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Form 990

Return of Organization Exempt From Income Tax

2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable	C Name of organization BROWARD COUNTY COMMUNITY DEVELOPMENT CORPORATION INC		D Employer identification number 65-0407370
<input type="checkbox"/> Address change	Doing Business As BROWARD HOUSING SOLUTIONS INC		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (954) 764-2800
<input type="checkbox"/> Terminated	305 SE 18TH COURT		
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 FORT LAUDERDALE, FL 33316		
<input type="checkbox"/> Application pending			G Gross receipts \$ 2,687,227

F Name and address of principal officer LISA VECCHI 305 SE 18TH COURT FORT LAUDERDALE, FL 33316	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
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J Website: ► WWW BROWARDHOUSINGSOLUTIONS.ORG	H(c) Group exemption number ►
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K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation 1993	M State of legal domicile FL
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Part I Summary

1 Briefly describe the organization's mission or most significant activities TO PROVIDE QUALITY, PERMANENT AND AFFORDABLE HOUSING OPPORTUNITIES TO MEET THE NEEDS OF LOWER INCOME OR HOMELESS PEOPLE WITH DISABILITIES WHO ALSO HAVE A MENTAL ILLNESS. CORE VALUES ARE STABILITY, DIGNITY AND HOPE. BROWARD HOUSING SOLUTIONS CREATES A COMPASSIONATE COMMUNITY WHERE ALL LOW INCOME PEOPLE WITH MENTAL ILLNESS HAVE A PERMANENT AND SAFE HOME	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 15
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 14
6 Total number of volunteers (estimate if necessary)	6 186
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
b Net unrelated business taxable income from Form 990-T, line 34	7b 0

8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,844,014	Current Year 2,014,617
9 Program service revenue (Part VIII, line 2g)	519,530	547,151
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-197,987	-25,978
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,613	3,428
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,175,170	2,539,218

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	736,640	740,480
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	635,363	663,113
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► ⁰		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	896,639	1,036,023
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,268,642	2,439,616
19 Revenue less expenses Subtract line 18 from line 12	-93,472	99,602

20 Total assets (Part X, line 16)	Beginning of Current Year 8,059,768	End of Year 7,939,165
21 Total liabilities (Part X, line 26)	4,206,342	3,986,137
22 Net assets or fund balances Subtract line 21 from line 20	3,853,426	3,953,028

Part II Signature Block

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

Sign Here	***** Signature of officer LISA VECCHI CEO Type or print name and title	2013-11-15 Date
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Paid Preparer Use Only	Print/Type preparer's name JAMES R LARAWAY	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00341086
	Firm's name ► KEEFE MCCULLOUGH & CO LLP CPA'S			Firm's EIN ► 56-0574444	
	Firm's address ► 6550 N FEDERAL HIGHWAY SUITE 410 FT LAUDERDALE, FL 33308			Phone no (954) 556-1720	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

TO PROVIDE QUALITY, PERMANENT AND AFFORDABLE HOUSING OPPORTUNITIES TO MEET THE NEEDS OF LOWER INCOME OR HOMELESS PEOPLE WITH DISABILITIES WHO ALSO HAVE A MENTAL ILLNESS CORE VALUES ARE STABILITY, DIGNITY AND HOPE BROWARD HOUSING SOLUTIONS CREATES A COMPASSIONATE COMMUNITY WHERE ALL LOW INCOME PEOPLE WITH MENTAL ILLNESS HAVE A PERMANENT AND SAFE HOME

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 \$ 2,236,849 including grants of \$ 740,480) (Revenue \$ 550,579)

