

# APPROPRIATIONS CONTRACT

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**THIS CONTRACT** is signed on \_\_\_\_\_, by the City of Pompano Beach (“City”) and HELPING ABUSED, NEGLECTED, DISADVANTAGED YOUTH, INC., a Not For Profit Corporation authorized to do business in the State of Florida (“Recipient”).

**WHEREAS**, the City of Pompano Beach has appropriated for its current Fiscal Year 2022-2023 (October 1st through September 30th), the sum of \$9,500 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, 2022 and ending September 30, 2023; 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; and

**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, 2022 and ending September 30, 2023.

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 Kristen Weeden 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:** Kristen Weeden  
Vice President of Business Development  
1717 North Andrews Ave  
Fort Lauderdale, FL 33311  
Office: (614) 738-1760  
Email: knelson@handyinc.org

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14. *Non-Assignability and Subcontracting.*

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

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

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

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

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

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

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

1. 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.

2. 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.

A. 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.* 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 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 1 year after the date of termination.

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

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



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

Attest:

**CITY OF POMPANO BEACH**

\_\_\_\_\_  
ASCELETA HAMMOND, CITY CLERK

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

(SEAL)

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

APPROVED AS TO FORM:

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

**“RECIPIENT”**

HELPING ABUSED, NEGLECTED, DISADVANTAGED YOUTH, INC.  
(Print or type name of company here)

Witnesses:

M Brown Webster

Maxine Brown-Webster  
(Print or Type Name)

Agan

Andre's Jeanne Gernie  
(Print or Type Name)

By: [Signature]

Print Name: KIRK BROWN

Title: CEO

STATE OF Florida

COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this 9 day of September, 2022, by KIRK BROWN as CEO of HELPING ABUSED, NEGLECTED, DISADVANTAGED YOUTH, INC., a Florida non for profit corporation. He is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification.

NOTARY'S SEAL:



[Signature]  
NOTARY PUBLIC, STATE OF FLORIDA

Michelle Lundgren  
(Name of Acknowledger Typed, Printed or Stamped)

HA 156810  
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
- xxviii. Costs for items/services already covered by indirect costs allocation (supplanting)
- xix. Out of state college tours
- xx. Out of county field trips
- xxi. Alcohol
- xxii. Airfare
- xxiii. Boat rentals
- xxiv. Family incentives
- xxv. Car mileage
- xxvi. Stipends
- xxvii. Payroll taxes
- xxviii. Laboratory fees
- xxix. Computers
- xxx. Health benefits
- xxxi. Appliances and home goods (written justification and approval needed)
- xxxii. Digital Cameras
- xxxiii. Plaques
- xxxiv. Hotel Costs
- xxxv. Housing - (written justification and approval needed based on programming)

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

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

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

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

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

1st Quarterly Narrative & Financial Report (October/November/December) - February 1st

2nd Quarterly Narrative & Financial Report (January/February/March) - May 1st

3rd Quarterly Narrative & Financial Report (April/May/June) - August 1st

4th Quarterly Narrative & Financial Report (July/August/September) - September 30<sup>th</sup>

If RECIPIENT receives a lump sum payment for a one-time event or an award amount of \$5,000 or less then the RECIPIENT shall be required to submit their narrative and financial report on a due date above as assigned by the CITY at a later date. The due date shall occur after the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description has concluded.

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

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

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

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

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

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

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

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

- 4) RECIPIENT agrees that any funds provided by the CITY for the operation of the program or activity during the current CITY's fiscal year, which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation shall be returned to the CITY.
- 5) RECIPIENT shall not use the CITY's logo, materials, or testimony for promotion of the RECIPIENT's program without written authorization from the CITY Manager or its designee.
- 6) RECIPIENTS shall attend a mandatory Orientation provided by the CITY at a date to be determined by the CITY. Failure to attend said Orientation shall be grounds for termination of the contract.
- 7) In cases where a contract is terminated by the CITY for default by RECIPIENT, the CITY reserves the right to deny RECIPIENT's future applications for new funding for a time to be determined by the City Manager, and/or his or her designee, and/or the City Commission.
- 8) For contracts awarded for multiple projects, RECIPIENT shall provide separate reports for each project as outlined under Paragraph 2 above. CITY reserves the right to withhold payment if RECIPIENT fails to provide the reports as requested.

Organization Name: HELPING ABUSED, NEGLECTED, DISADVANTAGED YOUTH, INC.

Program Funded: HANDY LIFE Program

Amount Funded: \$9,500.00

Program Description: The LIFE Program provides year-round programming and activities for at-risk middle school age youth from Pompano Beach Middle School. The purpose of this program is to strengthen protective factors by helping youth develop resiliency, a positive outlook, health family dynamics, pro-social relationships with peers and adults, positive decision making, strong community attachment and academic success. This program reduces risk factors associated with teen pregnancy delinquency, substance abuse, family dysfunction, mental and physical health problems, negative peer associations, and school failure.

Form Name:	City of Pompano Beach Nonprofit Sponsorship Application
Submission Time:	April 27, 2022 12:48 pm
Browser:	Chrome 100.0.4896.127 / Windows
IP Address:	96.64.174.145
Unique ID:	958091176
Location:	25.8962, -80.1541

## About Your Organization

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**Which Fiscal Year Is Your Organization Applying For?** 2022-2023

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**Full Name of Nonprofit:** Helping Abused Neglected Disadvantaged Youth (HANDY) Inc

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**Mission of Nonprofit:** The mission of HANDY is to create supportive communities where youth and families achieve self-sufficiency. It is through education, housing, and empowerment, that we advance humanity. HANDY has the ability to increase economic mobility in the lives of individuals through personalized transitional services. Additionally, it is through the merging of education transitional services, workforce development, mental health services, and low and affordable housing, we generate a higher efficiency of change in the lives of people who/or have experienced trauma.

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**Brief Overview of Nonprofit:**

Helping Abused Neglected Disadvantaged Youth (HANDY) Inc is a 501(c)(3), community-based youth and family development organization. HANDY Inc was founded in 1985 by Guardian Ad Litem Ed Pudaloff. With the assistance of a small group of child advocates and a donation of \$1,000 from JCPenney. For over 35 years, HANDY has committed to meet the needs of more than 45,000 Broward County children in foster and relative/non-relative care associated with the child dependency/delinquency system.

HANDY serves youth ages 9-25 years old, family members, and caregivers in Broward County. All youth receive assessments, academic planning and evaluations for educational support, case management, counseling, and emergency needs. Program activities include tutoring, mentoring, social and recreational activities, emergency needs assistance for food, clothing, housing, education workshops, life skills training, post-secondary educational support, connection to internships, assistance with job placement, service learning, and self-advocacy.

As the world continues to recover from the COVID-19 Pandemic, HANDY youth and families continue to demonstrate an increased need for support. The youth HANDY serves reside in the community with the average unemployment rate of 15%-24% and an increasing homelessness rate. The impact of COVID-19 has further driven HANDY families deeper into poverty, trauma, and unemployment. The direct impact is that 80% of HANDY families have lost at least 70% of their income. Because of the increased need in services and support, HANDY has been able to provide additional services to youth and families. These services include support groups, tutoring/educational support, counseling, virtual social events, and emergency support.

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**Nonprofit Website:** [www.handyinc.org](http://www.handyinc.org)

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**Which Funding Priority Does Your Nonprofit Qualify For:** Education

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**Type of Organization - select the one that best applies:** Human Services

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**Executive Summary of How Nonprofit  
will use City of Pompano Beach  
Funding:**

HANDY provides year-round programming for at-risk middle school age youth to strengthen protective factors. HANDY seeks to empower, education, and provide these youth with a sense of community. HANDY achieves these goals through the LIFE (Life skills, Independent living skills, Foundation building, and Education/employment) Program. This program provides individual in-school and after-school support services that include tiered case management wellness support services, and counseling services. This program serves youth Monday-Friday (after school until 6:30 pm) and on select non-school days, as well as employment support service workshops for family members of youth at Pompano Beach Middle School, and lastly, HANDY will provide youth with value added services to enhance their STEAM (Science, Technology, Engineering, Arts, and Mathematics) skills.

