APPROPRIATIONS CONTRACT

THIS CONTRACT is executed on	, by the City of Pompano
Beach ("City") and BROWARD MOMS INCORPORATED,	a Not For Profit Corporation
authorized to do business in the State of Florida ("Recipient").	_

WHEREAS, the City of Pompano Beach has appropriated for its current Fiscal Year 2025-2026 (October 1st through September 30th), the sum of <u>Five Thousand Dollars (\$5,000.00)</u> 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 <u>Brittany Wolfe</u> 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: Brittany Wolfe

Founcer & Executive Director

8664 SW 55th Street Cooper City, FL 33328 Office: (954) 667-9672

Email: <u>bwolfe@ftldiaperbank.org</u>

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.

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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"

BROWARD MOMS INCORPORATED

	(Print or type name of company here)
Witnesses:	
	D 1 100 1010
Flizabeth Alfenso	Byt
[(and Alton >C	Print Name: Dwayne Wolfe
Q .	Tim Name. Dwayne wone
(Print or Type Name)	
	Title: President
Mun Semo	
Devin Secross	
(Print or Type Name)	
STATE OF FLORIDA	
COUNTY OF Broward	
COUNTY OF 1 JOURNEY	
TI C	
or □ online notarization, this /2 th day of _\sqrt{0}	wledged before me, by means of 2 physical presence 2025, by <u>Dwayne Wolfe</u> as
President of BROWARD MOMS INCORP	ORATED, a Florida non for profit corporation. He is
personally known to me or who has produce	
	tification) as identification.
	/ Later & (1)
NOTADNIC CEAL	NØTARY PUBLIC, STATE OF FLORIDA
NOTARY'S SEAL:	NOVARY PUBLIC, STATE OF FLORIDA
	U CANHINA DONNIS
	(Name of Acknowledger Typed, Printed or Stamped)
CYNTINA DENNIS MY COMMISSION # HH 361849	# 1142612 19
EXPIRES: February 13, 2027	Commission Number
	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:

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

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.

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: BROWARD MOMS INCORPORATED

Program Funded: Diaper Bank Program

Amount Funded: \$5,000.00

Program Description: The Greater Fort Lauderdale Diaper Bank respectfully requests support from the City of Pompano Beach in the amount of \$10,000 to support our Diaper Bank Program. This program provides free diapers for babies and toddlers, period products for women, and incontinence supplies for seniors in need through community distribution events and partnerships with 30+ local social service agencies. Because of our program, families in need can obtain the diapers that childcare centers require and are thus better able to access care for their young children, enabling them to work and pursue education. If fully funded, this grant will provide 27% of our total annual program costs for the City of Pompano Beach (\$36,000). Our service in Pompano Beach is approximately 20% of our total annual program service, the budget for which is \$179,540 in cash expenses.

Form Name: Submission Time: Browser: IP Address: Unique ID:

Location:

City of Pompano Beach Nonprofit Partnership Application

May 1, 2025 5:33 pm Chrome 135.0.0.0 / OS X 107.136.95.32

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About Your Organization

Which Fiscal Year Is Your
Organization Applying For?

2025-2026

Full Name of Nonprofit:

BROWARD MOMS INCORPORATED

Mission of Nonprofit:

The mission of Broward Moms Incorporated d/b/a Greater Fort Lauderdale Diaper Bank is to provide diapers to disadvantaged families and partnering community organizations who support families in need.

Brief Overview of Nonprofit:

Founded in 2016, Greater Fort Lauderdale Diaper Bank (GFLDB) is a quickly growing nonprofit organization that provides diapers for babies, incontinence products for individuals with disabilities and the elderly, and period products for women in need throughout Broward County. Last year, GFLDB distributed 1.4 million diapers and associated products, including 270,000 to Pompano residents. 50% of our products are distributed directly to individuals, and 50% are distributed through our 30+ community partners, including Broward County Public Schools, and Pompano-based nonprofit organizations including Every Mothers Advocate and Heroes Hub. The products we distribute support basic hygiene, restore dignity, and enable children and families in need to participate in daycare, school, and work.

Thanks to strong vendor partnerships, GFLDB can meet our community's need for these essential products for just .02¢ per diaper - 16X less than the retail average. We are able to provide vast support to our community with a lean budget of just \$206,000 in cash expenses; however, economic pressures have driven our community's need higher, and we are racing to build partnerships to help us keep pace with demand.

Because of our services, low-income families, women, and seniors are able to meet their basic needs to achieve better hygiene and dignity. We directly serve more than 40,000 Broward residents each year with our team of just one paid staff member, 2 social work interns, and more than 460 volunteers. We work hard to allocate as much of our resources to serving our community as possible - 80% of our annual operating budget is allocated directly to our program. For our efforts, we have been recognized by the City of Pompano Beach and 19 more Broward municipalities. In 2025 we received the Nonprofit of the Year - Rising Star Award from 211 Broward.

Type of Organization:	Human Services
Nonprofit Website:	https://www.ftldiaperbank.org
Federal Tax ID Number:	81-3498587
Which funding priority/sub pillar does your nonprofit qualify for?	Workforce Excellence: Workforce Readiness
How does your program/event(s) fit the funding priority/sub pillar?	Our Diaper Bank Program enables families to access childcare so that they can work.

Statement of Need:

Daycare facilities, including VPK programs, require families to provide diapers and pull-ups for children who are not potty trained. The average cost of diapers is between \$80 and \$100 per child per month, and diapers are not covered by many existing assistance programs like WIC and Medicaid. This cost is a challenge for families that are struggling financially. Although 12% of Broward residents are currently living in poverty, 48% of households cannot make ends meet each month, despite working (Sources: U.S. Census Bureau and United Way of Broward 2024 ALICE Report). According to 2024 research by the National Diaper Bank, 25% of parents and caregivers in need across the U.S. reported having to miss work or school because they did not have enough diapers to drop their child off at childcare, and reported missing, on average, 5.1 workdays in the past 30 days.

Support from The City of Pompano Beach will enable our Diaper Bank Program to provide diapers to residents in need through our partnerships with local social service agencies, and through our efforts to reach residents directly through community distribution events. In doing so, we will equip Pompano Beach families to access childcare so that they can continue to work or pursue educational opportunities that will lead to employment.

Approximately 20% of our annual program service is dedicated to Pompano Beach. Of the 1.4 million diapers we delivered in 2024, 270,000 diapers reached Pompano residents through our local agency partnerships.

Program/Event Information #1

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

Which are you applying for? (Program/Event)

Program

Program/Event Name:

Diaper Bank Program

Type of Program/Event:

Nonprofit Program/Seminar/Workshop

Share an executive summary of the program/event:

The Greater Fort Lauderdale Diaper Bank respectfully requests support from the City of Pompano Beach in the amount of \$10,000 to support our Diaper Bank Program. This program provides free diapers for babies and toddlers, period products for women, and incontinence supplies for seniors in need through community distribution events and partnerships with 30+ local social service agencies. Because of our program, families in need can obtain the diapers that childcare centers require and are thus better able to access care for their young children, enabling them to work and pursue education. If fully funded, this grant will provide 27% of our total annual program costs for the City of Pompano Beach (\$36,000). Our service in Pompano Beach is approximately 20% of our total annual program service, the budget for which is \$179,540 in cash expenses.

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

The Greater Fort Lauderdale Diaper Bank's Diaper Program provides diapers, period products, and incontinence garments to low income families and individuals in need in Broward County. We distribute products through our network of community partners and directly to individuals. In 2024 we distributed approximately 1.2 Million diapers, 400,000 period products, and 200,000 incontinence products to people in need; these numbers are currently on track to increase 50% to provide 2.8M products in 2025. Families usually receive diapers for up to two years, and seniors typically receive diapers until the end of life. We obtain products through our relationships with the National Diaper Bank Network, Baby2Baby, Diaper Depot, HDMI wholesale and public donations, and the products we distribute are always provided to our partners and individuals in need free of charge.

Our network of 30+ community partners help us distribute approximately 50% of our total distribution each year. On the first Wednesday of each month, partners come to pick up products from our storage facility on Griffin Road in Cooper City (Lighthouse Self Storage). We additionally stock a pantry supply year round for families at Hero's Hub (located in Pompano Beach), Joe DiMaggio's Children's Hospital, Serving with Grace, Gulfstream Early Learning Center, and The Legacy Closet. With our support, these agencies are prepared to support essential hygiene needs for their clients, including families with infants and toddlers, girls and women, seniors, and individuals with disabilities.