AFFORDABLE HOUSING PROGRAM INCLUDES 1 RENTAL HOUSING PROGRAM CURRENTLY OWNS AND MAINTAINS 18-TOTAL APARTMENT COMPLEXES THROUGHOUT BROWARD COUNTY RENTAL UNIT LOCATIONS ARE WITHIN CORAL SPRINGS, FORT LAUDERDALE, HOLLYWOOD, NORTH LAUDERDALE, OAKLAND PARK, AND POMPANO BEACH ADMINISTERING RENTAL SUBSIDY FUNDS FROM FEDERAL, STATE, LOCAL AND VARIOUS FUNDING STREAMS HOUSING 345 MENTAL HEALTH CONSUMERS 2 EMERGENCY RENTAL SUBSIDY CLIENTS ARE REFERRED TO BROWARD HOUSING SOLUTIONS FOR EMERGENCY, TEMPORARY AND LONG-TERM RENTAL ASSISTANCE SINCE INCEPTION, BROWARD HOUSING SOLUTIONS HAS PROCESSED MORE THAN 18,000 EMERGENCY RENTAL SUBSIDIES SINCE 1993 3 HOUSING SOLUTIONS YOUNG ADULTS PROVIDES AFFORDABLE AND PERMANENT HOUSING FOR YOUNG ADULTS WHO HAVE AGED OUT OF THE FOSTER CARE SYSTEM, AND, WHO BATTLE EMOTIONAL AND BEHAVIORAL DISTURBANCES LIFE COACHES AND CASE MANAGERS PROVIDE TRANSITIONAL SERVICES AND INDIVIDUALIZED CARE PLANS TO ENSURE THAT THE EMANCIPATED FOSTER YOUTH HAVE A SAFE HOME WHERE WITH THE OPPORTUNITY TO DEVELOP AND PRACTICE LIFE SKILLS TO NAVIGATE THE TRANSITION TO ADULTHOOD WHILE ACHIEVING LONG-TERM SELF-SUFFICIENCY 4 HOMEOWNERSHIP PROGRAM A TOTAL OF THIRTY-FOUR (34) MENTAL HEALTH CONSUMERS HAVE SUCCESSFULLY BECOME HOMEOWNERS OR ARE IN THE LEASING STAGES OF HOMEOWNERSHIP THROUGH THE LEASE-TO-BUY (LTB) PROGRAM BY LEASING A SINGLE FAMILY HOME THESE CLIENTS HAVE DEMONSTRATED FINANCIAL CAPACITY AND INDEPENDENT LIVING SKILLS THROUGH FINANCIAL FITNESS EDUCATION AND COMMUNITY SUPPORT 5 'HOME FOR THE BRAVE' SERVING BROWARD COUNTY'S HOMELESS VETERANS WITH MENTAL ILLNESS QUANTIFIABLE SUCCESSES BY PROVIDING SAFE, AFFORDABLE HOUSING WITH SUPPORTIVE CASE MANAGEMENT, THE FOLLOWING OUTCOMES WERE DOCUMENTED 78% OF TENANTS WE SURVEYED WERE FORMERLY HOMELESS BEFORE MOVING INTO OUR UNITS 89% OF TENANTS EXPERIENCED FEWER HOSPITALIZATIONS SINCE MOVING IN TO OUR UNITS 92% HAVE SHOWN PROGRESS IN MANAGING THEIR MEDICATION 98% HAVE EXHIBITED INCREASED STABILITY 84% HAVE HAD IMPROVEMENTS IN THEIR HEALTH 100% OF THE CHILDREN OF THESE TENANTS ARE NOW RESIDING IN A MORE STABLE ENVIRONMENT 34 MENTAL HEALTH CONSUMERS HAVE SUCCESSFULLY BECOME HOMEOWNERS OR ARE IN THE LEASING STAGES OF HOMEOWNERSHIP THROUGH THIS PROGRAM COST RATIO BENEFIT OF PROVIDING AFFORDABLE HOUSING INCARCERATION BROWARD HOUSING SOLUTIONS SAVED BROWARD COUNTY TAXPAYERS ALMOST \$500,000 LAST YEAR SIMPLY BY PROVIDING PERMANENT AND AFFORDABLE HOUSING INCARCERATION COSTS \$118/DAY/INMATE AND 17% OF INMATES IN JAIL PRISONS HAVE A SERIOUS MENTAL ILLNESS JAILS HAVE BECOME ASYLUMS FOR THOUSANDS OF INMATES WITH MENTAL ILLNESSES WHOSE PROBLEMS AND NEEDS FAR EXCEED WHAT JAILS CAN PROVIDE MENTALLY ILL INMATES COSTS TAXPAYERS 39% MORE THAN INMATES WITHOUT MENTAL ILLNESS AVERAGE LENGTH OF INCARCERATION STAY PER MENTALLY ILL INMATE 51 DAYS @ \$118/DAY/INMATE = \$6,018/YEAR 32% OR 83 OF BROWARD HOUSING SOLUTIONS CURRENT RESIDENTS SURVEYED WERE INCARCERATED (EITHER MISDEMEANOR OR FELONY), 51-DAYS X \$118/DAY = \$6,018 X 83 RESIDENTS = \$499,494/YEAR BROWARD HOUSING SOLUTIONS SAVED BROWARD COUNTY TAXPAYERS ALMOST \$500,000 SIMPLY BY PROVIDING PERMANENT AND AFFORDABLE HOUSING HOSPITALIZATIONS BROWARD HOUSING SOLUTIONS SAVED BROWARD COUNTY TAXPAYERS NEARLY \$182,350/YEAR VS SHORT-TERM HOSPITALIZATION @ \$350/DAY BROWARD HOUSING SOLUTIONS SAVED BROWARD COUNTY TAXPAYERS NEARLY \$1,776,600 COST VS LONG-TERM HOSPITALIZATION STAY @ \$650/DAY

