do for people like me, who are all alone in this world, is truly priceless."

The work done by the 211 Helpline counselors is invaluable, and the financial support provided by the City of Pompano has been instrumental in ensuring this critical work can continue.

City of Pompano Beach Funding History

Has your organization been funded before by City of Pompano Beach?	Yes
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If yes, when was the most recent year?	2024
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What was the name of program/event funded?	General Helpline
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How much was the funding for this program/event?	36000
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Requested Budget Information

What is your organization's operational budget?	8653242
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What is the total value your nonprofit is applying for?	36000
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If you are not awarded the full funding requested for your program/event(s), will you be able to complete your project?	Yes
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About Your Staff and Leadership

Total Number of Employees:	88
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Full Name of President/CEO/Executive Director:	Sheila J. Smith President/CEO
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**Include your
President/CEO/Executive
Director's biography:**

Sheila J. Smith is the President & CEO of 211 Broward, a 24-hour information and referral and crisis/suicide hotline serving Broward County. She has 30+ years of experience in non-profit management, having served as CEO of several direct service organizations in Florida and New York. Ms. Smith has created and managed a variety of programs which have positively impacted the lives of youth, families, victims of domestic violence, homeless and vulnerable older adults.

Over the past fourteen years with 211 Broward, Ms. Smith worked closely with a team of dedicated volunteer Board members to triple the organization's budget and build a healthy reserve account, thereby stabilizing the organization and positioning it for growth. With investments in state-of-the-art technology and the launch of text and chat, 211 is recognized today for its outstanding service quality and its critically important role in connecting people in need with the services that can help them. Ms. Smith values collaboration, and in partnership with funders, government, and corporate leaders, works diligently to address and resolve the needs of individuals and families in our community.

Drawing from her deep understanding of the nonprofit sector and her wide ranging experiences, Ms. Smith has also provided consulting services to small nonprofits, helping them to develop and train their Boards, obtain new grant funding, and build the infrastructure needed to manage contracts and services. She has generated millions of dollars in federal, state and local funding which has helped support the important work of nonprofit organizations.

Ms. Smith has a degree in Psychology from Nazareth College and co-authored a 1997 study entitled "Evaluating an intervention for homeless persons: Results of a field experiment". This study, conducted under Dr. Paul Toro and the University at Buffalo, was published in the Journal of Consulting and Clinical Psychology. Locally, Ms. Smith has participated in three prestigious senior executive training programs: Leadership Broward Senior Executive Orientation (SEO), American Express Leadership Academy, and the NonProfit Executive Program of the Jim Moran Institute for Global Entrepreneurship and Florida State University College of Business.

A resident of Broward County for 22 years, Ms. Smith is active with local and statewide health and human service planning efforts. She is the Past Chair of the Florida Alliance of Information & Referral Services (FLAIRS) (Now INFORM USA) and serves on the Board of the Coordinating Council of Broward.

About Your Board of Directors

Total Board Members:	17
How many board members contribute financially to the organization?	17
Is there a formal give/get policy for board members?	Yes
If so, what is the required amount?	5000

About Your Partnerships and Contributors

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.	<p>211 Broward has historically worked with a myriad of community agencies, firstly, to ensure they are entered and part of our resource database. Secondly, community organizations have partnered with 211 to screen for clients, answered their call lines, and much more. 211 Broward registers clients for VITA tax services, refers family to the Summer Food Spot, has answered calls for AHF and the Sexual Health Line.</p> <p>211 Broward continues to innovate and partner with community organizations to pioneer a community-led collaboration, Community Connections Council (C3) powered by 211. C3 network partners deliver enhanced service and system improvements that focus on addressing the health-related social needs (aka social determinants of health) of residents. An extremely successful pilot occurred, working to assist families with children, to get linked and enrolled into healthcare resources. The partners working with the project were: 211 Helpline Counselors leading the charge and explaining the service to callers, Coast to Coast Legal Aid, The Urban League of Broward County, ChildNet, and 17th Circuit Court. The C3 partners are currently working to implement and host an information, resource, and referral event that pairs health and social care organizations in a Pompano Beach location. Bringing this resource to to the City of Pompano allows residents to learn more about the services provided, link with the current C3 agencies such as, Light of the World Clinic, Jack and Jill Children's Center, Epilepsy Alliance, The Urban League of Broward County, LifeNet4Families, Kids in Distress, Coast to Coast Legal Aid, Broward House, and Family Central.</p>
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What other funders have supported your organization within the past year? Please include their levels of contribution.

211 Broward has been supported for several different program the Children's Services Council, Untied Way, Broward Behavioral Health Coalition, and the State of Florida for the 988 crisis line.

Children's Services Council
☐Special Needs Unit \$614,539
I&R \$1431,675
Behavioral Health \$518,296
United Way \$229,999
☐Mission United \$88,016
Broward Behavioral Health Coalition \$2,163,626
Marion County \$77,840
North Central Florida \$68,380
Worldwide \$64,000
Municipality support \$127,139
Broward County - SIR \$372,399
Broward County Health Department \$14,007
Coast to Coast Legal Aid \$48,727
Early Learning Coalition of Broward County \$435,500
Crisis Center of Tamp Bay - MYFLVET \$99,322
Florida Department of Children and Families - First Responders \$1,171,828
Florida Department of Health -HIV Program/SUD Program \$71,389
Baptist Health \$15,000
Lutheran Services Florida \$66,000
Parkland Cares,Inc. \$5,000
Broward Sheriff's Office \$10,000
South Florida Community Care \$6,000
Celia Lipton Farris & Victor W. Farris Foundation \$25,000
FLAIRS \$27,278
Vibrant Emotional Health Disaster Line \$5,000

This list is a comprehensive list of ALL funding to the organization, not exclusively for the Helpline, in which we are seeking support. Please note that many of these grants cross the 211 Broward fiscal year (7/1/23 - 6/30/24). What is being reported is for funding that was AWARDED during this fiscal year.