Educational support services are provided during after-school and summer programming. Youth have access to tutoring and any additional services needed in order to be successful in the classroom. HANDY staff work directly with the youth's teachers to ensure that the proper services are in place for the youth to be successful.

As HANDY staff and program participants navigate the recovery of COVID-19, 80% of HANDY families have lost at least 70% of their income. This means that the need for sustainable employment has increased among the HANDY population. HANDY continues to work with CareerSource Broward and employment partners to provide the opportunity for Pompano Beach residents to participate in career building workshops, certification courses, and employability skills workshops. This will increase the likelihood of HANDY families obtaining sustainable employment. For those individuals who are eligible to enroll in coursework at Broward College, HANDY also has a partnership with BC that will provide additional support services to ensure success.

Lastly, HANDY will utilize this opportunity to support after-school programming by providing additional STEAM activities for youth. This will include guest speakers and activities that explore career pathways. Some examples include entrepreneurship activities, exploration of science related careers, song writing activities, photography workshops, employability skills, coding, and drone building.

HANDY continues to work to keep youth and families safe. At this time, services are offered in a hybrid fashion, both in person and virtual for those who are uncomfortable with being face-to-face.

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**How Does Your Nonprofit/Program Fit the Guidelines and Funding Interests?**

HANDY's LIFE Program supports education and community involvement through academic support and enrichment, and youth development training to at-risk middle school age youth, as well as their families. HANDY's specialized services set youth on a trajectory for success by way of exposure to learning experiences they would not otherwise have in the classroom or at home. These programs are designed to reduce the achievement gap by providing services that increase academic performance and standardized test scores, reduce the drop out rates, and provide guidance regarding career pathways and more deliberate course selection. HANDY continues to provide these services to the youth enrolled in our programs, but also those guardians, caregivers, and family members of our enrolled youth.

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**Statement of Need:**

Keeping youth engaged during out of school time, creating a supportive, fun, and caring environment, and assisting youth through academic and personal barriers help students feel connected to the program, staff/faculty, and school. Incentives and positive reinforcement for improvements also encourage youth to continue working on academic and behavioral goals. Reaching students beyond the classroom fosters student success. Offering tutoring, life skills, and youth development sessions, fitness/nutrition, and cultural arts activities add a value to the students learning experience that would otherwise be unaffordable for most of the families in this school's district. This program helps to build a well-rounded, open-minded, and confident young person who can later relate to a world beyond the confines of their local neighborhood. HANDY seeks funding to continue its program's trend of nurturing and positively developing at-risk youth in the community.

Additionally, services that HANDY provides seek to teach self-sufficiency skills for youth when they enter into adulthood. Because youth who are involved in goal-focused activities, are immediately diverted from delinquent and risky behaviors, HANDY strives to provide opportunities for youth that are captivating and interesting. According to a report by the Annie E. Casey Foundation, more than half of youth transitioning out of foster care will not earn a high school diploma. HANDY seeks to reduce the number of youth who are at-risk of becoming victim to this statistic. Research also indicates that the neurological changes to the brain that are caused by stress and trauma, affect students' ability to learn by limiting their capacity to pay attention to things other than what is causing the stress. These changes will make it more difficult for students to remember concepts and impede students' abilities to respond appropriately to interactions in their surrounding environments and in key relationships (National Center for Education Statistics, 2019). For those youth involved, ultimately increasing the likelihood for participation in delinquent and at-risk behaviors.

HANDY utilizes the after-school and summer program at Pompano Beach Middle School to engage youth in positive developmental activities. This is done utilizing the Positive Youth Development philosophy, stating "Positive Youth Development is intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances youth people's strengths; and promotes positive relationships, and furnishing the support needed to build on their leadership strengths". With this framework, our program's goal is to meet the following:

- reduce risk factors associated with delinquency, teen pregnancy, substance abuse, school dropout, and other risky behaviors
- strengthen the continuum of support services for children with special physical, development, and behavioral needs

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**Include a Description of the Geographic Area You Serve:**

HANDY currently serves 70 Pompano Beach Middle School through its after-school and summer LIFE Program. Services will typically take place in the school and at families' homes; however, while addressing the current needs of the youth and families, HANDY is providing services virtually or in safe places for the families. HANDY also utilizes the Best Buy Teen Tech Center located at the HANDY main location (1717 North Andrews Ave Fort Lauderdale, Florida 33311).

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**About Your Board of Directors**

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<b>Board Disabled</b>	1
<b>Board Minorities</b>	7
<b>Board Seniors</b>	2
<b>Total Board Members</b>	23

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**Program/Event Information #1**

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<b>Will your organization be hosting an event on City property?</b>	No
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<b>Which are you applying for? (Program/Event)</b>	Program
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<b>Program/Event Name</b>	HANDY LIFE Program
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<b>Type of Program/Event</b>	Nonprofit Program/Seminar/Workshop
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<b>Describe the program/event succinctly:</b>	The LIFE Program provides year-round programming and activities for at-risk middle school age youth from Pompano Beach Middle School. The purpose of this program is to strengthen protective factors by helping youth develop resiliency, a positive outlook, health family dynamics, pro-social relationships with peers and adults, positive decision making, strong community attachment and academic success. This program reduces risk factors associated with teen pregnancy delinquency, substance abuse, family dysfunction, mental and physical health problems, negative peer associations, and school failure.
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**Elaborate on your program/event objectives. How do you plan on using the funding to solve the problem?**

The LIFE Program seems to embrace, educate, and empower at-risk middle school age youth and their families. Funding will allow HANDY to maintain the current activities and expand the LIFE Program's activities at Pompano Beach Middle School and services for resident's of Pompano Beach at HANDY's main location. Youth will be provided with STEAM experiences and parents will be provided with employment support and certification opportunities. These services will be provided in hopes that the exposure will empower youth and their families to make positive decisions in regards to their future education/employment and broaden the possibilities for future career pathways. This will ultimately increase sustainability and quality of life, while decreasing poverty and breaking the cycle.

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

90% of youth will be retained in the program  
65% of youth will increase reading proficiency and/or math performance  
25% of remaining youth will maintain (not decrease) their grade  
85% of youth will have no more than 5 absences from school  
85% of youth will maintain positive school behavior and no external suspensions  
20 parents of youth enrolled at Pompano Beach will participate in employment support services

**Estimated # of Attendees at the Program/Event (select the one that best applies)**

51-150

**Please Specify the Number of City of Pompano Beach Residents Your Organization will Serve if the Program/Event is Funded:**

90

**Describe the demographics of the population you are impacting with this program/event: Demographics: Socioeconomic characteristics of a population expressed statistically, such as age, sex, education level, income level, occupation.**

The youth and families that are served as part of the Pompano Beach LIFE Program are both male and female middle school youth who represent low income and a high minority demographic from the Broward County community. HANDY's youth are some of Broward County's most economically disadvantaged youth who are considered at-risk because they live in households with incomes at or below 100% of the Federal Poverty Line. Many of the youth and families who participate in HANDY's LIFE Program at Pompano Beach Middle School live in neighborhoods with moderate or high levels of crime. Traditionally, youth enrolled in HANDY's programs consist of:  
Older youth who are aging out of Foster/Relative and Non-Relative Care  
Youth and families who may be homeless or on the verge of homelessness  
Displaced Haitian youth who are living with relative caregivers under protective supervision who were victims of the devastating 2010 earthquake  
Crossover youth (youth who are involved in the Dependency and Delinquency systems in Broward County)

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<b>Start Date of Program/Event:</b>	Jul 01, 2022
<b>End Date of Program/Event:</b>	Jun 30, 2023
<b>Does your program/event have a start time/end time?</b>	Yes
<b>Start Time of Program/Event:</b>	09:00 AM
<b>End Time of Program/Event:</b>	06:30 PM
<b>Name of Program/Event Venue:</b>	HANDY/Pompano Beach Middle School
<b>Address of Program/Event Venue Location:</b>	1717 North Andrews Ave Fort Lauderdale, FL 33311
<b>Attire of Program/Event (select the one that best applies):</b>	Business Casual
<b>List any Benefits or Amenities the City of Pompano Beach Receives:</b>	HANDY has grown to be a well-respected, thoughtful leader in the non-profit community. The City of Pompano Beach will be recognized and featured at our annual signature events, which are attended by more than 600 people. The award will also be announced on the HANDY social media and in the Annual Report. This report is distributed to over 6,000 members, donors, community partners, board members, and other interested parties. HANDY will highlight the support on the website and other program materials.
<b>Amount Requested:</b>	15000
<b>Are you applying for a second Program/Event?</b>	No

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## Additional Activities

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

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## Additional Information

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

From HANDY's inception, the organization has had to create informal learning environments and programs that are centered around engaging and innovative youth development approaches. HANDY's youth want to come to the LIFE Program daily because of the high-quality of services and support that they receive in an environment that is tailored to their specific needs. While HANDY delivers these high-quality services, programs are built based on evidence-based, best practice models. HANDY continues to remain flexible in delivery methods, as evidenced by ability to provide hybrid programming to meet the needs of the youth and families. HANDY staff realize the importance of not being bound to restrictive criteria that keep agencies from implementing fully effective approaches that yield high end results. HANDY will continue to go the extra mile to keep youth connected to positive supports and pathways that lead youth to divert from negative influences.