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

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

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

4e Total program service expenses ► 2,236,849

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f		No
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		23	No	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		24a	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
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?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		25b	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		27	No	
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)		28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28c	No	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		32	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		33	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		34	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		35a	No	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35b		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		36	No	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		37	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 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 to any question in this Part V

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	35	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	No	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No	
b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	No	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	No	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6b	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	No	
7 Organizations that may receive deductible contributions under section 170(c).	7b	No	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	No	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	No	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	No	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	No	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a	No	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	No	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a	No	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	No	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	No	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	No	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	No	
c Enter the amount of reserves on hand	13c	No	
14a Did the organization receive any payments for indoor tanning services during the tax year?			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	15		
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 in Schedule O				
b Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No	
6 Did the organization have members or stockholders?	6		No	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes		
a The governing body?	8b	Yes		
b Each committee with authority to act on behalf of the governing body?	9		No	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				

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

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed FL
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 in Schedule O)
- 19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization
 LISA VECCHI 305 SE 18TH COURT FORT LAUDERDALE, FL (954) 764-2800

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question 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, or 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

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(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	Office	Key employee	Highest compensated	Former			
(1) MARGARET DE CAMBRE BORGES CHAIR	2 00	X		X				0	0	0
(2) SHAWN MASUR VICE CHAIR	2 00	X		X				0	0	0
(3) PHILLIP S SROKA CPA TREASURER	2 00	X		X				0	0	0
(4) JOSEPH BALOCCO SR SECRETARY	2 00	X		X				0	0	0
(5) GARY R FINE DIRECTOR	2 00	X						0	0	0
(6) RUTH FRANZEN DIRECTOR	2 00	X						0	0	0
(7) PHILLIPS G GAY JR DIRECTOR	2 00	X						0	0	0
(8) JULIAN GAZZANO JR DIRECTOR	2 00	X						0	0	0
(9) MARY H DIRECTOR	2 00	X						0	0	0
(10) MELLISA K DIRECTOR	2 00	X						0	0	0
(11) JANET KROP DIRECTOR	2 00	X						0	0	0
(12) DREW SAITO DIRECTOR	2 00	X						0	0	0
(13) DR NICOLE SWAGGERTY-VALDEZ DIRECTOR	2 00	X						0	0	0
(14) MARGARET VILLELLA ESQ DIRECTOR	2 00	X						0	0	0
(15) DEBBIE WIGGIN DIRECTOR	2 00	X						0	0	0
(16) LISA VECCHI CEO	40 00			X				104,144	0	0
(17) DAVID OPTEKAR COO	40 00			X				74,016	0	0

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

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

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.