Financial Information

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

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/17947348846>

Agency Operational Budget <https://www.formstack.com/admin/download/file/17947348847>

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/17947348848>

W9 <https://www.formstack.com/admin/download/file/17947348849>

IRS 501(c)(3) Determination Letter <https://www.formstack.com/admin/download/file/17947348850>

Articles of Incorporation <https://www.formstack.com/admin/download/file/17947348851>

Most Recent 990 Form <https://www.formstack.com/admin/download/file/17947348852>

List of Board of Directors <https://www.formstack.com/admin/download/file/17947348853>

Matching Gift Documentation

Does Your Organization Receive Matching Funds? Yes

Please indicate one or more matching gift options below: One or more donors match general contributions to our organization.

Matching Gift Documentation Supporting Your Organization <https://www.formstack.com/admin/download/file/17947348856>

Is your matching gift supporting your organization \$1/\$1 or capped at a specific amount? If capped, please include the cap amount. The matching gift from United Way of Broward County is a \$1/\$1 match, that is capped at the specific amount being donated by Pompano Beach. The match would be for \$36,000, resulting in \$72,000 of support for the Helpline.

President/CEO/Executive Director Contact Information

Name Sheila Smith

Title	President/CEO
Email	SheilaSmith@211-broward.org
Phone Number	(954) 729-8102
Mailing Address	3317 NW 10th Street Suite # 403 Fort Lauderdale, FL 33309

Primary Nonprofit Contact

Name	Marie Hayes
Title	Director of Internships and Special Projects
Email	mariehayes@211-broward.org
Phone Number	(954) 444-7530

Certification and Authorization

**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



IRS Department of the Treasury
Internal Revenue Service

Cincinnati Service Center
CINCINNATI OH 45999-0038

In reply refer to: 0256483624
Apr. 20, 2023 LTR 4168C 0
65-0589294 000000 00

00018504
BODC: TE

FIRST CALL FOR HELP OF BROWARD INC
3317 NW 10TH TER STE 403
FT LAUDERDALE FL 33309-5941



024843

Employer ID number: 65-0589294
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Apr. 13, 2023, about your tax-exempt status.

We issued you a determination letter in August 1995, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

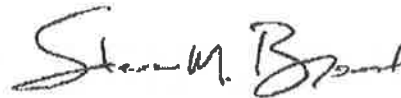
0256483624
Apr. 20, 2023 LTR 4168C 0
65-0589294 000000 00
00018505

FIRST CALL FOR HELP OF BROWARD INC
3317 NW 10TH TER STE 403
FT LAUDERDALE FL 33309-5941

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Steve M. Brown". The signature is fluid and cursive, with the first name "Steve" and last name "Brown" clearly distinguishable.

Steve M. Brown, Operations Manager
Operations 3-CIN

**Request for Taxpayer
Identification Number and Certification**

Go to 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.	1 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.) First Call For Help of Broward, Inc.		
	2 Business name/disregarded entity name, if different from above. d/b/a 2-1-1 Broward		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one 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) _____ Note: 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) _____	4 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) _____ (Applies to accounts maintained outside the United States.)	
	3b 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"/>		
	5 Address (number, street, and apt. or suite no.). See instructions. 3317 NW 10th Terrace Suite #403	Requester's name and address (optional)	
	6 City, state, and ZIP code Fort Lauderdale, FL 33309		
	7 List account number(s) here (optional)		

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.

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.

Social security number									
			-				-		
or									
Employer identification number									
6	5	-	0	5	8	9	2	9	4

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

Sign Here	Signature of U.S. person 	Date 1/29/2025
------------------	--	-----------------------

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.

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

N95000002739

W. George Allen

ONE RIVER PLAZA - SUITE 701
305 SOUTH ANDREWS AVENUE
POST OFFICE BOX 14718
FORT LAUDERDALE, FLORIDA 33302

TELEPHONE (305) 463-0001
DADT (305) 940-7076
FAX (305) 463-0005

June 1, 1995

300001508483
-06/06/95--01060--006
****122.50 ****122.50

Department of State
Division of Corporations
Corporate Records Bureau
P.O. Box 6327
Tallahassee, Fl. 32301

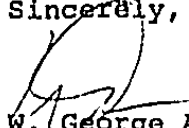
RE: First Call for Help of Broward Inc.

Gentlemen:

Enclosed please find original and one copy of the Articles of Incorporation for the above-referenced corporation, together with check in the amount of \$122.50.

Please file the original and return a certified copy to the undersigned.

Sincerely,


W. George Allen

WGA/sh
Enc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 JUN -6 AM 8:49

FILED

PR. SDG

ARTICLES OF INCORPORATION
OF
FIRST CALL FOR HELP OF BROWARD, INC.
Florida Nonprofit Corporation

ARTICLE I

Corporate Name

The name of this corporation is FIRST CALL FOR HELP OF BROWARD, INC.

ARTICLE II

Corporate Nature

This is a nonprofit corporation, organized solely for providing crisis help for persons in need in Broward County, Florida, and for general, educational and charitable purposes pursuant to the Florida Corporations Not for Profit laws set forth in Section 617 of the Florida Statutes.

ARTICLE III

Duration

The term of existence of the corporation is perpetual.

ARTICLE IV

General and Specific Purposes

The specific and primary purposes for which this corporation is formed are:

- (a) to operate crisis information to persons in need in Broward County, Florida;
- (b) for the advancement of education, charitable and any other related or corresponding charitable purposes by the distribution of its funds for such purposes.
- (c) to operate exclusively in any other manner for such

RECEIVED
JAN 10 1979
BROWARD COUNTY
CLERK OF CIRCUIT COURT

educational purposes as will qualify it as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954, (or the corresponding provision of any other applicable Internal Revenue Law) as amended, or under any corresponding provisions of any subsequent federal tax laws, covering distributions to organizations qualified as tax exempt organizations under the Internal Revenue Code, including private foundations and private operating foundations.

ARTICLE V

Management of Corporate Affairs

(a) Board of Directors. The powers of this corporation shall be exercised, its properties controlled, and its affairs conducted by a Board of Directors. The number of Directors of the corporation shall be not more than (5), but not less than three (3), provided, however, that such number may be changed by a bylaw duly adopted by the members.