**Any other information you wish to share?**

Based on the existing struggles HANDY youth face, exposure to career pathways and additional educational support will immediately create pathways to success. HANDY's services continue to provide youth with opportunities to improve academic performance and foster development of creativity that can help youth to prepare for a post-secondary environment, whether education or career based. In addition to allowing for exploration in fields that may be less explored, participating in activities will also provide hands-on learning experiences for youth like video and music production. Lastly, HANDY youth are able to work on career readiness activities and on the development of skills through activities like coding and drone building.

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## City of Pompano Beach Funding History

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

**If yes, when was the most recent year?** 2021-2022

**What was the name of program/event funded?** LIFE Program

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How much was the funding for this program/event? 7000

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### Requested Budget Information

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What is the total value your nonprofit is applying for? 15000

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

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Are you including the following: Itemized Budget - Please provide a budget for the program/event you are applying for vs. the agency's annual budget = Yes  
W9 = Yes  
IRS Letter = Yes  
List of Board of Directors = Yes  
Articles of Incorporation = Yes  
Most Recent 990 Form = Yes

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### Upload your documents: All items are mandatory.

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Itemized Budget - Please provide a budget ONLY for the program/event you are applying for. Annual agency budgets will not be accepted. <https://www.formstack.com/admin/download/file/12638623242>

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W9 <https://www.formstack.com/admin/download/file/12638623245>

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IRS Letter <https://www.formstack.com/admin/download/file/12638623247>

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List of Board of Directors <https://www.formstack.com/admin/download/file/12638623249>

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Articles of Incorporation <https://www.formstack.com/admin/download/file/12638623250>

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Most Recent 990 Form <https://www.formstack.com/admin/download/file/12638623252>

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### Upload your documents: Matching Gift Documentation

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Does Your Organization Receive Matching Funds? No

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### Primary Nonprofit Contact

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Name Kristen Weeden

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Title Vice President of Business Development

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Email [knelson@handyinc.org](mailto:knelson@handyinc.org)

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**Phone Number** (614) 738-1760

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**Mailing Address (If awarded, your payment will be mailed to this address)** 1717 North Andrews Ave  
Fort Lauderdale, FL 33311

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**Secondary Nonprofit Contact**

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**Name** Kathleen Docteur

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**Title** Vice President of Operations

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**Email** kdocteur@handyinc.org

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**Phone Number** (954) 522-2911

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Department of the Treasury  
Internal Revenue Service

P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077550279  
Aug. 31, 2012 LTR 4168C 0  
59-2507617 000000 00

00035713

BODC: TE

HELPING ABUSED NEGLECTED  
DISADVANTAGED YOUTH-HANDY-INC  
501 NE 8TH ST  
FT LAUDERDALE FL 33304-2728



019379

Employer Identification Number: 59-2507617  
Person to Contact: Sophia Brown  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 09, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 1985.

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

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

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

# Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Helping Abused Neglected Disadvantaged Youth	
<b>2</b> Business name/disregarded entity name, if different from above HANDY Inc	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input checked="" type="checkbox"/> C Corporation  <input type="checkbox"/> S Corporation  <input type="checkbox"/> Partnership  <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  (Applies to accounts maintained outside the U.S.)
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. 1717 North Andrews Ave	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code Fort Lauderdale FL 33311	
<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

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

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

<b>Social security number</b>											
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or											
<b>Employer identification number</b>											
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## Part II Certification

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ 3/31/2022
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## General Instructions

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

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

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS 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-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), 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.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

ARTICLES OF INCORPORATION OF  
HELPING ABUSED, NEGLECTED, DEPENDENT YOUTH, (HANDY.), INC.  
A FLORIDA NOT FOR PROFIT CORPORATION

FILED  
1995 MAR -5 11: 9 2  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name of this Corporation is HELPING ABUSED, NEGLECTED,  
DEPENDENT YOUTH (H.A.N.D.Y.), INC.

ARTICLE TWO

This is a non-profit corporation organized solely for general  
charitable purposes pursuant to the Florida Corporations Not For  
Profit law set forth in Chapter 617 of the Florida Statutes.

ARTICLE THREE

(a) This organization is formed exclusively for charitable  
purposes within the meaning of Section 501(c)(3) of the Internal  
Revenue Code of 1954, as amended.

(b) The purposes of this organization include: increasing  
public awareness of the plight of abused and neglected children in  
Broward County and the State of Florida; to assist children  
adjudicated as dependent by the courts of Florida and to facilitate  
the exchange of information regarding services, available to  
dependent children in the State of Florida.

(c) This corporation shall not, as a substantial part of its  
activities, carry on propaganda or otherwise attempt to influence  
legislation; nor shall it participate or intervene in any political  
campaign on behalf of any candidate for public office.

ARTICLE FOUR

This corporation shall have a perpetual existence.

ARTICLE FIVE

The corporation shall have a membership distinct from the board of trustees. The authorized number and qualifications of the members of the corporation, the manner of their admission, the different classes of membership, if any, the voting and other rights and privileges of members, and their liability for dues and assessments and the method of collection thereof, shall be set forth in the bylaws.

ARTICLE SIX

(a) The principal office of this corporation is to be located in Broward County, Florida.

(b) The name and address of this corporation's registered agent is Edward Pudaloff at 220 El Dorado Parkway, Plantation, Florida 33317.

ARTICLE SEVEN

The names and residence addresses of the subscribers to this corporation are as follows:

Edward Pudaloff  
220 El Dorado Parkway  
Plantation, Florida 33317

Irving Reisfeld  
730 S.W. 68 Avenue  
Pembroke Pines, Florida 33023

Leslie Bennis  
6008 Linden Circle  
Tamarac, Florida 33319

Patsy Birnbaum  
3520 N. 54 Avenue  
Hollywood, Florida 33021

Elizabeth Smith  
1260 N.E. 40 Street  
Pompano Beach, Florida 33064

FILED  
MAR -5 AM 9:21  
REGISTRY OF STATE  
DOCUMENTS, FLORIDA

## ARTICLE EIGHT

(a) **BOARD OF TRUSTEES.** The powers of this corporation shall be exercised, its properties controlled, and its affairs conducted by a board of trustees. The number of trustees of the corporation shall be seven (7); provided, however, that such number may be changed by a bylaw duly adopted by the membership.

The trustees named herein as the first board of trustees shall hold office until the first meeting of members, to be held on October 23, 1985, at 8 o'clock p.m. at the Broward County, Courthouse, 601 S.E. Sixth Street, Ft. Lauderdale, Florida, at which time an election of trustees shall be held.

Trustees elected at the first annual meeting and at all times thereafter, shall serve for a term of two (2) years until the first annual meeting of members following the election of trustees and until the qualification of successors in office, except that three of the trustees elected at the first annual meeting shall serve an initial term of one (1) year. Thereafter, staggered terms shall be maintained.

Annual meetings shall be held at 8 o'clock p.m. on the fourth Tuesday in October of each year at the principle office of the corporation or such place as the board of trustees may from time to time designate by resolution.

Any action required or permitted to be taken by the board of trustees under any provision of law may be taken without a meeting, if all members of the board shall individually or collectively consent in writing to such action. Such consents shall be filed with the minutes of the proceedings of the board, and any such

action by written consent shall have the same force and effect as if taken unanimous vote of the trustees.