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	17,000		
	d Related organizations	1d			
	e Government grants (contributions)	1e	1,811,453		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	186,164		
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		2,014,617		
Program Service Revenue	2a HOUSING PROGRAM	Business Code 531110	547,151	547,151	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		547,151		
	3 Investment income (including dividends, interest, and other similar amounts)		237		
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ 17,000 of contributions reported on line 1c) See Part IV, line 18	a	18,175			
b Less direct expenses	b	18,175			
c Net income or (loss) from fundraising events			0		
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code 999999			
11a MISCELLANEOUS		999999	3,428	3,428	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		3,428			
12 Total revenue. See Instructions		2,539,218	550,579	0	-25,978

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 to any question 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 governments and organizations in the United States See Part IV, line 21	175,550	175,550		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	564,930	564,930		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	178,160	142,528	35,632	
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	363,050	292,282	70,768	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	77,032	61,888	15,144	
10 Payroll taxes	44,871	36,050	8,821	
11 Fees for services (non-employees)				
a Management				
b Legal	10,259	6,727	3,532	
c Accounting	61,488	40,319	21,169	
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 Schedule O)	45,143	29,601	15,542	
12 Advertising and promotion	2,761	1,810	951	
13 Office expenses	68,641	55,408	13,233	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	4,726	3,713	1,013	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	99,660	97,944	1,716	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	293,101	290,276	2,825	
23 Insurance	105,145	102,280	2,865	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MAINTENANCE AND REPAIRS	189,280	185,377	3,903	
b UTILITIES	101,111	100,579	532	
c COMMUNITY SUPPORT	28,161	28,161		
d TELEPHONE	14,587	12,237	2,350	
e All other expenses	11,960	9,189	2,771	
25 Total functional expenses. Add lines 1 through 24e	2,439,616	2,236,849	202,767	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	399,004	1 570,347
	2 Savings and temporary cash investments	72,835	2 110,623
	3 Pledges and grants receivable, net	131,510	3 159,888
	4 Accounts receivable, net		4 159,888
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5 159,888
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6 159,888
	7 Notes and loans receivable, net	94,121	7 102,994
	8 Inventories for sale or use	7,360,360	8 7,360,360
	9 Prepaid expenses and deferred charges	102,994	9 102,994
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 9,686,290	
	b Less accumulated depreciation	10b 2,693,045	10c 6,993,245
	11 Investments—publicly traded securities	11	
	12 Investments—other securities See Part IV, line 11	12	
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	15 1,938	2,068
	16 Total assets. Add lines 1 through 15 (must equal line 34)	16 8,059,768	7,939,165
Liabilities	17 Accounts payable and accrued expenses	17 55,978	66,208
	18 Grants payable	18	
	19 Deferred revenue	19 18,900	30,130
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23 4,043,075	3,803,509
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25 88,389	86,290
	26 Total liabilities. Add lines 17 through 25	26 4,206,342	3,986,137
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	27 3,809,727	3,866,155
	28 Temporarily restricted net assets	28 43,699	86,873
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	33 3,853,426	3,953,028
	34 Total liabilities and net assets/fund balances	34 8,059,768	7,939,165

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,539,218
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,439,616
3	Revenue less expenses Subtract line 2 from line 1	3	99,602
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,853,426
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,953,028

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question 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	2a	No
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	2b	Yes
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 in Schedule O	2c	Yes
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?	3a	Yes
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 in Schedule O and describe any steps taken to undergo such audits	3b	Yes