The Directors named herein as the first Board of Directors shall hold office until the first meeting of members at which time an election of Directors shall be held.

Directors selected at the first annual meeting, and at all times thereafter, shall serve for a term of one (1) year until the annual meeting of members following the election of Directors and until the qualification of the successors in office. Annual meetings shall be held at a place to be designated by the Board of Directors on June 1st of each year, or at such times

or places as the Board of Directors may designate from time to time by resolution.

Any action required or permitted to be taken by the Board of Directors under any provision of law may be taken without a meeting, if all members of the board shall individually or collectively consent in writing to such action. Such written consent or consents shall be filed with the minutes of the proceedings of the board, and any such action by written consent shall have the same force and effect as if taken by unanimous vote of the Directors. Any certificate or other document filed under any provision of law which relates to action so taken shall state that the action was taken by unanimous written consent of the Board of Directors without a meeting, and that the Articles of Incorporation and the Bylaws of this corporation authorize the Directors to so act. Such a statement shall be prima facie evidence of such authority.

The names and addresses of such initial members of the Board of Directors are as follows:

<u>Name</u>	<u>Address</u>
Doug Endsley	520 S.E. 12th Street Dania, Fl. 33004
Jack Moss	1160 N. Federal Highway #1013 Ft. Lauderdale, Fl. 33304
Judy Henry	Jewish Federation of Ft. Lauderdale 8358 W. Oakland Park Blvd. Ft. Lauderdale, Fl. 33351

(b) Corporate Officers. The Board of Directors shall elect

the following officers: President, Vice-President, Secretary-Treasurer, and such other officers as the bylaws of this corporation may authorize the Directors to elect from time to time. Initially, such officers shall be elected at the first annual meeting of the Board of Directors. Until such election is held, the following persons shall serve as corporate officers:

<u>Office</u>	<u>Name</u>	<u>Address</u>
President:	Doug Endsley	520 S.E. 12th Street Dania, Fl. 33004
Vice-President	Judy Henry	Jewish Federation of Ft. Lauderdale 8358 W. Oakland Park Blvd. Ft. Lauderdale, Fl.
Secretary- Treasurer	Jack Moss	1160 N. Federal Hwy. #1013 Ft. Lauderdale, Fl.

ARTICLE VI

Earnings & Activities of Corporation

(a) No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, directors, 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 Article IV hereof.

(b) 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.

(c) 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.

(d) Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

ARTICLE VII

Distribution of Assets

Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organization organized and operated exclusively for charitable, education, 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 also be disposed of by a Court of competent jurisdiction in the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations as such Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE VIII

Membership

(a) The corporation shall have one class of members and no more than one membership may be held by any one person. The rights and privileges of all members shall be equal. Each member shall be entitled to one vote.

(b) A prospective member shall be eligible for membership upon presentation and acceptance by the Board of Directors.

ARTICLE IX

Subscribers

The names and residence addresses of the Subscribers of this corporation are:

<u>Name</u>	<u>Address</u>
Doug Endsley	520 S.E. 12th Street Dania, Fl. 33004
Jack Moss	1160 N. Federal Highway #1013 Ft. Lauderdale, Fl. 33304
Judy Henry	Jewish Federation of Ft. Lauderdale 8358 W. Oakland Park Blvd. Ft. Lauderdale, e Fl. 33351

ARTICLE X

Amendment of Bylaws

Subject to the limitations contained in the Bylaws, and any limitation set forth in the Corporation's Not for Profit law of the State of Florida, concerning corporate action that must be authorized or approved by the members of the corporation, Bylaws of this corporation may be made, altered, rescinded, added to, or new Bylaws may be adopted, either by resolution of the Board of Directors, or by following the procedure set forth therefor in the Bylaws.

ARTICLE XI

Dedication of Assets

The property of this corporation is irrevocably dedicated to educational and charitable purposes, and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof, or to the benefit of any private individual.

ARTICLE XII

Registered Agent and Office

The address of the corporation's registered office shall be 305 S. Andrews Avenue, Suite 701, Fort Lauderdale, Florida 33301 and its registered agent at said address shall be W. George Allen.

ARTICLE XIII

Amendment of Articles

Amendments to these Articles of Incorporation may be passed by a resolution adopted by the Board of Directors and presented to a

quorum of members for their vote.

We, the undersigned, being the subscribers and incorporators of this corporation, for the purpose of forming this nonprofit corporation under the laws of the State of Florida, have executed these Articles of Incorporation on this 30th day of May, 1995.


Doug Endsley


Jack Moss



Judy Henry

STATE OF FLORIDA

COUNTY OF BROWARD

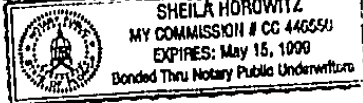
BEFORE ME, the undersigned authority, personally appeared Doug Endsley, Jack Moss and Judy Henry, personally known to me to be the persons who executed the foregoing Articles of Incorporation and they acknowledged to and before me that they executed such instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 30 day of May, 1995.


Notary Public

Printed Name: SHEILA HOROWITZ

Commission Expires: May 15, 1999



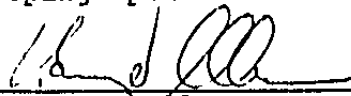
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE
NAMING AGENT UPON WHOM SERVICE MAY BE SERVED

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act.

First: That FIRST CALL FOR HELP OF BROWARD, .INC. FLORIDA desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation at 305 S. Andrews Avenue, Suite 701, Ft. Lauderdale, Fl. 33301 and W. George Allen as its agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.