To serve individuals directly, we facilitate monthly distribution events, a mobile pantry service, and three annual events. Through these services, we provide approximately 35% of our products directly to individuals each year.

DISTRIBUTIONS: We facilitate one monthly distribution event at Tyrone Bryant Branch Library in Fort Lauderdale on the first Thursday of each month, and two monthly distribution events in each of five underserved ZIP codes in Broward County (Hollywood, Miramar, Hallandale Beach, Dania and Pembroke Pines). Individuals are typically referred to our service by other nonprofit organizations, doctors' offices, 211 Broward, APD, hospitals, insurance companies, home health companies, and word of mouth. To receive products, individuals must register in advance through our website. When they arrive, we provide 50 diapers per person in need per month.

MOBILE PANTRY: The Greater Fort Lauderdale Diaper Bank operates a mobile pantry to ensure that individuals in need, especially those without transportation, have access to essential items. This initiative allows us to bring supplies directly to families and also serves as a key resource for delivering materials to

popup events. By mobilizing our efforts, we can reach more people and provide vital support where it's needed most

EVENTS: We host two annual Community Events: the Birth, Baby, and Beyond Health Expo, and a holiday toy and basic needs supply drive. These community events typically welcome 2,500 people each and are sharply focused on connecting those in need with diaper supplies as well as community health resources. In 2025, we are introducing a similar event targeted to serve seniors.

For homebound seniors, we provide diaper delivery along with case management services that are facilitated by our team of social work interns. This service began in 2020 during COVID, when we saw an increase in the number of people who could not leave their homes. We now welcome 2 MSW social work interns to our team during the course of the year, and they typically stay with us for six months (sometimes we also welcome BSW interns for one semester). This team delivers approximately 15% of our total products each year.

of your program/event?

What are the proposed outcomes Our overarching goal is to support basic hygiene, restore dignity, and ensure that the need for fundamental sanitary products does not prohibit children, families, and seniors from thriving and reaching their highest potential - which includes their ability to participate in work and education. We achieve this goal through our commitment to providing diapers to disadvantaged families and partnering community organizations who support families in need. In 2025, we expect to:

- Provide 2 million baby diapers
- Provide 400,000 incontinence products for seniors
- Provide 300,000 period products
- Work with 30+ community partners to distribute products to people in need throughout Broward County
- Directly serve 40,000 individual community members

Based on our historic data, we anticipate providing approximately 20% of our service (400,000 or more baby diapers) in Pompano Beach through our partnerships with Pompano-based social service agencies.

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

We monitor outputs by collecting demographic and individual data via our partners and our website at www.ftldiaperbank.org/events. Each person who receives products must first register online and check in to receive products through our program.

While we do not yet have the infrastructure to do post-assessments for individuals we serve, we know these outputs make a demonstrable difference in individuals' abilities to care for their own and their family's basic hygiene, thereby preventing many negative health outcomes. Access to these fundamental sanitary products also allows families to utilize childcare services so they can continue to work, and allow menstruating girls and women to participate in school and jobs. Our work reduces barriers and improves the quality of life for all we serve.

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

5,001-10,000

Please specify the number of City 8000 of Pompano Beach residents your organization will serve if the program/event is funded:

population you are impacting with this program/event:

Describe the demographics of the Our service in Pompano Beach is exclusively with social service agencies, and we do not require or collect demographic information from them in order to provide diapers and essential hygiene supplies.

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

The Diaper Bank Program serves families and agencies across Broward County. In Pompano Beach, our service is provided through our partnerships with Every Mother's Advocate and Heroes Hub. Through these partnerships, we distribute 270,000 diapers annually to reach families in need. By providing diapers, we enable families to access the essential hygiene products they need (diapers) in order for their children to participate in daycare. In doing so, we support working parents in reporting for their jobs instead of having to stay home with their children due to lack of diapers.

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

Our marketing efforts include:

- sending emails and text message to current and past diaper bank clients
- working with our 30+ community partner agencies, including Every Mothers Advocate and Hero's Hub in Pompano Beach, as well as Memorial Healthcare, 211 Broward, Children's Services Council, Urban League of Broward County, and more to reach families they serve
- partnering with the Early Learning Coalition, which promotes to all low-income day cares include VPK programs
- feature stories for our annual Birth, Baby, and Beyond Health Expo on local television, including NBC 6 and Telemundo
- promotion on our website and social media

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

Pompano Beach residents can access diapers, period products, and incontinence supplies provided by the Greater Fort Lauderdale Diaper Bank through our 30+ community partners (including Every Mothers Advocate and Hero's Hub in Pompano Beach), or by registering through our website (https://www.ftldiaperbank.org/events) to receive products through an upcoming community distribution event.

Start Date of Program/Event: Oct 01, 2025

End Date of Program/Event: Sep 30, 2026

Does your program/event have a start time/end time?

No

Additional Activities	
Are you applying for a second program/event?	No
How will your organization use the City of Pompano Beach funding?	Funding provided by the City of Pompano Beach will be allocated towards expenses associated directly with serving residents of Pompano Beach through our Diaper Bank program as follows: • \$4,000 - storage (20% of our annual storage expense, in proportion to our annual service to Pompano residents) • \$4,000 - staff salaries (14% of our annual salary expenses) • \$2,000 - baby diapers (7% of our annual cost) This allocation will provide approximately 100,000 diapers (\$2,000 /.02¢ per diaper = 100,000 diapers), which will meet nearly 40% of the anticipated community need in Pompano Beach, as well as funds to support the essential costs of our storage and staff effort to distribute products.
Total dollar amount being requested from the City:	10000
Total dollar amount of the overall program/event budget:	507560
List any benefits or partnership opportunities the City of Pompano Beach receives:	We do not currently offer sponsorship benefits for the Diaper Bank program. We would be thrilled to celebrate the partnership of the City of Pompano Beach through recognition on our website, social media, and email communications. We would also be happy to work with you to create recognition opportunities that meet our mutual goals.
Attire of Program/Event (select the one that best applies):	Casual
Address of Program/Event Venue Location:	8664 SW 55th Street Cooper City, FL 33328
Name of Program/Event Venue:	Clients access our program from a variety of locations; our headquarters' address is below.

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.

The Greater Fort Lauderdale Diaper Bank is the only diaper bank program located within Broward County. Our relationships with the community and local social service agencies make us best positioned to provide this essential service. We currently have 31 local agency partners, and receive requests from more agencies all the time.

Our organization is also extremely cost efficient. Our tiny staff (currently one part time person, and planning to hire a second part time person in 2025) is bolstered by nearly 500 volunteers, and a Board of Directors that is both passionate about our cause and rich with relevant expertise. Their professional affiliations include local health care providers, insurance agencies, United Parcel Service - which is very helpful with our program logistics! - and more. Because of our strong relationship with the National Diaper Bank and vendors, we are able to secure products for an average cost of .02¢ per diaper.

Finally, our impact has been recognized throughout the county. We have received commendations from 20 local municipalities, including the City of Pompano Beach. In March 2025 we received the Nonprofit of the Year - Rising Star award from 211 Broward.

Other than the program/event you are applying for, how is your organization serving the residents of the City of Pompano Beach? Though our annual community events are not located within the city limits of Pompano Beach, residents are invited and do attend. We are especially proud of the impact of our annual Birth, Baby, and Beyond Health Expo, which provides approximately 2,000 pregnant and postpartum women, infants, and children with access to healthcare including:

- Check-ups and specialists referrals provided onsite for up to 120 adults and up to 200 children by Memorial Healthcare System
- Biometric screenings (including blood pressure, cholesterol levels, and body mass index) for all guests provided by Vital Health and Eminent Research Clinics
- School physicals provided for up to 500 students, and vision screening, hearing screening, and vaccines provided as needed by Joe DiMaggio Children's Hospital
- Vaccines, HIV screenings, and Narcan provided to adults and children as needed by Broward Health Department
- Scoliosis screenings for adults and children provided by Align Chiropractic Center
- Mammograms for up to 50 women provided by 3D Mobile Mammography, with sponsorship by Broward Health Department for individuals who do not have health insurance
- And more!

Any other	information	you	wish
to share?			

N/A

City of Pompano Beach Funding History

Has your organization been funded before by City of Pompano Beach?

First time applicant

Requested Budget Information

What is your organization's
operational budget?

507560

What is the total value your nonprofit is applying for?