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public
Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue ServiceName of the organization
BROWARD COUNTY COMMUNITY DEVELOPMENT
CORPORATION INCEmployer identification number
65-0407370**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

f By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

g If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

h Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

i Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of monetary support
Total						

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,193,166	1,063,068	1,599,603	1,844,014	2,014,617	7,714,468
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,193,166	1,063,068	1,599,603	1,844,014	2,014,617	7,714,468
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						7,714,468

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,193,166	1,063,068	1,599,603	1,844,014	2,014,617	7,714,468
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,001	669	172	374	237	3,453
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				6,470	3,428	9,898
11 Total support (Add lines 7 through 10)						7,727,819
12 Gross receipts from related activities, etc (see instructions)				12		2,379,774
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99 830 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	99 650 %
16a 33 1/3% support test—2012. 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 ►✓		
b 33 1/3% support test—2011. 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 ►□		
17a 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►□		
b 10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►□		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►□		

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

(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2011 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D

(Form 990)

OMB No 1545-0047

Supplemental Financial Statements**2012**

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

Open to Public Inspection**Name of the organization**BROWARD COUNTY COMMUNITY DEVELOPMENT
CORPORATION INC**Employer identification number**

65-0407370

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	

	Held at the End of the Year
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
 ► _____

7 Amount of expenses incurred in monitoring, inspecting, 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)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

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

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

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,196,074			1,196,074
b Buildings		8,301,215		2,520,459	5,780,756
c Leasehold improvements					
d Equipment		131,886		115,471	16,415
e Other		57,115		57,115	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					6,993,245

Part VII Investments—Other Securities. 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		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value

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

1	Total revenue, gains, and other support per audited financial statements	1	2,563,440
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	6,047
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	18,175
e	Add lines 2a through 2d	2e	24,222
3	Subtract line 2e from line 1	3	2,539,218
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,539,218

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

1	Total expenses and losses per audited financial statements	1	2,463,838
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	6,047
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	18,175
e	Add lines 2a through 2d	2e	24,222
3	Subtract line 2e from line 1	3	2,439,616
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,439,616

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS 18,175
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS 18,175

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

BROWARD COUNTY COMMUNITY DEVELOPMENT
CORPORATION INC

Employer identification number

65-0407370

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to 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 KEYS TO SUCCESS (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	35,175			35,175
	2 Less Contributions . . .	17,000			17,000
	3 Gross income (line 1 minus line 2) . . .	18,175			18,175
Direct Expenses	4 Cash prizes . . .				
	5 Noncash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .	18,175			18,175
	10 Direct expense summary Add lines 4 through 9 in column (d)				(18,175) ►
	11 Net income summary Combine line 3, column (d), and line 10				0 ►

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 Combine lines 1 and 7 in column (d)				►

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate 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 _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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**Schedule I
(Form 990)**

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22

► Attach to Form 990

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**BROWARD COUNTY COMMUNITY DEVELOPMENT
CORPORATION INC**

Employer identification number

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

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

(1) ARCHWAYS INC 59-2341993 501(C)(3) 175,550 PROVIDE CASE
919 NE 13ST STREET MANAGEMENT FOR
FORT LAUDERDALE, FL BROWARD II
33304 PARTICIPANTS