W. George Allen,
Registered Agent

FILED
95 JUN -6 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2-1-1 Broward Board of Directors

<u>Board Officers</u>	<u>Board Members</u>
Scott Singer, <i>Chair</i> Assistant Vice President, Operations Baptist Hospital of Miami 200 NE 17th Court #802 Fort Lauderdale, FL 33305 T: (614) 266-9229 Lscottssinger@yahoo.com	Kate Goldman Director, Governance & Community Relations Baptist Health South Florida 4208 N. Dixie Hwy #24 Oakland Park, FL 33334 T: (954) 683-3290 kateg@baptisthealth.net
Bob Birdsong, <i>Vice Chair</i> COO Mills Electric Service 2730 NE 58th Street Fort Lauderdale, FL 33308 T: (954) 501-5547 Bobbirdsong95@gmail.com	Kip Hunter-Epstein CEO Kip Hunter Marketing 888 E Las Olas Blvd., Suite 500 Ft. Lauderdale, FL 33301 T: (954) 303-5551 kip@kiphuntermarketing.com
Brett Friedman, CPA, <i>Treasurer</i> Partner RSM US LLP 201 E. Las Olas Blvd. Suite 2500 Ft. Lauderdale, FL 33301 T: (954) 462-6351 brett.friedman@rsmus.com	Marc Infante Vice President/ Financial Advisor Ameriprise Financial Services 5200 Town Center Circle, Suite 600 Boca Raton, FL 33486 T: (561) 350-5874 marc.infante@ampf.com
Veronica Jimenez, <i>Secretary</i> Private Client Sales Leader Brown & Brown Insurance 1201 W Cypress Creek Rd., Suite 130 Ft. Lauderdale, FL 33309 T: (954) 331-1378 vjimenez@bbftlaud.com	Ellice Martinez Assistant Vice President, Community Engagement HCAhealthcare East Florida Division 450 East Las Olas Blvd., Suite 1100 Fort Lauderdale, FL 33301 T: (954) 695-4230 Ellice.martinez@hcahealthcare.com
Dana Sommerstein, Esq., <i>Immediate Past Chair</i> Partner Greenspoon Marder 200 E Broward Blvd., Suite 1800 Ft. Lauderdale, FL 33301 T: (954) 333-4326 dana.somerstein@gmlaw.com	Leon Mink Senior Vice President and Chief Information Officer Community Care Plan 1643 Harrison Parkway, Bldg. H, Suite 200 Sunrise, FL 33323 T: (954) 622-3328 lmink@ccpeares.org
Yvette Birdsong Real Estate New Radiance Cosmetic 2730 NE 58th Street Fort Lauderdale, FL 33394 T: (954) 682-2552 yvetteroulette@hotmail.com	Major Renea Peterson Broward County Sheriff's Office Director of Government Affairs 2601 W Broward Blvd. Fort Lauderdale, FL 33071 T: (954) 649-1606 Renea_Peterson@sheriff.org
Jeff Brandstaetter Manager/Major & Governmental Accounts FPL 7201 Cypress Rd, CB-2110 Plantation, FL 33317 T: (954) 581-3020 Jeffrey.Brandstaetter@fpl.com	Dr. Jamonica Rolle Vice Provost of Academic Affairs Broward College 1000 Coconut Creek Blvd. Bldg. 49, Room 201 Coconut Creek, FL 33066 T: (954) 201-8817 jrolle@broward.edu
Kavita Channe Founder Channé Rosé 500 E. Broward Blvd., Suite 2300 Fort Lauderdale, FL 33394 T: (954) 501-4071 kavitachannel@gmail.com	Kathy Salerno Director of Community Affairs Broward Health 1800 NW 49th Street Fort Lauderdale, FL 33309 T: (954) 473-7181 ksalerno@browardhealth.org

2-1-1 Broward Board of Directors

Michael Wild, Esq.,
Partner
WFP Law
1250 S. Pine Island Rd., Suite 200
Plantation, FL 33324
T: (954) 944-2855
mwild@wfplaw.com

Form 990

Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public
Inspection**A** For the 2023 calendar year, or tax year beginning **07/01/23**, and ending **06/30/24****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/
terminated
☐ Amended return
☐ Application pending

C Name of organization**FIRST CALL FOR HELP OF BROWARD, INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

3317 NW 10 Terr Room 403

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

FORT LAUDERDALE**FL 33309****F** Name and address of principal officer:**SHEILA J SMITH****D** Employer identification number****--***9294****E** Telephone number**954-390-0493****G** Gross receipts **7,746,005****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.211-BROWARD.ORG****H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1995** **M** State of legal domicile: **FL****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 2-1-1 BROWARD IS THE LIVE, 24-HOUR COMPREHENSIVE HELPLINE, PROVIDING ALL PEOPLE WITH CRISIS, HEALTH AND HUMAN SERVICES AND CONNECTING THEM TO RESOURCES IN OUR COMMUNITY.		
	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	104
Revenue	6 Total number of volunteers (estimate if necessary)	6	2
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,045,879	7,679,806
Expenses	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,029	49,179
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	557,535	17,020
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,616,443	7,746,005
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,452,114	5,295,592
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	424,181	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,151,162	2,622,990
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,603,276	7,918,582
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	1,013,167	-172,577
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,333,698	2,964,565
	22 Net assets or fund balances. Subtract line 21 from line 20	562,770	366,214
		2,770,928	2,598,351

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 SHEILA J SMITH	Date 11/22/2024
	Type or print name and title PRESIDENT/CEO	
Paid Preparer Use Only	Print/Type preparer's name ALFREDO A. JACOMINO	Preparer's signature ALFREDO A. JACOMINO
	Firm's name PAASCO	Date 11/21/24
	Firm's address 255 Alhambra Cir Suite 1100 Coral Gables, FL 33134-7412	Check <input type="checkbox"/> if self-employed PTIN ***** Firm's EIN **--***2623 Phone no. 305-567-0150

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:**See Schedule O****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 \$ **7,233,844** including grants of\$) (Revenue \$)
2-1-1 Broward answered 95,252 contacts from people in need and connected them with the programs and services throughout Alachua, Bradford, Broward, Dixie, Gilchrist, Lafayette, Levy, Marion, & Union Counties that could help them. In addition, 211 Helpline Counselors connected participants to crisis, health, and human services by providing 170,174 referrals to resources in our community. 211 conducted needs assessments that tackled complex issues, such as mental health & wellness, suicide, and basic needs. Comprehensive needs assessments addressed 242,770 needs of participants.

