



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/12/2016

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Bateman Gordon and Sands 3050 North Federal Hwy Lighthouse Point FL 33064		<b>CONTACT NAME:</b> PHONE (A/C No, Ext): 954-941-0900 FAX (A/C No): 954-941-2006 E-MAIL: address@medlin@bgsagency.com ADDRESS: medlin@bgsagency.com	
<b>INSURED</b> BROCH4 Broward Children's Center, Inc. 200 SE 19 Avenue Pompano Beach FL 33060		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Lexington Insurance Company 19437 INSURER B: New Hampshire Insurance Co. 23841 INSURER C: Technology Insurance Company 42376 INSURER D: INSURER E: INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: 1382269951

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	Y	Y	41LX0240585072	2/23/2016	2/23/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMPROP AGG \$ \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS  UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	Y	Y	01CA0190503242	2/23/2016	2/23/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TWC3591008	10/14/2016	10/14/2017	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	<b>Professional Liability</b> Sexual Misconduct			41LX0240565072	2/23/2016	2/23/2017	Per Occurrence/Aggregate \$1 Mil / \$3 Mil Per Occurrence/Aggregate \$1 Mil / \$1 Mil Deductible 0

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

DOCUMENT IS NOT COMPLETE UNLESS ACCOMPANIED BY THE ACORD 101.

General Liability: Additional Insured-Managers or Lessors of Premises: Any & All Landlords where required by written contract, per CG2011 0413.

Additional Insured-Person or Organization, Any & All Public Funding Sources for On-Going Operations in connection with your premises owned by or rented to you, where required by written contract, per CG2026 0413.

See Attached...

## CERTIFICATE HOLDER

## CANCELLATION

<p>City of Pompano Beach 100 West Atlantic Blvd., Room 220 Pompano Beach FL 33060</p> <p>APPROVED RISK MANAGEMENT BY: <i>SEE PAGE #12</i></p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE <i>Mark [Signature]</i></p>
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# **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY Bateman Gordon and Sands		NAMED INSURED Broward Children's Center, Inc. 200 SE 19 Avenue Pompano Beach FL 33060
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

## **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Auto Liability: Additional Insured, and Waiver of Subrogation as required by written contract per form 102093 1109.

ALL COVERAGE IS SUBJECT TO THE POLICY TERMS, CONDITIONS AND EXCLUSIONS

The certificate holder "City of Pompano Beach" is included as an additional insured for the Mile for Smiles walkathon held on November 5th, 2016, with regard to the operations conducted by the named insured (SPECIFIC FORM CG2026 0413).

APPROVED  
RISK MANAGEMENT  
ON: \_\_\_\_\_  
BY: \_\_\_\_\_

11/01/16

*FM*

*Page #2*

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**Open to Public  
InspectionA For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable:

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

C Name of organization

**BROWARD CHILDREN'S CENTER, INC.**

Doing business as

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

**200 S.E. 19TH AVENUE**

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

**POMPANO BEACH, FL 33060-7543**F Name and address of principal officer: **MARJORIE EVANS****SAME AS C ABOVE**

D Employer identification number

**59-1378244**

E Telephone number

**954-943-7336**G Gross receipts **10,080,275.**

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (Insert no.) ☐ 4947(a)(1) or ☐ 527J Website: **BCKIDS.ORG**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ OtherL Year of formation: **1971**M State of legal domicile: **FL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE CARE AND EDUCATION FOR CHILDREN WITH COMPLEX MEDICAL PROBLEMS.</b>		
	2	Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>6</b>	<b>368</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>6,111,266.</b>	<b>5,579,107.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>4,357,251.</b>	<b>4,200,622.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>579.</b>	<b>546.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>300,000.</b>	<b>300,000.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>10,769,096.</b>	<b>10,080,275.</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>7,872,984.</b>	<b>7,153,748.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,660,396.</b>	<b>2,503,994.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>10,533,380.</b>	<b>9,657,742.</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>235,716.</b>	<b>422,533.</b>
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<b>3,337,036.</b>
21		Total liabilities (Part X, line 26)	<b>208,889.</b>	<b>202,818.</b>
22		Net assets or fund balances. Subtract line 21 from line 20	<b>3,128,147.</b>	<b>3,681,363.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign  
Here

Signature of officer

Date

**MARJORIE EVANS, CHIEF EXECUTIVE OFFICER**

Type or print name and title

Paid

Print/Type preparer's name

Preparer's signature

Date

Check ☐ self-employed

PTIN

**ISRAEL J. GOMEZ****10-16-15****P00846353**

Preparer

Firm's name

**KEEFE, MCCULLOUGH & CO., LLP, C.P.A., S**

Firm's EIN

**59-1363792**

Use Only

Firm's address

**6550 N FEDERAL HIGHWAY, SUITE 410**

Phone no.

**954-771-0896****FT. LAUDERDALE, FL 33308**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No