10000

If you are not awarded the full funding requested for your program/event(s), will you be able to complete your project? Yes

About Your Staff and Leadership

Total Number of Employees: 1

Full Name of Brittany Wolfe
President/CEO/Executive Director:

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

In 2015, Brittany Wolfe recognized a problem: through her job as a social worker, she met countless women who could not afford diapers. She began calling around to find community resources to meet their needs, only to discover that none existed. So, in 2016 she formalized her Mommy & Me playgroup as a 501(c)(3) organization under the name Broward Moms Incorporated in order to begin the work of helping women in her community.

By using the social aspect of play groups to invite women in to receive services, Brittany's vision soon gained traction - so much so that she quickly surpassed her expectations for distributing diapers. With the group's reputation firmly established, Brittany ended play group meetings in 2017 and focused solely on providing diapers and personal hygiene products, now doing business as Greater Fort Lauderdale Diaper Bank. Today, she uses her Masters in Social Work, 20 years of experience in the healthcare field (she is currently employed full-time with Humana), and deep passion for human dignity and basic needs to guide her nonprofit to succeed in meeting our community's need.

About Your Board of Directors

Total Board Members:	7
How many board members contribute financially to the organization?	7
Is there a formal give/get policy for board members?	Yes
If so, what is the required amount?	240

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.

Does your organization have anyOur partnerships with 31 local agencies are integral to our efforts to distribute diapers and reach our community's most vulnerable families. Our partners include:

211 Broward

Broward County Public Schools

Broward Outreach/Miami Rescue Mission

Broward Healthy Start

Care Resource

Children's Bereavement Center

Community Care Plan

Deerfield Beach Community Cares

Every Mother's Advocate

Expecting Relief

Feeding South Florida

FLITE Center

Goodman Jewish Family Services

Heroes Hub

Hope South Florida Jack and Jill Center

Jay's Free Clothing Closet/Gulfstream Early Learning Center

Kids in Distress/Family Central Kiwanis Club Fort Lauderdale

L.A. Lee YMCA Mizell Community Center

Memorial Hospital Systems Serving with GRACE, Inc. The Beauty Initiative inc. The Hands and Feet

The Legacy Closet

The Pantry of Broward, Inc.

The Preggo Organization For Women Inc.

The Salvation Army (Broward)

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

Memorial Health Systems - \$27,500

The Jim Moran Foundation - \$25,000

American Online Giving Foundation - \$24,725

Humana - \$20,000

Community Foundation of Broward - \$15,000 Leslie L. Alexander Foundation - \$15,000

Florida Blue - \$7,500 First Citizens Bank - \$5,000

Josephine Leiser Foundation - \$5,000

Financial Information

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

No formal financial audit in place

Describe the processes and procedures your nonprofit has in place to ensure financial transparency and accountability. Include details about any internal or external reviews, checks, or scrutiny that are conducted to maintain the integrity of your financial operations. Your organization will need to provide a combined PDF showing your balance sheet and P&L (profit and loss statement and/or income statement) in the upload document section below.

Our Executive Director oversees all financial transactions. Our bookkeeper prepares a financial report on a quarterly basis, which our Board reviews. We have received a Platinum Seal of Transparency by Candid, and all financials are public.

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.

Itemized Program/Event Budget - https://www.formstack.com/admin/download/file/17946440337

Agency Operational Budget

https://www.formstack.com/admin/download/file/17946440338

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

Agency External or Internal Audit https://www.formstack.com/admin/download/file/17946440339

W9

https://www.formstack.com/admin/download/file/17946440340

IRS 501(c)(3) Determination Letter

https://www.formstack.com/admin/download/file/17946440341

Articles of Incorporation

https://www.formstack.com/admin/download/file/17946440342

Most Recent 990 Form

https://www.formstack.com/admin/download/file/17946440343

List of Board of Directors

https://www.formstack.com/admin/download/file/17946440344

Matching Gift Documentation

Does Your Organization Receive Matching Funds?

No

President/CEO/Executive Director Contact Information

Name	Brittany Wolfe
Title	Founcer & Executive Director
Email	bwolfe@ftldiaperbank.org
Phone Number	(954) 667-9672
Mailing Address	8664 SW 55th Street Cooper City, FL 33328

Primary Nonprofit Contact

Name	Brittany Wolfe
Title	Founder & Executive Director
Email	bwolfe@ftldiaperbank.org
Phone Number	(954) 667-9672

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

Date of this notice: 08-09-2016

Employer Identification Number: 81-3498587

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

BROWARD MOMS INCORPORATED BROWARD MOMMY MEET-UPS 8664 SW 55TH ST COOPER CITY, FL 33328

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-3498587. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is BROW. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

Keep this part for your records. CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 08-09-2016 ()

EMPLOYER IDENTIFICATION NUMBER: 81-3498587

FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

BROWARD MOMS INCORPORATED BROWARD MOMMY MEET-UPS 8664 SW 55TH ST COOPER CITY, FL 33328



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.

Befor	e yo	bu begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.		
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the or entity's name on line 2.)	wner's name on line	1, and enter the business/disregarded
	2	Business name/disregarded entity name, if different from above.		
Print or type. See Specific Instructions on page 3.			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)	
	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		(Applies to accounts maintained outside the United States.)	
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name	and address (optional)
	6	City, state, and ZIP code		
	7	List account number(s) here (optional)		
Par	tΙ	Taxpayer Identification Number (TIN)		
Enter	vou	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	oid Social se	curity number
backı reside	ip went a ent a es, it	withholding. For individuals, this is generally your social security number (SSN). However, for the lien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>	or a	
,				identification number
		ne account is in more than one name, see the instructions for line 1. See also What Name at 50 Give the Requester for guidelines on whose number to enter.	and .	-
Par	t II	Certification		
Unde	r pei	nalties of perjury, I certify that:		
		mber shown on this form is my correct taxpayer identification number (or I am waiting for a		
Ser	vice	ot subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest oper subject to backup withholding; and		
3. I ar	n a l	U.S. citizen or other U.S. person (defined below); and		

General Instructions

Signature of

U.S. person

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

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Cat. No. 10231X

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

Sign

Here

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).

5/8/2025

Purpose of Form

Date

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

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must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
 - 2. Certify that you are not subject to backup withholding; or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
- 4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
- 5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301,7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(I)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
 - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester;
- 2. You do not certify your TIN when required (see the instructions for Part II for details);
 - 3. The IRS tells the requester that you furnished an incorrect TIN;
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
- 5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "By signing the filled-out form" above (for reportable interest and dividend accounts opened after 1983 only).

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Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

- Sole proprietor. Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.
- Partnership, C corporation, S corporation, or LLC, other than a disregarded entity. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.
- Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.
- Disregarded entity. In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n)	THEN check the box for
Corporation	Corporation.
Individual or	Individual/sole proprietor.
Sole proprietorship	
LLC classified as a partnership for U.S. federal tax purposes or	Limited liability company and enter the appropriate tax classification:
LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	P = Partnership, C = C corporation, or S = S corporation.
Partnership	Partnership.
Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

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- 2-The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5-A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory
- $7\!-\!A$ futures commission merchant registered with the Commodity Futures Trading Commission.
- 8-A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11-A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for	THEN the payment is exempt for				
Interest and dividend payments	All exempt payees except for 7.				
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.				
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.				
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5.2				
Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.				

¹ See Form 1099-MISC, Miscellaneous Information, and its instructions.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).
 - B—The United States or any of its agencies or instrumentalities.
- C-A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.
 - G-A real estate investment trust.
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.
 - I-A common trust fund as defined in section 584(a).
 - J-A bank as defined in section 581.
 - K-A broker.
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1).
- M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's FIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S.* status for purposes of chapter 3 and chapter 4 withholding, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

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Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- **3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- **4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
 b. So-called trust account that is not a legal or valid trust under state law 	The actual owner ¹
Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

- ³ You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.
- ⁴List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)
- *Note: The grantor must also provide a Form W-9 to the trustee of the trust
- **For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

²Circle the minor's name and furnish the minor's SSN.

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Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to <code>phishing@irs.gov</code>. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at <code>spam@uce.gov</code> or report them at <code>www.ftc.gov/complaint</code>. You can contact the FTC at <code>www.ftc.gov/idtheft</code> or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see <code>www.ldentityTheft.gov</code> and Pub. 5027.