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **7,233,844**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	104
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7c	
d	If "Yes," indicate the number of Forms 8822 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. 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.	17	

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

	1a	19	1b	19	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		19		19		
b Enter the number of voting members included on line 1a, above, who are independent			1b	19		
2 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?					2	X
3 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?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9	X

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

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

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.

LOUISA MORRIS
FORT LAUDERDALE

3317 NW 10 Terr, Room #403

FL 33309

954-390-0493

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) SHEILA J SMITH	40.00									
PRESIDENT/CEO	0.00	X						173,432	0	0
(2) FRANCISCO ISAZA	40.00									
CHIEF OPER OFFICER	0.00	X						115,448	0	0
(3) LOUISA MORRIS	40.00									
CHIEF FIN/HR OFFICER	0.00	X						115,003	0	0
(4) WILLIAM SPENCER	40.00									
CHIEF SOCIAL ENTERP.	0.00	X						111,089	0	0
(5) YVETTE BIRDSONG	0.00									
BOARD MEMBER	0.00	X						0	0	0
(6) JEFF BRANDSTAETTER	0.00									
BOARD MEMBER	0.00	X						0	0	0
(7) TIMOTHY BRYANT	0.00									
BOARD MEMBER	0.00	X						0	0	0
(8) KAVITA CHANNE	0.00									
BOARD MEMBER	0.00	X						0	0	0
(9) BRETT FRIEDMAN	0.00									
BOARD MEMBER	0.00	X						0	0	0
(10) ROBERT FURMAN	0.00									
BOARD MEMBER	0.00	X						0	0	0
(11) KATE GOLDMAN	0.00									
BOARD MEMBER	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) KIP HUNTER-EPSTEIN										
(12) BOARD MEMBER	0.00	X						0	0	0
(13) MARC INFANTE										
(13) BOARD MEMBER	0.00	X						0	0	0
(14) VERONICA JIMENEZ										
(14) BOARD MEMBER	0.00	X						0	0	0
(15) MARIA JOHNSTON										
(15) BOARD MEMBER	0.00	X						0	0	0
(16) ELlice MARTINEZ										
(16) BOARD MEMBER	0.00	X						0	0	0
(17) LEON MINK										
(17) BOARD MEMBER	0.00	X						0	0	0
(18) DR. JAMONICA ROLLE										
(18) BOARD MEMBER	0.00	X						0	0	0
(19) DAVID ROSS										
(19) BOARD MEMBER	0.00	X						0	0	0
1b Subtotal								514,972		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								514,972		

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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 **0**

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,394,351				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	285,455				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			7,679,806			
Program Service Revenue	2a Business Code						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			49,179	49,179		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a ENDOWMENT INCOME		Business Code	8,743	8,743		
	b MISCELLANEOUS INCOME			8,277	8,277		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			17,020			
12 Total revenue. See instructions				7,746,005	66,199	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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,477,044	4,121,196	162,033	193,815
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	478,375	455,545	13,902	8,928
10 Payroll taxes	340,173	320,186	12,258	7,729
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	700,643	598,745	17,127	84,771
12 Advertising and promotion				
13 Office expenses	49,004	41,581	4,318	3,105
14 Information technology				
15 Royalties				
16 Occupancy	23,786	6,608	17,178	
17 Travel	26,591	19,807	6,594	190
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,019	15,506	962	551
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,468	7,468		
23 Insurance	30,734	27,663	1,117	1,954
24 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.)				
a GRANTS	1,349,457	1,349,457		
b TELEPHONE	173,049	157,260	10,337	5,452
c MISCELLANEOUS	109,257	83,036	8,286	17,935
d SPECIAL EVENTS	97,314			97,314
e All other expenses	38,668	29,786	6,445	2,437
25 Total functional expenses. Add lines 1 through 24e	7,918,582	7,233,844	260,557	424,181
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check her <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,821,651	1	1,877,408
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,497,507	4	1,076,576
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	765	9	3,256
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 170,147		
	b Less: accumulated depreciation	10b 162,822	10c	7,325
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,333,698	16	2,964,565	
Liabilities	17 Accounts payable and accrued expenses	562,770	17	366,214
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	562,770	26	366,214
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		2,770,928	27	2,598,351
28 Net assets with donor restrictions			28	
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		2,770,928	32	2,598,351
33 Total liabilities and net assets/fund balances	3,333,698	33	2,964,565	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,746,005
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,918,582
3	Revenue less expenses. Subtract line 2 from line 1	3	-172,577
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,770,928
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,598,351

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <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.		
2a 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		X
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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c 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.		
3a 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?		
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		

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) KATHY SALERNO										
(12) BOARD MEMBER	0.00	X						0	0	0
(21) SCOTT SINGER										
(13) BOARD MEMBER	0.00	X						0	0	0
(22) DANA SOMERSTEIN										
(14) BOARD MEMBER	0.00	X						0	0	0
(23) MICHAEL WILD										
(15) BOARD MEMBER	0.00	X						0	0	0
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

FIRST CALL FOR HELP OF BROWARD, INC

Employer identification number

****-***9294**

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)						
Total						

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,721,259	4,394,622	5,428,844	8,045,879	7,679,806	29,270,410
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,721,259	4,394,622	5,428,844	8,045,879	7,679,806	29,270,410
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						29,270,410

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	3,721,259	4,394,622	5,428,844	8,045,879	7,679,806	29,270,410
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						29,270,410
12 Gross receipts from related activities, etc. (see instructions)					12	1,146,812
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test — 2022. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

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

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
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	Distributable Amount. 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
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