The names and addresses of such first members of the board of trustees are as follows:

Edward Pudaloff  
220 El Dorado Parkway  
Plantation, Florida 33317

Irving Reissfeld  
730 S.W. 68 Avenue  
Pembroke Pines, Florida 33023

Leslie Bennis  
6008 Linden Circle  
Tamarac, Florida 33319

Patsy Birnbaum  
3520 N. 54 Avenue  
Hollywood, Florida 33021

Elizabeth Smith  
1260 N.E. 40 Street  
Pompano Beach, Florida 33064

(b) OFFICERS. The board of trustees shall elect the following officers: Chairperson, 1st Vice-Chairperson, 2nd Vice-Chairperson,



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

Chair: Edward Pudaloff

1st Vice Chairperson: Elizabeth Smith

2nd Vice-Chairperson: Leslie Bennis

Secretary: Patsy Birnbaum

Treasurer: Irving Reisfeld

#### ARTICLE NINE

Subject to the limitations contained in the bylaws, and any limitations set forth in the Corporations Not For Profit law of Florida, concerning corporate action that must be authorized or approved by the members of the corporation, bylaws of this corporation may be made, altered, rescinded, added to, or new bylaws may be adopted by a majority vote of the members present and voting at a membership meeting called for such purpose.

#### ARTICLE TEN

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

#### ARTICLE ELEVEN

Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provision for payment of all debts

and liabilities of this corporation shall be distributed to a non-profit fund, foundation or corporation which is organized for the same or similar purposes as this corporation and which has been established as an organization exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1954, as amended, or any corresponding subsequent federal tax law.

#### ARTICLE TWELVE

Amendments to these articles of incorporation may be proposed by a resolution of the board of trustees and presented to a quorum of members for their vote. Amendments may be adopted by the vote of two thirds of a quorum of members of the corporation.

FILED  
1905 MAR -5 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We, the undersigned, being the incorporators of this corporation, and including all persons named herein as subscribers of this corporation, for the purposes of forming this not for profit charitable corporation under the laws of Florida have executed these articles of incorporation on this 25th day of February, 1985.

Edward Podaloff  
EDWARD PODALOFF

Elizabeth Smith  
ELIZABETH SMITH

Leslie Bennis  
LESLIE BENNIS

Patsy Birnbaum  
PATSY BIRNBAUM

Irving Reisfeld  
IRVING REISFELD

FILED  
1985 MAR -5 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sworn to and subscribed before me  
this 25th day of February, 1985.

Genie S. Merrill  
NOTARY PUBLIC, STATE OF FLORIDA.

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXPIRES MAR 15 1987  
BONDED THRU GENERAL INSURANCE UNDO

Pursuant to Florida Statute 48.091 and 617.023, the following is submitted;

That Helping Abused, Neglected, Dependent Youth (H.A.N.D.Y.), desiring to organize as a non-profit corporation under the laws of the state of Florida, with its principle office in the city of Plantation, County of Broward, Florida, has name Edward Pudaloff, located at 220 El Dorado Parkway, City of Plantation, County of Broward, Florida as its agent to accept service of process within this state.

ACCEPTANCE OF APPOINTMENT

Having been named to accept service of process for the non-profit corporation, I agree to act in this capacity, and agree to comply with the statutory provisions relative to the maintenance of an office.

  
EDWARD PUDALOFF

Sworn to and subscribed before me this 25<sup>th</sup> day of February, 1984.

  
NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXPIRES MAR 15 1982  
BONDED THRU GENERAL INSURANCE UNQ

FILED  
1985 MAR -5 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of the Treasury  
Internal Revenue Service  
Quality Review Staff  
Taxpayer Assistance Group  
P. O. Box 1055 - RM 907  
Atlanta, Georgia 30370-0000

Date: NOV 06 1989

Date of Inquiry:  
10/18/09  
Refer Reply To:  
GRS:EO:TPA  
EIN:  
59-2507617  
FFN:  
580065897

HELPING ABUSED NEGLECTED DEPENDENT  
YOUTH HANDY, INC.  
HANDY INC  
220 ELDORADO PKWY  
PLANTATION, FL 33317-3216

Dear Taxpayer:

This is in response to your request for confirmation of your exemption from Federal Income Tax.

You were recognized as an organization exempt from Federal Income Tax under section 501(c)(3) of the Internal Revenue Code by our letter of December, 1985. You were further determined not to be a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 170(b)(1)(A)(vi) and 501(a)(1).

Contributions to you are deductible as provided in section 170 of the Code.

The tax exempt status recognized by our letter referred to above is currently in effect and will remain in effect until terminated, modified, or revoked by the Internal Revenue Service. Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any changes in your name and address.

Thank you for your cooperation.

Sincerely yours,



Exempt Organizations Coordinator



# HANDY

## Board of Directors

### Chair

**Philip DeBiasi**  
Intero Group

### Vice Chair

**Kathleen Thomsen**  
Kathleen Thomsen Consulting

### Vice Chair

**Shea A. Smith, CPA**  
Berkowitz Pollack Brant

### Vice Chair

**Michael Wild**

WFP Law

### Vice Chair

**Paul Minoff**  
Gray-Robinson P.A.

### Treasurer

**Adam Speigel**  
BDO

### Secretary

**Lina Nageondelestang**  
DPR Construction

### Directors

**Elaine Appel**  
Board Emeritus  
**Marsha Levy**  
Board Emeritus  
**Julie Blackmore**  
Greenberg Taurig  
**Dr. Charmaine Borda**  
The Blue Couch

**Stephanie Fortune**  
Fortune Consultants  
**Isabel Gonzalez**  
Broward College

**Teri Kaye**  
Daszkal Bolton LLP  
**Todd Kirkpatrick**  
Whitaker Realty.

**Ian Lis, Esq.**  
Tripp Scott, PA  
**Ricardo Moncada**  
RMS Consultant.

**Melissa Shiff**  
Shiff Construction  
**Michelle Sweet**  
Centennial Bank

**Daniel Wobby**  
Moss Construction  
**Andrew Wong**  
Comerica Bank

**Kevin Worrell**  
Hypower  
**Dan Young**  
Young Consulting Group

**Kirk Brown**  
Chief Executive Officer

**Advisory Council**  
**Marcelle Abell-Rosen, MD,**  
Diplomate, Internal Medicine  
**Bernard Paul Hus**  
Hypower

**Allison Bober**  
Lennar  
**Chad Moss**  
Moss Construction  
**Michael Perlman**  
BrandsMart  
**Robert Yolles**  
Private Citizen

# BOARD OF DIRECTORS

Title	Name	Company
<b>Chairman</b>	<b>Phil DeBiasi</b>	Intero Group
<b>Vice Chair</b>	<b>Kathleen Thomsen</b>	Kathleen Thomsen Consulting
<b>Vice Chair</b>	<b>Michael Wild</b>	WFP Law
<b>Vice Chair</b>	<b>Shea A. Smith, CPA</b>	Berkowitz Pollack Brant
<b>Vice Chair</b>	<b>Paul Minoff</b>	Gray Robinson
<b>Treasurer</b>	<b>Adam Speigel</b>	MBAF
<b>Secretary</b>	<b>Lina Nageondelestang</b>	DPR Construction
<b>Directors</b>	<b>Elaine Appel</b>	Board Emeritus
<b>Directors</b>	<b>Marsha Levy</b>	Board Emeritus
<b>Directors</b>	<b>Julie Blackmore</b>	Greenberg Taurig
<b>Directors</b>	<b>Dr. Charmaine Borda</b>	The Blue Couch
<b>Directors</b>	<b>Adam Corin</b>	Niroc Consultants, Inc.
<b>Directors</b>	<b>Stephanie Fortune</b>	Fortune Consultants
<b>Directors</b>	<b>Isabel Gonzalez</b>	Broward College
<b>Directors</b>	<b>Teri Kaye</b>	Daszkal Bolton
<b>Directors</b>	<b>Todd Kirkpatrick</b>	Whitaker Realty
<b>Directors</b>	<b>Marie McGinley</b>	Community Representative
<b>Directors</b>	<b>Ricardo Moncada</b>	Tremco Roofing & Build. Maint.
<b>Directors</b>	<b>Melissa Shiff</b>	Shiff Construction
<b>Directors</b>	<b>Michelle Sweet</b>	Centennial Bank
<b>Directors</b>	<b>Daniel Wobby</b>	Moss Construction
<b>Directors</b>	<b>Kevin Worrell</b>	Hypower
<b>Directors</b>	<b>Andrew Wong</b>	Comerica Bank
<b>Directors</b>	<b>Dan Young</b>	Young Consulting Group