Go to www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

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Electronic Articles of Incorporation For

N16000007781 FILED August 09, 2016 Sec. Of State tscott

BROWARD MOMS INCORPORATED

The undersigned incorporator, for the purpose of forming a Florida not-forprofit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

BROWARD MOMS INCORPORATED

Article II

The principal place of business address:

8664 SW 55TH ST COOPER CITY, FL. UN 33328

The mailing address of the corporation is:

8664 SW 55TH ST COOPER CITY, FL. UN 33328

Article III

The specific purpose for which this corporation is organized is:

TO PROVIDE SOCIAL SUPPORT FOR FAMILIES ONLINE AND IN PERSON. ALSO, PROVIDING REFERRALS FOR FAMILIES IN NEED, WEEKLY EDUCATIONAL PLAY GROUPS, PARENTING AND PREGNANCY SUPPORT AND ENSURING THAT ALL BABIES IN BROWARD HAVE CLEAN

Article IV

The manner in which directors are elected or appointed is: APPOINTED FIRST, THEN ELECTED IN FUTURE YEARS

Article V

The name and Florida street address of the registered agent is:

BRITTANY WOLFE 8664 SW 55TH ST COOPER CITY, FL. 33328

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: BRITTANY WOLFE

Article VI

The name and address of the incorporator is:

BRITTANY WOLFE 8664 SW 55TH ST

COOPER CITY

Electronic Signature of Incorporator: BRITTANY WOLFE

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
BRITTANY WOLFE
8664 SW 55TH ST
COOPER CITY, FL. 33328 UN

Title: VP PATRICIA BENSON 5501 SW 37TH COURT DAVIE, FL. 33314 UN

Title: T YULIYA ZBOROVSKAYA 3520 NW 50TH AVE LAUDERDALE LAKES, FL. 33319 UN

Title: S VICTORIA NEAL 3104 NW 19TH STREET APT 203 FORT LAUDERDALE, FL. 33311 UN

Article VIII

The effective date for this corporation shall be:

08/08/2016

N16000007781 FILED August 09, 2016 Sec. Of State tscott



2025 Board List

EXECUTIVE BOARD

Dwayne Wolfe, President (Joined 2016) dwolfe@ftldiaperbank.org / 321-368-3891 8664 SW 55th Street, Cooper City, FL 33328 Professional: IT, Project Owner, Massa Global. Business Networking int'l

Adora West, MSW, Vice President

(Joined 2019)

awest@ftldiaperbank.org / 954-600-1593 7692 SW 5th Street, N. Lauderdale, FL 33068 Professional: Jackson Memorial Hospital, North Lauderdale Chamber of Commerce

Katrina Foreman, Secretary (Joined 2023) sswlady06@gmail.com / 954-505-0554 4302 Hollywood Blvd, Hollywood, FL 33021 Professional: NASW

Misland Floreal, Treasurer (Joined 2024) mfloreal@ftldiaperbank.org / 561-634-6781 1245 Cove Lake Rd, North Lauderdale, FL 33068

BOARD MEMBERS

Bettina Geel, Adult Diaper Program Director

(Joined 2024)

bettinageel123@yahoo.com / 916-217-9545 10627 Liberty Bell Drive, Tampa, FL 33647 Affiliation: Palm Medical Centers

Cezar Sawyer, Director of Logistics (Joined 2022) csawyer@ftldiaperbank.org / 786-399-3214

2801 NW 47th Terrace, Bldg 7 Apt 203, Lauderdale, FL 33313 Professional: United Parcel Service

Marishka Wollman, Director of Volunteers, Spanish Interpretation (Joined 2024) 305-763-6657 172 NW 89th Street, El Portal, FL 33150

ADVISORY BOARD

Angie Andrews, MSW, Spanish interpretation aandrews@ftldiaperbank.org / 786-218-7790 2390 NW 34th Rd, Coconut Creek, FL 33055

Elizabeth Antoine, MSN, BSN, RN, Maternal Health Outcomes

eantoine@ccpcares.org / 305-725-1202 9121 Johnson St., Pembroke Pines, FL 33024

Denise Bartley, MS Health Law

denise.bartley@bcbsfl.com / 954-663-3963 1305 Silverado Dr., N. Lauderdale, Fl 33068

Tiffany Tait, LCSW, Operations

tiffanytait@paradigmbehavioralhealth.com 954-380-1507 2624 Timber Drive #202, Garner, NC 27529

FOUNDER & EXECUTIVE DIRECTOR

Brittany Wolfe, LCSW (Joined 2016)

bwolfe@ftldiaperbank.org / 321-368-3891 8664 SW 55th Street, Cooper City, FL 33328

Form **990**

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

2024

Open to Public

Department of the Treasury

A For the 2024 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number BROWARD MOMS INCORPORATED D/B/A Address change GREATER FORT LAUDERDALE DIAPER BANK Name change 81-3498587 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 8664 SW 55TH STREET 321-368-3891 431,800. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return COOPER CITY, FL 33328 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DWAYNE WOLFE Yes X No for subordinates? SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.FTLDIAPERBANK.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 2016 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE GREATER FORT Activities & Governance LAUDERDALE DIAPER BANK IS TO PROVIDE DIAPERS TO DISADVANTAGED 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 136,850. 431,523. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 0. 277. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 431,800 136,850. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14,800. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 110,277. 374,085. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 110,277. 388,885. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,573.42,915. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 75,939 33,024. Total assets (Part X, line 16) 0. 21 Total liabilities (Part X, line 26) 三年 33,024. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign DWAYNE WOLFE PRESIDENT Here Type or print name and title Date PTIN Preparer's name Preparer's signature 03/31/25 self-employed P01959117 TYLER JOHNSON Paid TYLER JOHNSON CITRIN COOPERMAN ADVISORS LLC Firm's EIN 87-2525370 Preparer Firm's name Firm's address 6550 N. FEDERAL HIGHWAY, Use Only Phone no. 954-771-0896 FT. LAUDERDALE, FL 33308

X Yes

Form	n 990 (2024) GREATER FORT LAUDERDALE DIAPER BANK 81-3498587	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	🔲
1	Briefly describe the organization's mission:	
	THE MISSION OF THE GREATER FORT LAUDERDALE DIAPER BANK IS TO PROVIDE	
	DIAPERS TO DISADVANTAGED FAMILIES AND PARTNERING COMMUNITY	
	ORGANIZATIONS, WHO SUPPORT FAMILIES IN NEED.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		X No
		LA_ 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?	X 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, an	ıd
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 338 , 447 • including grants of \$) (Revenue \$))
	THE MISSION OF THE GREATER FORT LAUDERDALE DIAPER BANK IS TO PROVIDE	
	DIAPERS TO DISADVANTAGED FAMILIES AND PARTNERING COMMUNITY	
	ORGANIZATIONS, WHO SUPPORT FAMILIES IN NEED. WE ARE COMMITTED TO	
	PROVIDING EDUCATION, SUPPORT, AND ADVOCACY AS A WAY TO FOSTER STRONG	
		<u> </u>
	COMMUNITY TIES AND VALUES, WHILE AIDING FAMILIES IN GAINING ACCESS TO	<i></i>
	THE RESOURCES NEEDED TO SUCCEED AND FLOURISH. THE ORGANIZATION HAS	
	DISTRIBUTED OVER 3 MILLION DIAPERS SINCE INCEPTION AND HAVE SERVICED	
	OVER 50,000 CHILDREN AND ADULTS. IN 2024 WE EXPANDED OUR COMMUNITY	
	ORGANIZATION PARTNERSHIP BY 2 PUTTING US AT 31 ORGANIZATIONS THAT HE	LPS
	TO DISTRIBUTE OUR DIAPERS! IN 2024 THE ORGANIZATION WAS ALSO ABLE TO	
	DISTRIBUTE OVER 1 MILLION WIPES AND THOUSANDS OF OTHER ESSENTIALS LIE	KE
	TOYS, FORMULA AND MEDICAL SUPPLIES.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		<u> </u>
4d	Other program services (Describe on Schedule O.)	
	(Expanses \$ including grants of \$) (Revenue \$	

338,447.

4e Total program service expenses

Page 3

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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		Х
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	4		Х
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			. v
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	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	11c		<u> X</u>
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		Х
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	15		х
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	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	. <u> </u>		_ _ _
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
10		18		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Page 4

BROWARD MOMS INCORPORATED D/B/A

GREATER FORT LAUDERDALE DIAPER BANK Part IV | Checklist of Required Schedules (continued)

Yes No 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 Х 22 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 23 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 Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 5 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners?