FIRST CALL FOR HELP OF BROWARD, INC

**** - *** 9294**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

FIRST CALL FOR HELP OF BROWARD, INC

Employer identification number

****--***9294****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LEO GOODWIN FOUNDATION ATTN: ELLIOT P. BORKSON, TRUSTEE 800 CORPORATE DRIVE, STE 550 FT LAUDERDALE FL 33334	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FLORIDA POWER & LIGHT COMPANY 700 UNIVERSE BLVD JUNO BEACH FL 33408	\$ 19,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COMMUNITY FOUNDATION OF BROWARD 910 EAST LAS OLAS, STE 200 FORT LAUDERDALE FL 33301	\$ 13,743	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MEMORIAL HEALTHCARE SYSTEM 3111 STIRLING ROAD HOLLYWOOD FL 33021	\$ 22,133	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CALVIN GIORDANO & ASSOCIATES, INC 1800 ELLER DRIVE, STE 600 FORT LAUDERDALE FL 33316	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FIDELITY CHARITABLE PO BOX 770001 CINCINNATI OH 45277	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

FIRST CALL FOR HELP OF BROWARD, INC

Employer identification number

****--***9294****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JM FAMILY ENTERPRISES, INC. 100 JIM MORAN BLVD DEERFIELD BEACH FL 33442	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	TRUIST BANK 515 E. LAS OLAS BLVD., 7TH FLOOR FORT LAUDERDALE FL 33301	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ULTIMATE KRONOS GROUP 2250 N. COMMERCE PARKWAY WESTON FL 33326	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	GREENSPOON MARDER 100 W. CYPRESS CREEK ROAD #700 FORT LAUDERDALE FL 33309	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MARIA JOHNSTON 560 EL DORADO PARKWAY PLANTATION FL 33317	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	SPACE COAST CREDIT UNION 6335 N. ANDREW AVENUE FORT LAUDERDALE FL 33309	\$ 5,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

FIRST CALL FOR HELP OF BROWARD, INC

Employer identification number

-*9294

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BBX CAPITAL, INC. 201 E. LAS OLAS BLVD., SUITE 1900 FORT LAUDERDALE FL 33301	\$ 11,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	PROJECT BEAUTY 1181 NW 95TH AVENUE PLANTATION FL 33322	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	THE COMPUTER GUYZ 12419 NW 35TH STREET CORAL SPRING FL 33065	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	RSM US, LLP 201 E. LAS OLAS BLVD., SUITE 2500 FORT LAUDERDALE FL 33312	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	GARY ROBINSON, P.A. 401 E. LAS OLAS BLVD. SUITE 1000 FORT LAUDERDALE FL 33301	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	MICHEAL WILD, ESQ. WFP LAW 1250 S. PINE ISLAND RD STE 200 PLANTATION FL 33301	\$ 5,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

FIRST CALL FOR HELP OF BROWARD, INC

Employer identification number

****--***9294****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	BERKOWITZ POLLACK BRANT 515 E. LAS OLAS BLVD., SUITE 15 FORT LAUDERDALE FL 33301	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	BROWN & BROWN 1201 W. CYPRESS CREEK ROAD SUITE 130 FORT LAUDERDALE FL 33309	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	SOUTH FLORIDA COMMUNITY CARE NETWORK 1643 HARRISON PARKWAY #H200 SUNRISE FL 33323	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BROWARD HEALTH 1800 NW 49TH STREET FORT LAUDERDALE FL 33309	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Employer identification number

FIRST CALL FOR HELP OF BROWARD, INC

****-***9294**

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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.
- | | Held at the End 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? ☐ Yes ☐ 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)? ☐ Yes ☐ 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 | \$ |

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

Schedule D (Form 990) 2023

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
b ☐ Scholarly research
c ☐ Preservation for future generations

- d ☐ Loan or exchange program
e ☐ Other

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
1c	
1d	
1e	
1f	

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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (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)		
Total. (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)		
Total. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (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. ☐

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

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

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 XIII Supplemental Information *(continued)*

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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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

FIRST CALL FOR HELP OF BROWARD, INC

Employer identification number

****-***9294**

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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)?

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

Schedule J (Form 990) 2023

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				
SHEILA J SMITH	(i)	173,432	0	0	0	0	173,432	0
1 PRESIDENT/CEO	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
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	(ii)							
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14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area for supplemental information with horizontal lines.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

FIRST CALL FOR HELP OF BROWARD, INC

****--***9294**

Form 990 - Organization's Mission

2-1-1 Broward managed 95,252 contacts in FY 2023/2024, including calls, chat sessions, texts, and email requests. There were also 177,048 searches made by people using the online public portal to find help. Callers were provided with crisis/suicide intervention and listening support and were connected with approximately 3,324 health and human service programs across Alachua, Bradford, Broward, Dixie, Gilchrist, Lafayette, Levy, Marion, & Union Counties. Confidential, anonymous, multi-lingual services are available to families and individuals 24 hours per day, 365 days per year simply by dialing 2-1-1.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE FINANCE COMMITTEE, PRESIDENT/CEO AND CHIEF FINANCIAL & HR OFFICER WILL REVIEW A DRAFT COPY OF FORM 990 AND ANY QUESTIONS OR CONCERNS WILL BE DIRECTED TO THE AUDITORS. THE FINANCE COMMITTEE WILL PRESENT THE FORM 990 TO THE BOARD FOR FINAL APPROVAL.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

DIRECTORS, MANAGERS AND BOARD SIGN CONFLICT OF INTEREST POLICIES ANNUALLY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Board meets to approve an annual budget which includes salary adjustments and bonuses for all staff. Comparative salary information is reviewed during preparation of the employee compensation budget.

Name of the organization

Employer identification number

FIRST CALL FOR HELP OF BROWARD, INC

-*9294

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Board meets to approve an annual budget which includes merit increases and bonuses for all staff. Comparative salary information is reviewed during preparation of the employee compensation budget.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

AVAILABLE ONLINE,UPON REQUEST AND POSTED ON NOTICE BOARD AT OFFICE.