EMBRACE ♥ EDUCATE ♥ EMPOWER

HANDY Main Office • 1717 North Andrews Avenue • Fort Lauderdale, FL 33331 • 954.522.2911 • Fax 954.522.2912 • [www.HANDYinc.org](http://www.HANDYinc.org)

EXTENDED TO MAY 16, 2022

OMB No. 1545-0047

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)

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HELPING ABUSED, NEGLECTED, DISADVANTAGED YOUTH, INC (HANDY, INC.)</b>		<b>D</b> Employer identification number <b>59-2507617</b>	
	Doing business as		<b>E</b> Telephone number <b>954-522-2911</b>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1717 NORTH ANDREWS AVENUE</b>		<b>G</b> Gross receipts \$ <b>3,350,972.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>FORT LAUDERDALE, FL 33311</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
	<b>F</b> Name and address of principal officer: <b>DAN YOUNG</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.HANDYINC.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1985** **M** State of legal domicile: **FL**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>HANDY'S MOST SIGNIFICANT ACTIVITIES ARE TO PROVIDE CUSTOMIZED PROGRAMS THAT MEET THE</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>45</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>65</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: <b>2,961,441.</b> Current Year: <b>2,940,729.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>635,707.</b> <b>136,564.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>76,884.</b> <b>251,366.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,674,032.</b> <b>3,328,659.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>287,151.</b> <b>283,008.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,860,736.</b> <b>2,086,322.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>311,065.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>903,794.</b> <b>1,052,047.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,051,681.</b> <b>3,421,377.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>622,351.</b> <b>-92,718.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: <b>3,180,961.</b> End of Year: <b>2,756,436.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>978,169.</b> <b>646,362.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,202,792.</b> <b>2,110,074.</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.

<b>Sign Here</b>	Signature of officer _____ Date _____	
	<b>MAXINE BROWN-WEBSTER, CHIEF FINANCIAL OFFICER</b> Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>STEPHEN P. EMERY</b>	Preparer's signature <b>STEPHEN P. EMERY</b>
	Date <b>12/10/21</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P02265917</b>
Firm's name <b>KEEFE, MCCULLOUGH &amp; CO., LLP, C.P.A.'S</b>		Firm's EIN <b>59-1363792</b>
Firm's address <b>6550 N FEDERAL HIGHWAY, SUITE 410 FT. LAUDERDALE, FL 33308</b>		Phone no. <b>954-771-0896</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

HELPING ABUSED, NEGLECTED, DISADVANTAGED  
YOUTH, INC (HANDY, INC.)

Form 990 (2020)

59-2507617 Page 2

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**HANDY'S MISSION IS TO EMBRACE, EDUCATE AND EMPOWER VULNERABLE YOUTH TO  
BECOME ENGAGED, PRODUCTIVE ADULTS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 2,805,947. including grants of \$ 283,008. ) (Revenue \$ )  
**THE ORGANIZATION'S LIFE PROGRAM (LIFE SKILLS, INDEPENDENT LIVING, FOUNDATION BUILDING, AND EDUCATION/EMPLOYMENT) PROVIDES SERVICES THAT FOCUSE ON EDUCATION, YOUTH DEVELOPMENT AND ECONOMIC SELF-SUFFICIENCY TO ENSURE AT-RISK YOUTH DO NOT DROP OUT OF SCHOOL, DO NOT ENGAGE IN CRIMINAL ACTIVITIES, COMPLETE THEIR EDUCATION AND ENTER THE WORKFORCE AS SELF-SUFFICIENT, CONTRIBUTING MEMBERS OF THE COMMUNITY. ALL YOUTH RECEIVE ASSESSMENTS, LIFE PLAN AND EVALUATIONS, INTENSIVE CASE MANAGEMENT, COUNSELING AND MENTORS. ADDITIONAL PROGRAM ACTIVITIES INCLUDE: TUTORING, MENTORING, SOCIAL AND RECREATIONAL ACTIVITIES, EMERGENCY NEEDS ASSISTANCE FOR FOOD, CLOTHING, HOUSING, EDUCATION WORKSHOPS, LIFE SKILL TRAINING, POST-SECONDARY EDUCATION SUPPORT, INTERNSHIPS AND JOB PLACEMENTS, SERVICE LEARNING PROJECTS,**

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

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

4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **2,805,947.**

Form 990 (2020)



**HELPING ABUSED, NEGLECTED, DISADVANTAGED  
YOUTH, INC (HANDY, INC.)**

Form 990 (2020)

59-2507617 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)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		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)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X

**HELPING ABUSED, NEGLECTED, DISADVANTAGED  
YOUTH, INC (HANDY, INC.)**

Form 990 (2020)

59-2507617 Page 4

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

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

**Note:** All Form 990 filers are required to complete Schedule O .....

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		14
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 45		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>X</b>	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

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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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	21		
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>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	21		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>			X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**MAXINE BROWN-WEBSTER - 954-522-2911**  
**1717 NORTH ANDREWS AVENUE, FORT LAUDERDALE, FL 33311**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIRK BROWN EXECUTIVE DIRECTOR	40.00			X			130,662.	0.	0.	
(2) MAXINE BROWN-WEBSTER CHIEF FINANCIAL OFFICER	40.00			X			80,351.	0.	0.	
(3) JENNIFER COHEN CHIEF DEVELOPMENT OFFICER	40.00			X			77,608.	0.	0.	
(4) NARDEGE LAFOREST CHIEF PROGRAM OFFICER	40.00			X			75,219.	0.	0.	
(5) DAN YOUNG BOARD CHAIR	4.00	X		X			0.	0.	0.	
(6) PHILIP DEBIASI VICE CHAIR	4.00	X		X			0.	0.	0.	
(7) MICHAEL WILD VICE CHAIR	4.00	X		X			0.	0.	0.	
(8) KATHLEEN THOMSEN SECRETARY	4.00	X		X			0.	0.	0.	
(9) SHEA SMITH TREASURER	4.00	X		X			0.	0.	0.	
(10) RICARDO MONCADA VICE CHAIR	4.00	X		X			0.	0.	0.	
(11) IAN LIS PAST BOARD CHAIR	4.00	X					0.	0.	0.	
(12) ADAM CORIN DIRECTOR	2.00	X					0.	0.	0.	
(13) ALLISON BOBER DIRECTOR	2.00	X					0.	0.	0.	
(14) ELAINE APPEL DIRECTOR	2.00	X					0.	0.	0.	
(15) TERI KAYE DIRECTOR	2.00	X					0.	0.	0.	
(16) KEVIN WORRELL DIRECTOR	2.00	X					0.	0.	0.	
(17) MELISSA SHIFF DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ADAM SPEIGEL DIRECTOR	2.00	X						0.	0.	0.
(19) DR. CHARMAINE BORDA DIRECTOR	2.00	X						0.	0.	0.
(20) STEPHANIE FORTUNE DIRECTOR	2.00	X						0.	0.	0.
(21) ISABEL GONZALEZ DIRECTOR	2.00	X						0.	0.	0.
(22) LINA NAGEONDELESTANG DIRECTOR	2.00	X						0.	0.	0.
(23) DAN WOBBY DIRECTOR	2.00	X						0.	0.	0.
(24) MICHELLE SWEET DIRECTOR	2.00	X						0.	0.	0.
(25) TODD KIRKPATRICK DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								363,840.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								363,840.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	8,503.					
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	3,664.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,637,961.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,290,601.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 48,513.					
	<b>h Total.</b> Add lines 1a-1f			2,940,729.				
	<b>Program Service Revenue</b>	<b>2 a</b>	Business Code					
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue								
<b>g Total.</b> Add lines 2a-2f								
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			857.			857.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents		(i) Real	(ii) Personal				
		<b>6a</b>	20,364.					
		<b>b</b> Less: rental expenses	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	20,364.					
	<b>d</b> Net rental income or (loss)			20,364.			20,364.	
	<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		<b>7a</b>		145,000.				
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	9,293.				
	<b>c</b> Gain or (loss)	<b>7c</b>	135,707.					
	<b>d</b> Net gain or (loss)			135,707.			135,707.	
<b>8 a</b> Gross income from fundraising events (not including \$ 3,664. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	244,022.						
	<b>b</b> Less: direct expenses	<b>8b</b>	13,020.					
<b>c</b> Net income or (loss) from fundraising events			231,002.			231,002.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
	<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>							
	<b>b</b> Less: cost of goods sold	<b>10b</b>						
	<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b>	Business Code						
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions			3,328,659.	0.	0.	387,930.		