432004 12-10-24

BROWARD MOMS INCORPORATED D/B/A

Form 990 (2024) GREATER FORT LAUDERDALE DIAPER BANK

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					l Nia		
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	1		Yes	No		
filed for the calendar year ending with or within the year covered by this return	2a	0					
If at least one is reported on line 2a, did the organization file all required federal employment tax return		1	2b				
Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х		
			"				
			4a		х		
		/-					
· · · · · · · · · · · · · · · · · · ·	ccoun	ts (FBAR).					
			5a		Х		
			5b		Х		
			5с				
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		
If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	gifts					
were not tax deductible?			6b				
Organizations that may receive deductible contributions under section 170(c).							
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		X		
If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired					
to file Form 8282?			7c		X		
If "Yes," indicate the number of Forms 8282 filed during the year	7d						
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		<u>X</u>		
					X		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
			7h				
	d by th	е			37		
			8		X		
			0-		v		
			9a 9b		X		
Section 501(c)(7) organizations. Enter:					Ιv		
Section 30 (IC)(7) organizations. Enter.			90		X		
	100	I	90		X		
Initiation fees and capital contributions included on Part VIII, line 12	10a		- 90		X		
Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b		-		X		
Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b	1	90		X		
Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			-		Х		
Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	10b				X		
Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	10b 11a 11b	?	12a		X		
Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	10b 11a 11b	?			X		
Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10b 11a 11b	?			X		
Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	10b 11a 11b 1041 12b	?			X		
Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	10b 11a 11b 1041 12b		12a		X		
Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	10b 11a 11b 1041 12b		12a		X		
Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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	10b 11a 11b 1041 12b		12a		X		
Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand	10b 11a 11b 1041 12b		12a				
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Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year?	10b 11a 11b 1041 12b 13b 13c III O Oration	or	12a 13a				
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Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment.	11a 11b 1041 12b 13b 13c ule O eration	or	12a 13a 14a 14b		X		
Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment of "Yes," complete Form 4720, Schedule O.	11a 11b 1041 12b 13b 13c 11e O eration	or	12a 13a 14a 14b		X		
Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment.	11a 11b 1041 12b 13b 13c 1st incorrectivities	or	12a 13a 14a 14b		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial alf "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it were to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contribution or qualified intellectual property, did the organization file Form 8282 filed organization received a contribution of qualified intellectual property, did the organization file Form 8280 filed organizations maintaining donor advised funds. Did the organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966?	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other author financial account in a foreign country (such as a bank account, securities account, or other financial account "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that were not tax deductible as charitable contributions? If "Yes," idd the organization include with every solicitation an express statement that such contributions on were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of "Yes," idd the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year To did the organization received a contribution of qualified intellectual property, did the organization file Form 88 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 88 If the organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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)? 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributi	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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)? 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? 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Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor adv		

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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
Ū		3		Х
4	of officers, directors, trustees, or key employees to a management company or other person? 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		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 21
7a				Х
	more members of the governing body?	7a		Λ_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		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	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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?	16a		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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedFL			
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)	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	THE ORGANIZATION - 321-368-3891			
	8664 SW 55TH STREET, COOPER CITY, FL 33328			

Form 990 (2024)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson is	than on the state of the state	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BRITTANY WOLFE EXECUTIVE DIRECTOR	40.00			х				14,800.	0.	0.
(2) CEZAR SAWYER	1.00			^				14,000.	0.	U •
DIRECTOR OF LOGISTICS	1.00			х				5,739.	0.	0.
(3) DWAYNE WOLFE	10.00									
PRESIDENT		Х		х				0.	0.	0.
(4) ADORA WEST	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) KARINA FOREMAN	1.00									
SECRETARY				Х				0.	0.	0.
						_				
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BROWARD MOMS INCORPORATED D/B/A GREATER FORT LAUDERDALE DIAPER BANK 81-3498587 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (A) (D) (E) Position Average Reportable Name and title Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any the organizations compensation ndividual trustee or director hours for organization (W-2/1099-MISC/ from the lighest compensated mployee related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations 1099-NEC) and related below organizations line) 20,539. 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 20,539. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

			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	3		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	4		Х
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	5		Х

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but \$100,000 of compensation from the organization	not limited to those listed	d above) who received more than	

GREATER FORT LAUDERDALE DIAPER BANK 81-3498587 Page 9

Check if Schedule O contains a response or note to any line in this Part VIII Total revenue Related or averaging function revenue 1 a Federated campaigns 1 b Membership dues 1 b b	Pa	Part VIII Statement of Revenue									
Total revenue Peleted or exempt function revenue business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Lax unifer sections 512 - 514 business revenue contributions from Sections 512 - 514 business revenue contributions from Sections 512 - 514 business revenue contributions from Sections 512 - 514 business contributions from Sections 512 - 514 business contributions from Sections 512 - 514 business contributions			Check if Schedule O contains a respon	nse or note to any lin	e in this Part VIII						
Total: Add lines 1a-1f 2											
1 a Federated campaigns					Total revenue		1	from tax under			
b Membership dues c Fundraling events d Related organizations d Related organizations d Related organizations f All other programs are vice revenue f All other program service revenue g Total. Add lines 2e2 1 All other program service revenue g Total. Add lines 2e2 3 Investment income (including dividends, interest, and other similar amounts) d Related organizations d Related organizations d Related organizations d It			T. T					sections 512 - 514			
Business Code Business Code	ints ints										
Business Code Business Code	<u> </u>										
Business Code Business Code	fts, r Ar										
Business Code Business Code	nia Gi										
Business Code Business Code	Sig	f All other contributions, gifts, grants, and									
Business Code Business Code	buti ther			431,523.							
Business Code Business Code	g G	ç	g Noncash contributions included in lines 1a-1f								
Program Service revenue g Total. Add lines 2a 2f	<u>පි පි</u>	ŀ	h Total. Add lines 1a-1f		431,523.						
Total. Add lines 2a:2f All other program service revenue				Business Code							
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents (a)	Se	2 8	a	_							
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents (a)	ervi			_							
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents (a)	n S										
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents (a)	gra Re			_							
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents (a)	Pro			_							
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less: rental expenses 6 b Less: rental expenses 6 c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b C Gain or (loss) 7 c Gain or (loss) 8 a Gross income from fundraising events (not including \$											
other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) 6 c d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code											
Page 2016 Page 2016 Page 2016 Page 2016 Page 2016					277.			277.			
Company Comp		4									
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		5	Royalties								
B Less: rental expenses C Rental income or (loss) C Rental income or ((i) Real	(ii) Personal							
Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses											
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b C Gain or (loss) 8 a Gross income from fundraising events (not including \$											
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 7c			` '								
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$											
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$				()							
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		k	, <u> </u>								
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	e		and sales expenses 7b								
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	ven	(c Gain or (loss) 7c								
including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b											
contributions reported on line 1c). See Part IV, line 18 Ba b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code	the the	8 8									
Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code	Ò										
b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code				00							
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10 b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code		ŀ									
9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code											
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code											
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code				9a							
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code		k	b Less: direct expenses	9b							
and allowances 10a 10b c Net income or (loss) from sales of inventory Business Code				·							
b Less: cost of goods sold		10 a									
c Net income or (loss) from sales of inventory Business Code											
Business Code											
		(The till come of (1055) from Sales of inventor								
c c d d d d d d d d d d d d d d d d d d	snc	11 :	а								
	ane nue	k									
	Sells eve	(c								
d All other revenue	Misc	(
e Total. Add lines 11a-11d		•			421 000	^		0.7.7			

Form 990 (2024)

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons			(C)	
	not include amounts reported on lines 6b, 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,	14,800.	14,800.		
6	trustees, and key employees	14,000.	14,000.		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
8	Other salaries and wages Pension plan accruals and contributions (include				
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
' ' а	Management				
b					
c		2,937.		2,937.	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	0.1 (1.1) 1.1 1.100(1.1) 0.5				
9	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	12,233.			12,233
13	Office expenses	1,882.		1,882.	,
14	Information technology	•		·	
15	Royalties				
16	Occupancy	12,438.	9,969.	2,469.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,910.		8,910.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,472.	736.	736.	
23	Insurance	1,675.		1,675.	
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 0.) COMMUNITY SUPPORT	228,796.	228,796.		
a h	PROGRAM SUPPORT SUPPLIE	76,464.	76,464.		
b	AUTOMOTIVE EXPENSES	15,130.	7,682.	7,448.	
c d	TELEPHONE	3,830.	1,002•	3,830.	
	All other expenses	8,318.		8,318.	
	Total functional expenses. Add lines 1 through 24e	388,885.	338,447.	38,205.	12,233
25 26	Joint costs. Complete this line only if the organization	555,555	333,4476	30,203.	12,233
LU	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