Form **4562**Department of the Treasury
Internal Revenue Service
Name(s) shown on return**Depreciation and Amortization**
(Including Information on Listed Property)
Attach to your tax return.Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023Attachment
Sequence No. **179****FIRST CALL FOR HELP OF BROWARD, INC**Identifying number
****-***9294**

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	132
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	132
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

There are no amounts for **Page 2** Form **4562** (2023)



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0074

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FIRST CALL FOR HELP OF BROWARD INC
3317 NW 10TH TER STE 403
FT LAUDERDALE FL 33309-5941

112503

Notice	CP211A
Tax period	June 30, 2024
Notice date	December 23, 2024
Employer ID number	65-0589294
To contact us	Phone 877-829-5500
Page 1 of 1	

Important information about your June 30, 2024, Form 990

We approved your Form 8868, Application for Automatic Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
June 30, 2024, Form 990, Return of
Organization Exempt From Income Tax.
Your new due date is May 15, 2025.

What you need to do

File your June 30, 2024, Form 990 by May 15, 2025, electronically. The IRS will not accept Form 990 filed on paper for tax years ending on or after July 31, 2020.
You may use software offered by visiting [IRS.gov/eomefproviders](https://www.irs.gov/eomefproviders).

Additional information

- Visit [IRS.gov/cp211a](https://www.irs.gov/cp211a).
- Go to [IRS.gov/charities](https://www.irs.gov/charities) or call 877-829-5500 to learn more about electronic filing requirements.
- Keep this notice for your records.



UNITED WAY OF BROWARD COUNTY Community Impact Service Provider Contract

Provider Name: First Call for Help of Broward, Inc.

Program Name: 2-1-1 Helpline

Contract #: 1516-04-46-01

RECITALS

WHEREAS, United Way of Broward County conducts a competitive procurement process to determine which Providers are capable of meeting United Way of Broward County's stringent requirements for providing services, which positively impact the community served by United Way of Broward County; and

WHEREAS, United Way of Broward County desires to retain Provider for a one (1) year contract without the option for renewal; and

WHEREAS, Provider desires to perform services as an independent contractor of United Way of Broward County, pursuant to the terms and conditions set forth in this contract.

NOW THEREFORE, in consideration of the mutual premises and covenants contained herein, the Parties agree as follows:

ARTICLE I

Terms of Agreement

This Contract Agreement (the "Agreement") is entered into by and between **UNITED WAY OF BROWARD COUNTY, INC.** ("United Way") and **FIRST CALL FOR HELP OF BROWARD, INC.** ("Provider") this **1st day of July, 2024**. The Agreement has an effective date of **July 1, 2024** and has a one (1) year term **through, June 30, 2025**. Provider understands and acknowledges that the funding will only be for the Agreement Term as defined herein.

The annual maximum amount payable by United Way to Provider under the Agreement for FY 24/25 shall be **\$241,500.00** ("Contract Amount").

FIRST CALL FOR HELP OF BROWARD, INC.
OPERATING BUDGET
JULY 1, 2024 TO JUNE 30, 2025

Revenue

United Way	324,500
Broward County	127,000
Children's Services Council	2,404,400
Early Learning Coalition of Broward	292,500
DCF - First Responder Program	1,330,019
City Funding	130,000
Crisis Ctr Tampa Bay - MYFLVets	177,413
UWBC/BBHC/BH	480,000
UWBC/BBHC/988	1,484,958
Grants/Foundations	1,376,752
Fundraising/Sponsorships	285,700
Contributions/Donations	60,000
Misc.	180,000
Total Revenue	8,653,242

Expenses

Salaries	4,899,283
Taxes	378,530
Benefits	655,613
Professional Fees	515,000
Supplies	26,000
Telephone/Communications	201,000
Postage	3,000
Occupancy	28,000
Insurance	30,000
Equipment Rental/Maintenance	1,700
Printing/Promotions	53,000
Travel	41,000
Organizational Development	25,000
Memberships/Certifications	15,000
Misc.	255,000
Grant Disbursements	1,526,116
Total Expenses	8,653,242



First Call for Help of Broward, Inc d/b/a 2-1-1 Broward

Name of Agency: City of Pompano Beach
Program: _____
Contract Number : N/A
Fiscal Year 2025-2026

1. Regular Salaries and Wages:						DO NOT enter amounts in these columns		
Position Title	Helpline Counselor	Itemized Program Budget	FT or PT Staff	SAL	% Allocation	Amount Charged to Contract	Rounded Amount Charged to Contract	Total
Helpline Counselor		\$21,437 x 30 hrs per wk x 52 wks = 33442	PT	33,442.00	100%	33,442.00	33,442.00	
			PT					
			FT			-	-	
			FT			-	-	
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			FT			-	-	
			FT			-	-	
			FT			-	-	
			FT			-	-	
			FT			-	-	
Total Salaries and Wages:							33,442.00	\$ 33,442.00
2. FICA (7.65%)								\$ 2,558.00
						DO NOT enter amounts in these columns		
3. Retirement:		0.00% of Salaries				-	-	
4. Health Benefits:		- per month x 12 months				-	-	
5. Worker's Compensation:		0.00% of Salaries				-	-	
6. Unemployment Compensation		0.00% of first \$7,000 of gross wages				-	-	
Total FICA and Benefits								\$ 2,558.00
Total Salary & Fringe Benefits Costs								\$ 36,000.00
7. Expense Accounts	Title	Description of Program Cost (Method of calculation)	X	Y	Cost	Amount Charged to Contract	Rounded Amount Charged to Contract	
						-	-	-
						-	-	-
						-	-	-
						-	-	-
						-	-	-
						-	-	-
						-	-	-
						-	-	-
						-	-	-
Total Other Expense Accounts							-	-
Total Start-Up Expense Accounts								-
Subtotal Program Cost (before ADMIN Cost)								36,000.00
8900 Administrative Costs								
						-	-	
						-	-	
Total Administrative Costs								-
Section 1. GRAND TOTAL REQUEST								36,000.00



First Call for Help of Broward, Inc d/b/a 2-1-1 Broward

Name of Agency: City of Pompano Beach
Program: _____
Contract Number : N/A
Fiscal Year 2025-2026

	Admin Cost Percentage		0.0000%	0.00%	
TOTAL PROGRAM VALUE:					36,000.00

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 FIRST CALL FOR HELP OF BROWARD, INC. for 211 Broward Helpline and 988 Crisis Line for the current fiscal year is: Thirty Thousand Dollars (\$30,000.00).