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	283,008.	283,008.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	426,413.	352,439.	28,538.	45,436.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,333,706.	1,102,334.	89,258.	142,114.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	188,057.	155,433.	12,586.	20,038.
10 Payroll taxes	138,146.	114,181.	9,245.	14,720.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	238,383.	163,837.	57,654.	16,892.
12 Advertising and promotion	64,401.	35,235.	11,745.	17,421.
13 Office expenses	46,385.	37,732.	6,806.	1,847.
14 Information technology				
15 Royalties				
16 Occupancy	360,201.	305,856.	34,841.	19,504.
17 Travel	3,913.	3,456.	407.	50.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	201,522.	164,551.	17,849.	19,122.
23 Insurance	59,412.	49,679.	6,827.	2,906.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>REPAIRS AND MAINTENANCE</b>	45,454.	34,385.	6,493.	4,576.
b <b>SPECIFIC ASSISTANCE</b>	19,302.	1,908.	16,716.	678.
c <b>BANK AND CREDIT CARD CH</b>	4,909.		558.	4,351.
d <b>DUES AND SUBSCRIPTIONS</b>	2,618.	490.	2,098.	30.
e All other expenses	5,547.	1,423.	2,744.	1,380.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	3,421,377.	2,805,947.	304,365.	311,065.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)



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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	940,889.	1	416,471.
	<b>2</b> Savings and temporary cash investments .....	16,148.	2	339,754.
	<b>3</b> Pledges and grants receivable, net .....	394,298.	3	261,259.
	<b>4</b> Accounts receivable, net .....		4	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	<b>7</b> Notes and loans receivable, net .....		7	
	<b>8</b> Inventories for sale or use .....		8	
	<b>9</b> Prepaid expenses and deferred charges .....	22,815.	9	83,412.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	1,990,348.		
	<b>b</b> Less: accumulated depreciation .....	393,070.		
		1,700,801.	10c	1,597,278.
	<b>11</b> Investments - publicly traded securities .....		11	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13	
	<b>14</b> Intangible assets .....		14	
<b>15</b> Other assets. See Part IV, line 11 .....	106,010.	15	58,262.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,180,961.	16	2,756,436.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	220,765.	17	194,619.
	<b>18</b> Grants payable .....		18	
	<b>19</b> Deferred revenue .....	165,577.	19	88,748.
	<b>20</b> Tax-exempt bond liabilities .....		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	591,827.	23	362,995.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	978,169.	26	646,362.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,090,056.	27	2,006,262.
	<b>28</b> Net assets with donor restrictions .....	112,736.	28	103,812.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		31	
	<b>32 Total net assets or fund balances</b> .....	2,202,792.	32	2,110,074.
<b>33 Total liabilities and net assets/fund balances</b> .....	3,180,961.	33	2,756,436.	

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**Part 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	3,328,659.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,421,377.
3	Revenue less expenses. Subtract line 2 from line 1	3	-92,718.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,202,792.
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	2,110,074.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ..... If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? ..... If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ..... If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
3b	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 .....		

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,887,320.	2,547,339.	2,065,019.	2,961,441.	2,937,065.	12,398,184.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1,887,320.	2,547,339.	2,065,019.	2,961,441.	2,937,065.	12,398,184.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						440,123.
<b>6 Public support.</b> Subtract line 5 from line 4 .....						11,958,061.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	1,887,320.	2,547,339.	2,065,019.	2,961,441.	2,937,065.	12,398,184.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	722.	525.	390.	10,488.	21,221.	33,346.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						12,431,530.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,515,627.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	96.19 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	99.73 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

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**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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



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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

HELPING ABUSED, NEGLECTED, DISADVANTAGED

Part VI

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

Lined area for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**HELPING ABUSED, NEGLECTED, DISADVANTAGED  
YOUTH, INC (HANDY, INC.)**

Employer identification number

**59-2507617**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization <b>HELPING ABUSED, NEGLECTED, DISADVANTAGED YOUTH, INC (HANDY, INC.)</b>	Employer identification number <b>59-2507617</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE JIM MORAN FOUNDATION 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442	\$ 145,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HYPOWER, INC. 5913 NW 31ST AVE FT LAUDERDALE, FL 33309	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MARSHA LEVY 75 ROYAL PALM DRIVE FT LAUDERDALE, FL 33301	\$ 73,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MOSS FOUNDATION, INC. 2101 NORTH ANDREWS AVENUE SUITE 300 FT LAUDERDALE, FL 33311	\$ 203,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE CLUBHOUSE NETWORK, INC. 2101 WASHINGTON ST. ROXBURY, MA 02119	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE FREDERICK A. DELUCA FOUNDATION, INC. 500 EAST BROWARD BLVD, STE 2300 FT LAUDERDALE, FL 33394	\$ 238,483.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>HELPING ABUSED, NEGLECTED, DISADVANTAGED YOUTH, INC (HANDY, INC.)</b>	Employer identification number <b>59-2507617</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	YOLLES CHARITABLE FOUNDATION INC <hr/> 3100 NORTH OCEAN BLVD #701 <hr/> FT LAUDERDALE, FL 33308	\$ 72,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CAREER SOURCE BROWARD <hr/> 6301 NW 5TH WAY STE 3000 <hr/> FT LAUDERDALE, FL 33309	\$ 65,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CHILDREN'S SERVICES COUNCIL OF BROWARD <hr/> 6600 W COMMERCIAL BLVD <hr/> LAUDERHILL, FL 33319	\$ 645,379.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ROBERT YOLLES <hr/> 3100 NORTH OCEAN BLVD <hr/> FT LAUDERDALE, FL 33308	\$ 98,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>HELPING ABUSED, NEGLECTED, DISADVANTAGED YOUTH, INC (HANDY, INC.)</b>	Employer identification number <b>59-2507617</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **HELPING ABUSED, NEGLECTED, DISADVANTAGED YOUTH, INC (HANDY, INC.)**

Employer identification number  
**59-2507617**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	<b>2d</b>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....	
4 Number of states where property subject to conservation easement is located ▶ .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ .....
(ii) Assets included in Form 990, Part X .....	▶ \$ .....
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ .....
b Assets included in Form 990, Part X .....	▶ \$ .....

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

Schedule D (Form 990) 2020

032051 12-01-20



**HELPING ABUSED, NEGLECTED, DISADVANTAGED  
YOUTH, INC (HANDY, INC.)**

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b** Permanent endowment ▶ \_\_\_\_\_ %
  - c** Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		1,751,237.	255,331.	1,495,906.
<b>d</b> Equipment .....		239,111.	137,739.	101,372.
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,597,278.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

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

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





**HELPING ABUSED, NEGLECTED, DISADVANTAGED**

Schedule G (Form 990 or 990-EZ) 2020

**YOUTH, INC (HANDY, INC.)**

59-2507617 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SCHOLARS BREAKFAST (event type)	HANDY 100 (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	212,413.	16,574.	18,699.	247,686.
	2	Less: Contributions			3,664.	3,664.
	3	Gross income (line 1 minus line 2)	212,413.	16,574.	15,035.	244,022.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	12,516.	0.	504.	13,020.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				13,020.
	11	Net income summary. Subtract line 10 from line 3, column (d)				231,002.