art 2	^	Balance Sneet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			29,344.	1	73,731
:	2	Savings and temporary cash investments		2			
;	3	Pledges and grants receivable, net			3		
.	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
- -	6	Loans and other receivables from other disqua	lified per				
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
y,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
\ \ \	9	D ::				9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	23,000.			
	b	Less: accumulated depreciation	10b	20,792.	3,680.	10c	2,208
1	1	Investments - publicly traded securities				11	
1:	2	Investments - other securities. See Part IV, line				12	
1:	3	Investments - program-related. See Part IV, line	e 11			13	
1.	4	Intangible assets				14	
1:	5	Other assets. See Part IV, line 11		15			
10	6	Total assets. Add lines 1 through 15 (must eq		1	33,024.	16	75,939
1	7	Accounts payable and accrued expenses				17	
18	8	Grants payable				18	
19	9	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete				21	
က္က 2	2	Loans and other payables to any current or for	mer offic	er, director,			
<u> </u>		trustee, key employee, creator or founder, sub-	stantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ons		22	
⊐ ₂ ;	23	Secured mortgages and notes payable to unre	lated thir	rd parties		23	
2	24	Unsecured notes and loans payable to unrelate	ed third p	oarties		24	
2	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			0.	26	0
		Organizations that follow FASB ASC 958, ch	eck her	e 🗌			
Ses		and complete lines 27, 28, 32, and 33.					
<u> </u>	27	Net assets without donor restrictions				27	
g 2	28	Net assets with donor restrictions				28	
ב ב		Organizations that do not follow FASB ASC	958, che	eck here X			
된		and complete lines 29 through 33.					
D 2	9	Capital stock or trust principal, or current fund			0.	29	0
ise 3	0	Paid-in or capital surplus, or land, building, or e	equipmer	nt fund	0.	30	0
8 3	1	Retained earnings, endowment, accumulated i	ncome, o	or other funds	33,024.	31	75,939
Net Assets or Fund Balances	2	Total net assets or fund balances			33,024.	32	75,939
	3	Total liabilities and net assets/fund balances			33,024.	33	75,939

Form	1 990 (2024) GREATER FORT LAUDERDALE DIAPER BANK	81-	3498587	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check 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	431	.,80	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2	388	,88	85.
3	Revenue less expenses. Subtract line 2 from line 1	3	42	, 91	15.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33	, 02	24.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	75	, 93	39.
Pa	rt XII Financial Statements and Reporting	•			
	Check 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
32	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

SCHEDULE A

(Form 990)

Total

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

Open to Public

BROWARD MOMS INCORPORATED D/B/A **Employer identification number** Name of the organization GREATER FORT LAUDERDALE DIAPER 81-3498587 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

81-3498587 Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	42,783.	4,611.	47,221.	121,234.	431,523.	647,372.
2	Tax revenues levied for the organ-						_
	ization'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	42,783.	4,611.	47,221.	121,234.	431,523.	647,372.
	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.						647,372.
	ction B. Total Support						,
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	42,783.	4,611.	47,221.	121,234.	431,523.	647,372.
	Gross income from interest,			•		•	•
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					277.	277.
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						647,649.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	<u> </u>
	First 5 years. If the Form 990 is for the					01(c)(3)	
	organization, check this box and stop	-		•			
Sec	tion C. Computation of Publi						
14	Public support percentage for 2024 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	99.96 %
15	Public support percentage from 2023	Schedule A, Part I	I, line 14			15	100.00 %
16a	33 1/3% support test - 2024. If the	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2023. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2024. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line			
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
							(Farm 000) 0004

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.)

Se	ction A. Public Support	elow, please comp	olete i ait ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1) = 1 = 1	(12)	(5) = = =	(,	(5) = 5 = 1	χ,
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 organ- ization'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						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6	(4) 2020	(6) 2021	(0) 2022	(4) 2020	(6) 202+	(i) rotar
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						L
14	First 5 years. If the Form 990 is for the	· ·		,	•	()()	· —
_	check this box and stop here		······				
	ction C. Computation of Publi					 	
	Public support percentage for 2024 (I		•	column (f))		15	%
	Public support percentage from 2023 ction D. Computation of Inves		-			16	%
	Investment income percentage for 20			ine 13 column (f)		17	%
						18	
	Investment income percentage from :						
198	a 33 1/3% support tests - 2024. If the						
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2023. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 10	a or 19h check th	nis hox and see in	structions	

432023 01-14-25

Part IV | Supporting Organizations

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

- 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.)

	Yes	No
1		
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2		
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3b		
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3c		
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.54		
10b		
ule A (Forn	n 990)	2024

Schedule A (Form 990) 2024

Part IV Supporting Organ

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Pa	Triv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a	\vdash	
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44-		
Sec	provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	tion B. Type i dapporting 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)		res	No
	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.	1		
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.	2		
Sec	tion 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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type III Supporting Organizations			
_	Did the considering and the control of the control of the control of the first described file.		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	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	,1		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	S).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
2	entity (see instructions). Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

GREATER FORT LAUDERDALE DIAPER BANK 81-3498587 Page 6 Schedule A (Form 990) 2024 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3

Schedule A (Form 990) 2024

5

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

4 5

6

Enter greater of line 2 or line 3.

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

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 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2024 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2024 a From 2019 **b** From 2020 c From 2021 **d** From 2022 e From 2023 f Total of lines 3a through 3e g Applied to under distributions of prior years h Applied to 2024 distributable amount i Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2024 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2024 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2025. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2020 **b** Excess from 2021 c Excess from 2022

Schedule A (Form 990) 2024

d Excess from 2023e Excess from 2024

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 3h 3c 4h 4c 5a 6 9a 9h 9c 11a 11h and 11c Part IV Section R lines 1 and 2: Part IV Section C
	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.
	Section D lines 5.6 and 8; and Bart V Section E lines 2.5 and 6. Also complete this part for any additional information
	(See instructions.)
	(See instructions.)
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Schedule B (Form 990)

Schedule of Contributors

(Rev. December 2024) Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

BROWARD MOMS INCORPORATED D/B/A GREATER FORT LAUDERDALE DIAPER BANK

Employer identification number

81-3498587

Organiza	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

BROWARD MOMS INCORPORATED D/B/A

GREATER FORT LAUDERDALE DIAPER BANK

Employer identification number

81-3498587

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HUMANA 3401 SW 106TH AVE #200 MIRAMAR, FL 33025	\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FIRST CITIZENS BANK 6555 N FEDERAL HWY FORT LAUDERDALE, FL 33308	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FLORIDA BLUE 1970 SAWGRASS MILLS CIRCLE SUNRISE, FL 33323	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE JIM MORAN FOUNDATION 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	. ,	l l	1
No.	Name, address, and ZIP + 4 AMERICAN ONLINE GIVING FOUNDATION 40 EAST MAIN STREET, SUITE 887 NEWARK, DE 19711 (b) Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No5	Name, address, and ZIP + 4 AMERICAN ONLINE GIVING FOUNDATION 40 EAST MAIN STREET, SUITE 887 NEWARK, DE 19711 (b)	* \$ 24 , 725 (c)	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
BROWARD MOMS INCORPORATED D/B/A
GREATER FORT LAUDERDALE DIAPER BANK

Employer identification number

81-3498587

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BABY 2 BABY 5830 W. JEFFERSON BLVD LOS ANGELES, CA 90016	\$244,280.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
BROWARD MOMS INCORPORATED D/B/A
GREATER FORT LAUDERDALE DIAPER BANK

Employer identification number

81-3498587

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	DIAPERS, SUPPLIES, EQUIPMENT		
		\$\$	04/30/24
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			

Schedule B (Form 990) (Rev. 12-2024) Name of organization **Employer identification number** BROWARD MOMS INCORPORATED D/B/A GREATER FORT LAUDERDALE DIAPER BANK 81-3498587 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

BROWARD MOMS INCORPORATED D/B/A
GREATER FORT LAUDERDALE DIAPER BANK

Employer identification number 81-3498587

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	writing that the assets held in donor advis	sed funds				
	are the organization's property, subject to the organization's exclusive legal control?						
6	Did the organization inform all grantees, donors, and donor a						
	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				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recreated	tion or education) Preservation o	f a historically important land area				
	Protection of natural habitat	Preservation o	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied 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				
а	Total number of conservation easements		2a				
			4.				
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c				
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not					
	on a historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele						
	year						
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per	iodic 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 con-	servation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year				
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h					
9	In Part XIII, describe how the organization reports conservation	·					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the				
Day	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Transuras or Of	thor Similar Assats				
Fai	Complete if the organization answered "Yes" on Form		iller Sillillar Assets.				
			and balance about a survey of				
па	If the organization elected, as permitted under FASB ASC 95	•					
	of art, historical treasures, or other similar assets held for pub						
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	exmotion, education, or research in furti	nerance of public service,				
	provide the following amounts relating to these items.		•				
	(i) Revenue included on Form 990, Part VIII, line 1						
_							
2	If the organization received or held works of art, historical treation follows:		ıı gaın, provide				
	the following amounts required to be reported under FASB A	3	•				
a	Revenue included on Form 990, Part VIII, line 1		\$				

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

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024)

e Other

c Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))

20,792.