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

1. The first (1st) will equal twenty-five percent (25 %) of the total allocation or Seven Thousand Five Hundred Dollars (\$7,500.00); 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 (2nd) will equal twenty-five percent (25%) of the total allocation or Seven Thousand Five Hundred Dollars (\$7,500.00); will be issued upon receipt AND approval of the second quarterly narrative and financial report (including any additional requested documents);
3. The third (3rd) payout will equal twenty-five percent (25%) of the total allocation or Seven Thousand Five Hundred Dollars (\$7,500.00); will be issued upon receipt AND approval of the third quarterly narrative and financial report (including any additional requested documents);
4. The fourth (4th) payout will be the final twenty-five percent (25%) of the total allocation or Seven Thousand Five Hundred Dollars (\$7,500.00) 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.

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD		
USAA CASUALTY INSURANCE COMPANY		
POLICY IDENTIFICATION NO.	CO. CODE	EFF. DATE
00400 52 50C 7103 8	-02865	08/21/25
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS AND PROPERTY DAMAGE LIABILITY	<input checked="" type="checkbox"/> BODILY INJURY LIABILITY	
Name		
MARIE L HAYES		
ALLEN S HAYES		
VEHICLE DESCRIPTION		VEHICLE IDENTIFICATION NUMBER
YEAR MAKE/MODEL		
2022 RAM		1C6RREMTXNN415987
NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE		
Misrepresentation of Insurance is a first degree misdemeanor. Policy coverages extend to a rental car. See outline of coverage.		
9800 Fredericksburg Road San Antonio, Texas 78288		
CONTACT US: 210-531-USAA(8722) OR 800-531-USAA Additional copies available at usaa.com		

Automobile Insurance Identification Card

We've issued an identification card as evidence of liability insurance for your vehicle(s). This card is valid only as long as liability insurance remains in force.

You may be required to produce your identification card at vehicle registration or inspection, when applying for a driver's license, following an accident or upon a law enforcement officer's request.

Keep a copy of the ID card in your vehicle at all times.

For your convenience, additional copies are available on usaa.com.

922 FL2 Rev. 06-13

51798-0613__02

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD		
USAA CASUALTY INSURANCE COMPANY		
POLICY IDENTIFICATION NO.	CO. CODE	EFF. DATE
00400 52 50C 7103 8	-02865	08/21/25
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS AND PROPERTY DAMAGE LIABILITY	<input checked="" type="checkbox"/> BODILY INJURY LIABILITY	
Name		
MARIE L HAYES		
VEHICLE DESCRIPTION		VEHICLE IDENTIFICATION NUMBER
YEAR MAKE/MODEL		
2023 KIA		KNDEPCAA7P7377260
NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE		
Misrepresentation of Insurance is a first degree misdemeanor. Policy coverages extend to a rental car. See outline of coverage.		
9800 Fredericksburg Road San Antonio, Texas 78288		
CONTACT US: 210-531-USAA(8722) OR 800-531-USAA Additional copies available at usaa.com		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/29/2025

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).

PRODUCER
Aris Insurance Group
3900 Hollywood Blvd
Suite PH-E
Hollywood FL 33021

License#: L108602
FIRSCAL-01

INSURED
First Call For Help Of Broward dba 2-1-1 Broward
3317 NW 10th Terrace, Suite 403
Fort Lauderdale FL 33309

CONTACT
NAME: Maggie Glenn
PHONE (A/C, No, Ext): 954-323-0355
E-MAIL ADDRESS: Maggie@arisrisk.com
FAX (A/C, No): 954-906-1499

INSURER(S) AFFORDING COVERAGE**NAIC #****INSURER A:** AmGuard Insurance Co

42390

INSURER B: Philadelphia Indemnity Ins Co

18058

INSURER C:**INSURER D:****INSURER E:****INSURER F:**

APPROVED *Daniel Beecher*
By Daniel Beecher at 3:07 pm, Jun 17, 2025

COVERAGES**CERTIFICATE NUMBER:** 1265136169**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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		C1GP607924	6/30/2025	6/30/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input 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			C2GP605410	6/30/2025	6/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	Professional Liability Abuse/Molestation D&O			C1GP607924 PHSD1815362-014	6/30/2025 8/27/2024	6/30/2026 8/27/2025	Professional Liab Abuse/Molestation Aggregate \$1mm/\$3mm \$1mm/\$3mm \$2,000,000

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

City of Pompano Beach is included as Additional Insured under the General Liability Policy shown above only insofar as permitted by Florida Statute 768.28 and otherwise allowed by law. Additional Insured status is provided as required by written contract with respect to operations by or on behalf of the Named Assured per Form #GL 10802FL 01/19 attached.

CERTIFICATE HOLDER

City of Pompano Beach
100 W Atlantic Blvd.
Pompano Beach FL 33060
USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/7/2024

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).

PRODUCER BB Insurance Marketing Inc 10167 W Sunrise Blvd, 3rd Floor Plantation FL 33322	CONTACT NAME: Certificates Department PHONE (A/C. No. Ext): 888-728-0817 E-MAIL ADDRESS: certificates@bbimi.com	FAX (A/C. No): 954-452-0450
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : AmTrust North America Inc		42376
INSURED First Call for Help of Broward, Inc. dba 211 Broward 3317 NW 10th Terrace, Suite 403 Fort Lauderdale FL 33309	FIRSCAL-01	<div>INSURER D</div> <div>INSURER</div> <div>INSURER</div> <div>INSURER</div> <div>INSURER F</div>

APPROVED Daniel Beecher
By Daniel Beecher at 12:32 pm, Aug 19, 2025

COVERAGES**CERTIFICATE NUMBER:** 1902417253**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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	TWC4494186	10/6/2024	10/6/2025	X <input 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)Counseling Services.
No Deductible Applies.**CERTIFICATE HOLDER****CANCELLATION**City of Pompano Beach
100 W. Atlantic Blvd.,
Pompano Beach FL 33060

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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