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Identifier	Return Reference	Explanation
		SCHEDULE I, PART I, LINE 2 THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS ARE ADMINISTERED IN THE FOLLOWING WAY GRANT SCOPE FOR ALL CONTRACTS AND AWARD LETTERS FROM GRANTORS, THE ORGANIZATION WORKS VERY CLOSELY TO UNDERSTAND THE TERMS AND CONDITIONS OF THE GRANT GRANT PURPOSE THE ORGANIZATION COMMUNICATES THE GRANT PURPOSE TO THE ACCOUNTING DEPARTMENT AND DIRECTOR OF ADMINISTRATION WHO INITIALIZES THE RENTAL SUBSIDIES AND GRANTS, AND THEN DISTRIBUTES THEM BASED ON ALL GRANTORS FOR THE PROGRAM TO ENSURE THERE IS COMPLIANCE GRANT/FUNDING LOG A LOG IS MAINTAINED BY THE DIRECTOR OF ADMINISTRATIONS, REVIEWED BY THE CEO AND THEN FINALIZED BY THE ACCOUNTING DEPARTMENT MONTHLY FOR APPROPRIATE ALLOCATION GENERAL TERMS THE ORGANIZATION ABIDES BY THE GENERAL TERMS OF THE GRANT PROJECT NAME, GRANT AMOUNT AND UTILIZES FUNDS WITHIN THE PERIOD REFLECTED IN THE GRANTS TERMS BUDGET AND USE OF FUNDS THE ORGANIZATION USES THE FUNDS STRICTLY WITHIN THE TERMS AND CONDITIONS OF THE GRANT GUIDELINES AND CONTRACTS TO ENSURE COMPLIANCE

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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2012**Open to Public
Inspection**

Name of the organization

BROWARD COUNTY COMMUNITY DEVELOPMENT
CORPORATION INC**Employer identification number**

65-0407370

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	ORGANIZATION'S PROCESS USED TO REVIEW FORM 990. THE RETURN PREPARER MAILS A FINAL VERSION OF THE FORM 990 TO THE ORGANIZATION'S CEO. THE CEO PRESENTS THE FORM FOR REVIEW AND APPROVAL TO THE FINANCE COMMITTEE AS WELL AS THE ENTIRE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 12C	ENFORCEMENT OF CONFLICTS POLICY. POLICY IS UPDATED ANNUALLY BY THE PROFESSIONAL EMPLOYMENT ORGANIZATION AND IS RENEWED AND APPROVED ANNUALLY BY THE BOARD OF DIRECTORS. ANY CONCERNs REGARDING CONFLICT OF INTEREST ARE REFERRED TO THE ORGANIZATION'S LEGAL COUNSEL
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PROCESS FOR TOP OFFICIALS. THE PROCESS USED TO DETERMINE THE COMPENSATION LEVEL FOR THE CEO AND COO IS BASED ON COMPARATIVE DATA ANALYSIS OF NONPROFIT ORGANIZATIONS WITH SIMILAR OPERATIONAL BUDGETS. SKILLS, EDUCATION AND EXPERIENCE ARE ALSO TAKEN INTO CONSIDERATION. COMPENSATION PACKAGES FOR TOP OFFICIALS ARE ALSO SUBJECT TO REVIEW AND APPROVAL BY THE ENTIRE BOARD AND THE GENERAL LEGAL COUNSEL FOR BOTH A REASONABLE AND NOT EXCESSIVE COMPENSATION. ADDITIONALLY, THE ORGANIZATION USES RESOURCES SUCH AS A GUIDESTAR.ORG AND NCNP(NATIONAL COUNCIL OF NONPROFITS) AS A GUIDE. THE ORGANIZATION ALSO FOLLOWS THE IRS 3-STEP PROCESS TO CONFORM WITH THE EXEMPT ORGANIZATIONS EXECUTIVE COMPENSATION COMPLIANCE. FORM 990, PART I, LINE 5 AND PART V, LINES 2A AND 2B. TOTAL NUMBER OF EMPLOYEES. THE ORGANIZATION ENTERED INTO A LEASING AGREEMENT WITH A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) TO LEASE ALL EMPLOYEES AS OF MAY 2009 AND THEREFORE DOES NOT FILE PAY ROLL TAX RETURNS AND FORMS W-3 TO REPORT WAGES. THE ORGANIZATION LEASES 12 EMPLOYEES FROM THE PEO
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS DISCLOSURE EXPLANATION. FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICIES, GOVERNING DOCUMENTS AND FORMS 990 ARE MADE AVAILABLE TO THE PUBLIC VIA GUIDESTAR AND UPON REQUEST COPIES ARE PROVIDED AT NO CHARGE