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **HELPING ABUSED, NEGLECTED, DISADVANTAGED  
YOUTH, INC (HANDY, INC.)**

Employer identification number  
**59-2507617**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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



**HELPING ABUSED, NEGLECTED, DISADVANTAGED  
YOUTH, INC (HANDY, INC.)**

Schedule I (Form 990) 2020

59-2507617

Page 2

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	43	41,178.	0.	COST	
EDUCATIONAL ASSISTANCE & WORK ASSISTANCE	38	4,199.	0.	COST	
SOCIAL RECREATION ACTIVITIES/INCENTIVES	132	53,180.	0.	COST	
EMERGENCY NEEDS ASSISTANCE	224	158,976.	0.	COST	
MEALS/REFRESHMENTS	87	5,988.	0.	COST	

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

WRITTEN POLICIES & PROCEDURES ARE REVIEWED AND MONITORED BY MANAGEMENT WITH  
THE ASSISTANCE OF THE BOARD OF DIRECTORS, AND ITS COMMITTEES, DRIVEN BY THE  
ORGANIZATION'S VISION & MISSION.

HELPING ABUSED, NEGLECTED, DISADVANTAGED  
YOUTH, INC (HANDY, INC.)

**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CLIENT TRANSPORTATION	13.	188.	0.	COST	
HOLIDAY GIFTS/CERTIFICATES	194.	15,816.	0.	COST	
CLIENT INCENTIVES	49.	3,483.	0.		

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **HELPING ABUSED, NEGLECTED, DISADVANTAGED YOUTH, INC (HANDY, INC.)** Employer identification number **59-2507617**

**Part 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 determining noncash contribution amounts
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 ▶ ( FURNITURE AND )	X	1	46,604.FMV	
26 Other ▶ ( DISPOSAL MASK )	X	1	840.COST	
27 Other ▶ ( FRESH POINT F )	X	1	719.COST	
28 Other ▶ ( GIFT CARDS )	X	1	350.COST	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

HELPING ABUSED, NEGLECTED, DISADVANTAGED

Schedule M (Form 990) 2020

YOUTH, INC (HANDY, INC.)

59-2507617

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 this part for any additional information.

Lined area for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

HELPING ABUSED, NEGLECTED, DISADVANTAGED  
YOUTH, INC (HANDY, INC.)

Employer identification number  
59-2507617

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

INDIVIDUAL NEEDS OF A CHILD THAT TAKE THEM FROM EARLY CHILDHOOD TO  
ADULTHOOD. THE ORGANIZATION HAS MET THE NEEDS OF MORE THAN 50,000  
BROWARD COUNTY CHILDREN AND YOUTH IN FOSTER, RELATIVE AND NON-RELATIVE  
CARE. THEY HAVE PROVIDED HOPE, ENCOURAGEMENT AND INSPIRATION TO  
AT-RISK YOUTH ASSOCIATED WITH BROWARD COUNTY'S DEPENDENCY SYSTEM.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

SELF-ADVOCACY LEARNING AND MORE. THE ORGANIZATION'S LIFE PROGRAM  
ANNUALLY SERVES OVER 500 MIDDLE, HIGH SCHOOL, AND COLLEGE AGE YOUTH.  
IN ADDITION, MORE THAN 800 CHILDREN/YOUTH RECEIVE ASSISTANCE WITH  
EMERGENCY NEEDS FOR FOOD AND CLOTHING, BACK TO SCHOOL SUPPLIES AND  
CLOTHES, AND/OR HOLIDAY GIFTS.

**FORM 990, PART VI, SECTION B, LINE 11B:**

A COPY OF FORM 990 IS REVIEWED BY THE EXEMPT ORGANIZATION'S CHAIRMAN &  
TREASURER.

**FORM 990, PART VI, SECTION B, LINE 12C:**

OFFICERS SELF-REPORT CONFLICTS OF INTEREST TO THE BOARD OF DIRECTORS  
ANNUALLY.

**FORM 990, PART VI, SECTION B, LINE 15:**

THE BOARD OF DIRECTORS' FINANCE COMMITTEE REVIEWS THE COMPENSATION OF THE  
TOP EXECUTIVE OFFICIALS ANNUALLY AND DETERMINES COMPARABLE SALARY BASED ON  
RESEARCH OF NATIONAL AND LOCAL INFORMATION FOR NON-PROFIT EXECUTIVES.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization **HELPING ABUSED, NEGLECTED, DISADVANTAGED  
YOUTH, INC (HANDY, INC.)**

Employer identification number  
**59-2507617**

FORM 990, PART VI, SECTION C, LINE 18:

AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

NO CHANGE FROM PRIOR YEAR.

**HANDY - LIFE Program Budget  
FY 2021-2022**

Account Name	PROGRAMS					SUPPORT SERVICES			
	Budget FY 2021-2022	Youth Development	Education	Self Sufficiency	Total Program Budget	MGT	FND	Total Support	Budget
Foundation Grant Income	980,880	406,575	195,202	105,335	707,112	122,300	151,468	273,768	980,880
Government Grant Revenues	1,707,007	1,040,064	347,751	114,351	1,502,166	204,841	0	204,841	1,707,007
Contributions-General	563,627	135,271	76,654	78,908	290,833	83,110	189,684	272,794	563,627
Fundraising Special Events, net	493,000	88,740	69,300	83,635	241,675	112,725	138,600	251,325	493,000
Rental Income	20,400	-	-	-	-	-	20,400	20,400	20,400
Other Revenue - PPP Loan Forgiveness	323,528	-	-	-	-	323,528	-	323,528	323,528
<b>Total Revenues</b>	<b>4,088,442</b>	<b>1,670,650</b>	<b>688,907</b>	<b>382,229</b>	<b>2,741,786</b>	<b>866,904</b>	<b>479,752</b>	<b>1,346,656</b>	<b>4,088,442</b>
Salaries, Benefits & Taxes	2,456,408	936,324	466,718	196,513	1,599,555	540,410	316,443	856,853	2,456,408
Bank Service & Credit Card Processing Fees	4,656	-	-	-	-	1,513	3,143	4,656	4,656
Equipment Lease & Repair Maintenance	12,050	7,230	2,410	603	10,243	1,204	603	1,807	12,050
Dues/Subscription/License & Permits	6,787	635	430	180	1,245	3,380	2,162	5,542	6,787
<b>Occupancy:</b>								0	0
Utilities, Bldg Mnt, insurance, Telephone	157,722	94,633	31,544	7,886	134,063	15,773	7,886	23,659	157,722
Rental of Property (new location)	292,218	175,331	58,444	14,611	248,386	29,221	14,611	43,832	292,218
Postage and Printing	6,340	1,040	822	822	2,684	1,616	2,040	3,656	6,340
Program & General Office Supplies	19,024	10,464	3,805	951	15,220	1,902	1,902	3,804	19,024
<b>Professional Fees/Contractual Services:</b>									
Audit Fees	16,000	-	-	-	-	16,000	0	16,000	16,000
IT and Media Services	50,635	10,127	10,127	10,127	30,381	10,127	10,127	20,254	50,635
Background & Employment Fees	1,260	445	356	103	904	178	178	356	1,260
Contractual Services - Other	51,800	10,360	10,360	10,360	31,080	10,360	10,360	20,720	51,800
Contractual Services - JAG Sub-Contractors	164,010	123,008	32,802	8,200	164,010	0	0	0	164,010
Contractual Services - Security Services	15,000	15,000	-	-	15,000	0	0	0	15,000
Contractual Teachers	59,250	-	59,250	-	59,250	-	-	0	59,250
HANDY Public relations	55,200	11,040	11,040	11,040	33,120	11,040	11,040	22,080	55,200
Direct Fundraising Expenses	75,576	-	-	-	-	-	75,576	75,576	75,576
Vehicle Maintenance/Gas	21,600	11,960	4,320	2,476	18,756	1,764	1,080	2,844	21,600
Travel, Mileage, Tolls	24,474	15,765	2,580	2,083	20,428	1,821	2,225	4,046	24,474
Scholarships & Education Assistance	61,500	-	61,500	-	61,500	0	0	0	61,500
<b>Client Assistance:</b>									
Back to School Shopping/Holiday Gifts	22,350	18,350	2,000	2,000	22,350	0	0	0	22,350
Emergency Needs - (Rent, Food, Clothing, Utilities, Health)	81,317	64,217	6,100	11,000	81,317	0	0	0	81,317
Client Meals & Meeting Refreshment	33,620	22,940	2,480	2,100	27,520	3,200	2,900	6,100	33,620
Client Transportation (Contracted svcs)	78,120	54,684	15,624	7,812	78,120	0	0	0	78,120
Client Bus Passes	21,000	15,100	-	5,900	21,000	0	0	0	21,000
LIFE Soc Rec/Incent	71,727	59,408	6,756	5,563	71,727	0	0	0	71,727
<b>Total Expenses</b>	<b>3,859,644</b>	<b>1,658,061</b>	<b>789,468</b>	<b>300,330</b>	<b>2,747,859</b>	<b>649,509</b>	<b>462,276</b>	<b>1,111,785</b>	<b>3,859,644</b>
<b>Changes in Net Assets - Before Depreciation</b>	<b>228,798</b>	<b>12,589</b>	<b>-100,561</b>	<b>81,899</b>	<b>-6,073</b>	<b>217,395</b>	<b>17,476</b>	<b>234,871</b>	<b>228,798</b>
Estimated Depreciation	\$202,800	\$121,680	\$40,560	\$10,140	\$172,380	20,280	10,140	30,420	202,800
<b>Changes in Net Assets</b>	<b>\$25,998</b>	<b>-109,091</b>	<b>-141,121</b>	<b>71,759</b>	<b>-178,453</b>	<b>197,115</b>	<b>27,616</b>	<b>204,451</b>	<b>25,998</b>