23,000.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or		_	
(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)			
Part IX Other Assets Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
	escription		(b) Book value
(a) D	Description		(b) Book value
(a) D	Description		(b) Book value
(a) D (1) (2)	Description		(b) Book value
(a) D (1) (2) (3) (4) (5)	Description		(b) Book value
(a) D (1) (2) (3) (4)	Description		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7)	Description		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col.			(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Patal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of	(B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability	(B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	(B))		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)	(B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	(B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)	(B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	(B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Atal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	(B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(B))		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Atal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	(B))		

Schedule D (Form 990) (Rev. 12-2024)

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

Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а		2a		
b				
С				
d				
е			2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
b				
С			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1	12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial S		es per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	- · ·			
d	- · · · · · · · · · · · · · · · · · · ·			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
а	, , , ,			
b	Other (Describe in Part XIII.)	4b		
b c	Add lines 4a and 4b			
c 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			
с 5 Ра	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information	18.)	5	
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	5	t XI,

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990.

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

BROWARD MOMS INCORPORATED D/B/A

Open to Public Inspection

Employer identification number

	GREATER FORT	LAUDE	RDALE DIA	PER BANK	81-3	4985	87	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (CAR SEATS, DIAP)	X	0	268,767.	FMV			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted on Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?	?				30a		_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2024

BROWARD MOMS INCORPORATED D/B/A

Schedule M	(Form 990) 2024 GREATER FORT LAUDERDALE DIAPER BANK 81-3496367 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete
· are ii	Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete
	this part for any additional information.
	this part for any additional mormation.
<u></u>	

432142 01-18-25

SCHEDULE 0 (Form 990)

(Rev. December 2024) Department of the Treasury

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.qov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

internal Revenue Service do to www.iis.gov/Formago for instructions and the latest information.	
Name of the organization BROWARD MOMS INCORPORATED D/B/A GREATER FORT LAUDERDALE DIAPER BANK	Employer identification number 81-3498587
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	
FAMILIES AND PARTNERING COMMUNITY ORGANIZATIONS, WHO SUPPO	
IN NEED.	111111111111111111111111111111111111111
FORM 990, PART VI, SECTION A, LINE 2:	
CEO, BRITTANT WOLFE AND PRESIDENT DWAYNE WOLFE ARE MARRIED	
COO, BRITIANI WODID AND IRDDIDDNI DWAIND WODID AND MARKIDD	•
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE FORM 990 IS PROVIDED TO BOARD MEMBERS VIA EM	ATT. FOR REVIEW
BEFORE FILING.	AID FOR REVIEW
DEFORE FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THIS IS COMPLETED AS NEEDED DURING THE ORGANIZATION'S BOAR	NEMBED DENEMAL
REVIEW.	D MEMBER RENEWAL
KEATEM.	
FORM 990, PART VI, SECTION B, LINE 15:	
PRESENTED TO AND APPROVED BY BOARD MEMBERS.	
FRESENTED TO AND APPROVED BY BOARD MEMBERS.	
EODM 000 DADE UT GEORION C TIME 10.	
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST.	
ALL DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST.	

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

Schedule O (Form 990) (Rev. 12-2024)

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	VEHICLE	01/23/23	200DB	5.00	ну1	7	23,000.				23,000.	19,320.		1,472.	20,792.
	* TOTAL 990 PAGE 10 DEPR						23,000.				23,000.	19,320.		1,472.	20,792.

428111 04-01-24

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

BROWARD MOMS INCORPORATED D/B/A GREATER FORT LAUDERDALE DIAPER BANK

	T								OKI DWODEI				
Asset No.	Description	Da Acqı	ate uired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	VEHICLE * TOTAL 990 PAGE 10	012	323	200DB	5.00	17	23,000.			23,000.	19,320.		1,472.
	DEPR						23,000.		0.	23,000.	19,320.		1,472.

- NEXT YEAR FEDERAL -

BROWARD MOMS INCORPORATED D/B/A GREATER FORT LAUDERDALE DIAPER BANK

Asset No.	Description	Ac	Date quired	Metho	d	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
2	VEHICLE * TOTAL 990 PAGE 10 DEPR	01	232	32001	OB 5	5.00	23,000. 23,000.		23,000. 23,000.	20,792. 20,792.	883. 883.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone



2025 Org Budget

511,560

Revenue	
Corporate Contributions/Sponsorships	\$ 50,000
Grant Revenue	\$ 154,040
Individ, Business Contributions	\$ 20,000
In-Kind Contributions	\$ 287,520
TOTAL REVENUE	\$ 511,560
Expenditures	
Program Services	
In-Kind Products	\$ 287,520
Baby Diapers	\$ 30,500
Adult Diapers	\$ 20,000
Period Supplies	\$ 5,000
Personnel Costs (ED is program coordinator)	\$ 28,800
PT Program Coordinator	\$ 14,040
Printing, Postage, Mailing Service	\$ 2,500
Storage (for diapers)	\$ 21,600
Program Supplies	\$ 2,600
Telephone, Telecommunications	\$ 3,500
Rental Equipment (trucks)	\$ 4,000
Program Marketing and Advertising	\$ 15,000
Birth Baby and Beyond Health Expo, Community Events	\$ 20,000
Mobile Pantry Expenses (Repairs, Maintenance, gas, tolls)	\$ 12,000
Total Program Services	\$ 467,060
Management & Fundraising	
Fundraising	\$ 28,000
Business Registration Fees & Expenses	\$ 1,000
Conference, Professional Development, Meeting, Memberships	\$ 5,000
Accounting Fees	\$ 5,000
Insurance	\$ 3,000
Office Supplies	\$ 1,500
PayPal, Bloomerang and Quickbook fees	\$ 1,000
Total Management and Fundraising	\$ 44,500

TOTAL EXPENDITURES





2025 Program Budget

Expenditures

Program Services	
In-Kind Products	\$ 287,520
Baby Diapers	\$ 30,500
Adult Diapers	\$ 20,000
Period Supplies	\$ 5,000
Personnel Costs (ED is program coordinator)	\$ 28,800
PT Program Coordinator	\$ 14,040
Printing, Postage, Mailing Service	\$ 2,500
Storage (for diapers)	\$ 21,600
Program Supplies	\$ 2,600
Telephone, Telecommunications	\$ 3,500
Rental Equipment (trucks)	\$ 4,000
Program Marketing and Advertising	\$ 15,000
Birth Baby and Beyond Health Expo, Community Events	\$ 20,000
Mobile Pantry Expenses (Repairs, Maintenance, gas, tolls)	\$ 12,000
TOTAL PROGRAM EXPENSES	\$ 467,060

Exhibit "B" Payment Schedule – Lump Sum Payment

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 BROWARD MOMS INCORPORATED for Diaper Bank Program for the current fiscal year is: <u>Five Thousand Dollars (\$5,000.00)</u>.

There will be a lump sum payment issued in advance equal to <u>Five Thousand Dollars (\$5,000.00)</u>. For any funds advanced the RECIPIENT agrees to provide the CITY with an itemization report of how funds advanced were spent, along with invoices and proof of payment. Such an accounting must be provided to the CITY, in the lump sum narrative and financial report as indicated in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description. Failure to comply with this requirement shall result in the denial of the future requests for payments.

All payments and reporting requirements apply for each project which is a part of the awarded contract.

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.