## **Exhibit "B"**

### **Payment Schedule**

#### **A. AWARD DISBURSEMENTS**

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

#### **B. PAYMENT SCHEDULE**

The total amount awarded for the HELPING ABUSED, NEGLECTED, DISADVANTAGED YOUTH, INC. for HANDY LIFE Program for the current fiscal year is: \$9,500.

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

1. The first will equal 25% of the total allocation or \$2,375; be issued in advance. For any funds advanced the RECIPIENT agrees to provide the CITY with an itemization of how funds advanced were spent, along with invoices and proof of payment. Such an accounting must be provided to the CITY in the quarterly narrative and financial report as indicated in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description. Failure to comply with this requirement may result in the denial of the future requests for payments.
2. The second will equal 25% of the total allocation or \$2,375; will be issued upon receipt AND approval of the second quarterly narrative and financial report (including any additional requested documents);
3. The third payout will equal 25% of the total allocation or \$2,375; will be issued upon receipt AND approval of the third quarterly narrative and financial report (including any additional requested documents);
4. The fourth payout will be the final 25% of the total allocation or \$2,375 and will be issued in upon receipt AND approval of the final quarterly narrative and financial report (including any additional requested documents).

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



## **EXHIBIT C**

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

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

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

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

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

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

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

B. Liability Insurance.

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

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

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

<b>Type of Insurance</b>	<b>Limits of Liability</b>
<b>GENERAL LIABILITY:</b>	Minimum \$1,000,000 Per Occurrence and \$2,000,000 Per Aggregate
* Policy to be written on a claims incurred basis	
XX comprehensive form	bodily injury and property damage
XX premises - operations	bodily injury and property damage
___ explosion & collapse hazard	
___ underground hazard	
XX products/completed operations hazard	bodily injury and property damage combined
XX contractual insurance	bodily injury and property damage combined
XX broad form property damage	bodily injury and property damage combined
XX independent contractors	personal injury
XX personal injury	
XX sexual abuse/molestation	Minimum \$1,000,000 Per Occurrence and Aggregate
___ liquor legal liability	Minimum \$1,000,000 Per Occurrence and Aggregate

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**AUTOMOBILE LIABILITY:** Minimum \$10,000/\$20,000/\$10,000

- XX comprehensive form
- XX owned
- XX hired
- XX non-owned

---

**REAL & PERSONAL PROPERTY**

\_\_\_ comprehensive form Agent must show proof they have this coverage.

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<b>EXCESS LIABILITY</b>		Per Occurrence	Aggregate
___ other than umbrella	bodily injury and property damage combined	\$1,000,000	\$1,000,000

**PROFESSIONAL LIABILITY** Per Occurrence Aggregate

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

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(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)

08/05/2022

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

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

<b>PRODUCER</b> AssuredPartners of Florida, LLC dba Mack Mack & Waltz Insur Group 1211 S Military Trl, Ste 100 Deerfield Beach FL 33442		<b>CONTACT NAME:</b> Maria Molina <b>PHONE (A/C No Ext):</b> (954) 640-6225 <b>FAX (A/C No):</b> (954) 640-6226 <b>E-MAIL ADDRESS:</b> mmolina@mackinsurance.com	
<b>INSURED</b> Helping Abused, Neglected, Disadvantaged Youth, Inc., DBA: HANDY Lillian S. Wells Center 1717 N Andrews Avenue Ft. Lauderdale FL 33311		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Philadelphia Indemnity Ins. Co INSURER B : United State Liability Ins. Co. INSURER C : INSURER D : INSURER E : INSURER F :	

**COVERAGES**      **CERTIFICATE NUMBER:** 22-23 Master COI      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	PHPK2373784	03/18/2022	03/18/2023	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 - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PHPK2373784	03/18/2022	03/18/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB801370	03/18/2022	03/18/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	<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			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability Cov. Sexual Abuse and Molestation Cov.			PHPK2373784	03/18/2022	03/18/2023	Occurr/Aggregate \$1MIL/\$3MIL Occurr/Aggregate \$1MIL/\$1MIL

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

City of Pompano Beach is added as additional insured, per written contract, on the General Liability insurance company.

**APPROVED**

By Danielle Thorpe at 4:33 pm, Aug 16, 2022

**CERTIFICATE HOLDER****CANCELLATION**

City of Pompano Beach  
100 West Atlantic Boulevard

Pompano Beach

FL 33060

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

AUTHORIZED REPRESENTATIVE

*Paul M...*

AGENCY CUSTOMER ID: 00042597

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

AGENCY AssuredPartners of Florida, LLC dba		NAMED INSURED Helping Abused, Neglected, Disadvantaged Youth, Inc., DBA: HANDY	
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: Notes

B: Policy Term: 03/31/2022 to 03/31/2023  
 Policy #NDO1019991S  
 D & O: \$1mil Each Claim/\$1mil Aggregate  
 EPLI: \$1mil Each Claim/\$1mil Aggregate  
 \$1,000 retention



**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.

CYNTHIA R GILMORE AND SAMUEL L  
GILMORE  
2230 NW 193RD TER  
MIAMI GARDENS FL 33056-2654

**APPROVED** *Thorpe*  
By Danielle Thorpe at 4:31 pm, Aug 16, 2022

Cut Along the Dotted Line

Cut Along the Dotted Line

**Florida Automobile Insurance Identification Card**

**GEICO** GOVERNMENT EMPLOYEES INSURANCE COMPANY

<b>Policy Number / Florida Code No.</b> 6110-99-19-62/ 09245	<b>Effective Date</b> 06/30/22
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Personal Injury Protection Benefits/Property Damage Liability       Bodily Injury Liability

**Named** Cynthia Renae Gilmore  
**Insured(s)** Samuel Leejr Gilmore Jr

**2007 LEXS ES 350**  
**Vehicle ID No.** JTHBJ46GX72091485

Not valid more than one year from the effective date  
FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

**2007 LEXS ES 350**  
**Additional Drivers**

**Florida Automobile Insurance Identification Card**

**GEICO** GOVERNMENT EMPLOYEES INSURANCE COMPANY

<b>Policy Number / Florida Code No.</b> 6110-99-19-62/ 09245	<b>Effective Date</b> 06/30/22
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Personal Injury Protection Benefits/Property Damage Liability       Bodily Injury Liability

**Named** Cynthia Renae Gilmore  
**Insured(s)** Samuel Leejr Gilmore Jr

**2007 LEXS ES 350**  
**Vehicle ID No.** JTHBJ46GX72091485

Not valid more than one year from the effective date  
FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

**2007 LEXS ES 350**  
**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

2007 LEXS ES 350



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.

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**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](http://geico.com/claims), use the GEICO Mobile app or call 1-800-841-3000.

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