Such Liability insurance shall include the following checked types of (2) 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

* Pol	* Policy to be written on a claims incurred basis									
XX XX —	comprehensive form premises - operations explosion & collapse hazard underground hazard	bodily injury and pr bodily injury and pr								
\overline{XX}	products/completed operations hazard	bodily injury and pr	operty damage co	ombined						
XX XX XX XX	contractual insurance broad form property damage independent contractors personal injury	bodily injury and pr bodily injury and pr personal injury								
XX —	sexual abuse/molestation liquor legal liability	Minimum \$1,000,00 Minimum \$1,000,00								
AUT	OMOBILE LIABILITY:	Minimum \$10,000/S	\$20,000/\$10,000							
XX XX	comprehensive form owned hired non-owned									
REA	L & PERSONAL PROPERTY	,								
	comprehensive form	Agent must show pr	roof they have thi	s coverage.						
EXC	ESS LIABILITY		Per Occurrence	Aggregate						
_	other than umbrella	bodily injury and property damage combined	\$1,000,000	\$1,000,000						
PRO	FESSIONAL LIABILITY		Per Occurrence	Aggregate						

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

- (3) If Professional Liability insurance is required, Contractor agrees the indemnification and hold harmless provisions of Section 12 of the Agreement shall survive the termination or expiration of the Agreement for a period of three (3) years unless terminated sooner by the applicable statute of limitations.
- C. Employer's Liability. ORGANIZATION and all subcontractors shall, for the benefit of their employees, provide, carry, maintain and pay for Employer's Liability Insurance in the minimum amount of One Hundred Thousand Dollars (\$100,000.00) per employee, Five Hundred Thousand Dollars (\$500,000) per aggregate.
- D. Policies. Whenever, under the provisions of this Agreement, insurance is required of the ORGANIZATION, the ORGANIZATION shall promptly provide the following:
 - (1) Certificates of Insurance evidencing the required coverage;
 - (2) Names and addresses of companies providing coverage;
 - (3) Effective and expiration dates of policies; and
- (4) A provision in all policies affording CITY thirty (30) days written notice by a carrier of any cancellation or material change in any policy.
- E. Insurance Cancellation or Modification. Should any of the required insurance policies be canceled before the expiration date, or modified or substantially modified, the issuing company shall provide thirty (30) days written notice to the CITY.
- F. Waiver of Subrogation. ORGANIZATION hereby waives any and all right of subrogation against the CITY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then ORGANIZATION shall notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy which includes a condition to the policy not specifically prohibiting such an endorsement, or voids coverage should ORGANIZATION enter into such an agreement on a pre-loss basis.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/04/2025

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		CONTACT NAME: Husam Mohammed	
Insurance Medics		PHONE FAX (A/C, No, Ext): (A/C, No):	
1797 N University Dr		E-MAIL ADDRESS: jherrico@insurancemedics.com	
		INSURER(S) AFFORDING COVERAGE	NAIC#
Plantation	FL 33322	INSURER A: Mount Vernon Fire Insurance Company	26522
INSURED		INSUPER B:	
BROWARD MOMS INCORPORATED		INSUI APPROVED Daniel Besch	10.
Greater Fort Lauderdale Diaper Bank		INSURERD	
6490 Griffin Road Suite 102		By Daniel Beecher at 3:51 pm, Sep 04,	2025
Davie	FL 33314	INSURER F:	
COVERAGES CERTIFICATE NUMI	BER: 1564	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.

NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,000
4		Υ	Υ	NBP2556494B	04/27/2025	04/27/2026	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	.,,,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
4	Abuse & Molestation	Y	Υ	NBP2556494B	04/27/2025	04/27/2026	SubLimit	1,000,000

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

The city of Pompano Beach is listed as an additional insured as the City's interest may appear with regards to the General Liability insurance on a primary and noncontributory basis. Waiver of subrogation included in favor of certificate holder/additional insured.

CERTIFICATE HOLDER		CANCELLATION
City of Pompano Beach		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
100 West Atlantic Blvd Pompano Beach	FL 33060	AUTHORIZED REPRESENTATIVE HUSAM Mohammad



APPROVED Daniel Bescher By Daniel Beecher at 2:49 pm, Aug 19, 2025

Important Information

Here are your Policy Identification Cards We've provided two (2) cards for each vehicle on your policy.

Need additional ID cards?

The GEICO Mobile app is the quickest way to get additional ID cards. You can also send a copy of your ID cards to anyone that needs them right from the app!

If your address changes, update it using the app or log in to geico.com. By keeping your information up-to-date, you'll continue to receive important policy documents.

DWAYNE WOLFE AND BRITTANY L WOLFE 8664 SW 55TH ST COOPER CITY FL 33328-4322

Cut Along the Dotted Line

Florida Automobile Insurance Identification Card

GEICO

GEICO GENERAL INSURANCE COMPANY

Policy Number / Florida Code No. 4370-30-74-09/ 01288

Effective Date 06/29/25

[X] Personal Injury Protection

[X] Bodily Injury Liability

Benefits/Property Damage Liability

Named Dwavne Wol

Named Dwayne Wolfe Insured(s) Brittany Leigh Wolfe

2015 CHEV SUBURBAN

Vehicle ID No. 1GNSKKKC1FR737029

Not valid more than one year from the effective date

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

2015 CHEV SUBURBAN

Additional Drivers

Cut Along the Dotted Line

Florida Automobile Insurance Identification Card

GEICO

GEICO GENERAL INSURANCE COMPANY

Policy Number / Florida Code No. 4370-30-74-09/ 01288

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[X] Personal Injury Protection

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Benefits/Property Damage Liability

Named Dwavne Wolfe

Insured(s) Brittany Leigh Wolfe

2015 CHEV SUBURBAN

Vehicle ID No. 1GNSKKKC1FR737029

Not valid more than one year from the effective date

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

2015 CHEV SUBURBAN

Additional Drivers



Need another form of proof of insurance?

You may need the Insurance Binder for most finance companies, dealerships or vehicle registrations.

Scan this code to get another form of proof of insurance immediately!



Cut Along the Dotted Line

Cut Along the Dotted Line

2015 CHEV SUBURBAN



Coverage, including collision, may extend to rental vehicles that qualify as temporary substitutes or non-owned autos in your policy. Misrepresentation of insurance is a first degree misdemeanor.

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

If you're in an accident:

- Stay at the scene and find a safe area.
- Do not admit fault or disclose your coverage limits.
- Call the police, and gather driver and vehicle information.
- Find any witnesses and get their contact information.

To report a claim

Go to geico.com/claims, use the GEICO Mobile app or call 1-800-841-3000.

Need a tow or roadside assistance?

Using the GEICO Mobile app is a quick and easy way to request Emergency Road Service.

U4FL (06-20)

2015 CHEV SUBURBAN

GEICO.

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U4FL (06-20)



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	ignie is and serumente menaer in nea er er		
PRODUCER		CONTACT NAME: Husam Mohammed	
Insurance Medics			FAX (A/C, No):
1797 N University Dr		E-MAIL ADDRESS: jherrico@insurancemedics.com	
		INSURER(S) AFFORDING COVERAGE	NAIC#
Plantation	FL 33322	INSURER A: Mount Vernon Fire Insurance Compar	ny 26522
INSURED		INSURER B:	
BROWARD MOMS IN	NCORPORATED	APPROVED Daniel	Bassas
Greater Fort Lauderd	ale Diaper Bank	I INSII PER D.	
6490 Griffin Road Sui	te 102	By Daniel Beecher at 3:50 pm	n, Sep 04, 2025
Davie	FL 33314	INSURER F:	
COVERAGES	CERTIFICATE NUMBER: 1564	REVISION NUM	BER:
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	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
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	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							,	\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		N/A					E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
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CERTIFICAT	E HOLDER		CANCELLATION		
	City of Pompano Beach		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
ı	100 West Atlantic Blvd Pompano Beach	FL 33060	AUTHORIZED REPRESENTATIVE HUSAM Mohammed		

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW **

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 8/14/2025 **EXPIRATION DATE:** 8/14/2027

PERSON: BRITTANY WOLFE EMAIL: BWOLFE@FTLDIAPERBANK.ORG

FEIN: 813498587

BUSINESS NAME AND ADDRESS:
BROWARD MOMS INCORPORATED
THE GREATER FORT LAUDERDALE DIAPER BANK

8664 SW 55TH ST,

FORT LAUDERDALE, FL 33328

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com.

IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT Rule 69L-6.012, F.A.C. REVISED 01/2023

E02191704

QUESTIONS? (850) 413-1609

PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

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STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

NON-CONSTRUCTION INDUSTRY EXEMPTION

CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE: 8/14/2025 **EXPIRATION DATE: 8/14/2027**

PERSON: BRITTANY WOLFE EMAIL: BWOLFE@FTLDIAPERBANK.ORG

FEIN:813498587

BUSINESS NAME AND ADDRESS:

BROWARD MOMS INCORPORATED

THE GREATER FORT LAUDERDALE DIAPER BANK

FORT LAUDERDALE, FL 33328

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DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT Rule 69L-6.012, F.A.C. REVISED 01/2023

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E02191704 QUESTIONS? (850) 413-1609