



# HALLANDALE BEACH CRA FUNDING FOR NONPROFIT PARTNERS

## APPLICATION EVALUATION

### ORGANIZATION

Name	Broward C.H.A.I. Center, Inc.	Tax ID:	65-0095534
Contact:	Rabbi Moshe Schwartz	Title:	Administrator
Phone:	(954) 458-1877	Email:	<a href="mailto:mosheschwartz@bellsouth.net">mosheschwartz@bellsouth.net</a>
CEO/Chair:	Rabbi Raphael Tennenhaus	Phone:	(954) 458-1877

**Address:** 1295 E. Hallandale Beach Blvd., Hallandale, FL 33009

**Program/Project Name:** Project PRIDE (Prevention Resources: Information and Drug Education)

**HBCRA Priority Funding Overall Needs Area:** Recreation, Cultural Facilities and Activities

**HBCRA Funds Requested:** \$50,000.00

### EVALUATION: SECTION I: ORGANIZATIONAL INFORMATION/CAPACITY

**Maximum Score 20%**

**SCORE** 20%

**COMMENTS** Incorporated in 1989. Delivered Project PRIDE to youth and senior citizens for over 23 years.

### EVALUATION: SECTION II: PROGRAM/PROJECT DESCRIPTION

**Maximum Score 10%**

**SCORE** 10%

**COMMENTS** To serve 1,800 Youth ages 5-17 and 400 Seniors ages 60 and over via Project PRIDE (Prevention Resources: Information and Drug Education) curriculum, group sessions, presentations, and after-school programs at targeted locations; Gulfstream Middle, Hallandale High, Linear James Education Center, Hallandale HR Diversion Program, Hallandale Adult Center, The Hepburn Center Youth Programs, The Hepburn Center, and Memorial Adult Daycare Center.

### EVALUATION: SECTION II: PROGRAM/PROJECT NEED

**Maximum Score 20%**

**SCORE** 15%

**COMMENTS** Stated Broward has a higher rate of drug use and drug related deaths. America's second largest drug problem is misuse of prescription and over the counter drugs among seniors. However, the statistical impact on Hallandale Beach/HBCRA District specifically was not provided.

**EVALUATION: SECTION II: COMMUNITY BENEFIT**

**Maximum Score 5%**

**SCORE** 5%

**COMMENTS** To serve 1,800 Youth ages 5-17 and 400 Seniors ages 60 and over at targeted Hallandale locations, strengthening the community.

**EVALUATION: SECTIONS III AND IV: FINANCIALS/COMBINED BUDGET FORM/BUDGET NARRATIVE**

**Maximum Score 20%**

**SCORE** 20%

**COMMENTS** Broward C.H.A.I. Center, Inc. is matching \$8,000 in dollars and \$10,000 value in-kind services. HBCRA request for Program Director, Presenter, Professional Services, Insurance, Licenses, Meetings, Copying/Printing, Equipment Rental/Maintenance, Office/Project Supplies, Postage/Delivery/, and Local Travel.

**EVALUATION: SECTION IV: LOGIC MODEL**

**Maximum Score 15%**

**SCORE** 12%

**COMMENTS** Funding Period FY2013. Did not include Senior Services in Project GOAL. Educational presentations and counseling Key Activities noted to accomplish Outputs, Outcomes and Impacts.

**EVALUATION: SECTION IV: EVALUATION PLAN**

**Maximum Score 10%**

**SCORE** 10%

**COMMENTS** Project success evaluated by program Director Rabbi Moshe Schwartz through pre and post-tests, intake charts, assessment forms, medication forms, and client discharge evaluations/satisfaction forms.

**SECTION IV: CHECKLIST**  Yes  No If No, Comments:

**TOTAL SCORE: MAXIMUM SCORE 100%**

**TOTAL SCORE** 92%

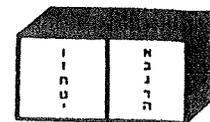
**VERIFICATION OF EVALUATION**

Evaluated By: Dr. Alvin B. Jackson, Jr. Title: HBCRA Executive Director



# Broward C.H.A.I. Center

1295 E. Hallandale Beach Blvd.  
 Hallandale, FL 33009 U.S.A.  
 Broward: (954) 458-1877  
 Dade: (305) 931-2938  
 Fax: (954) 458-1651



ORGANIZATIONS AND PROGRAMS  
 BASED at the  
 BROWARD C.H.A.I. CENTER

- Jewish Library
- House of Hashem Youth Club
- Business & Professionals Kollel
- Camp Gan Israel
- Council of South Broward
- Community Mikvah
- Congregation Levi Yitzchok-Lubavitch
- Torah Communications
- Young Yeshiva for Teenagers
- Family Expansion Counselling
- Hebrew For Juniors
- Loan Society
- Sabbath & Holiday Outreach
- Shabbat Learning Center
- School & Nursery
- Project Pride (Drug Prevention Education)
- Citizen Yeshiva
- Chabad's Torah Institute

September 12, 2012

Hallandale Beach CRA  
 Attn: CRA Clerk  
 400 S. Federal Highway  
 Hallandale Beach FL 33009

RE: Application for CRA Funding by the Broward CHAI Center, Inc.  
 Project PRIDE

To Whom It May Concern::

Please find enclosed completed Application for Funding-Nonprofit Partners to the Hallandale Beach Community Redevelopment Agency by the Broward CHAI Center, Inc. for its drug prevention program, Project PRIDE (Prevention Resources: Information and Drug Education) in the requested amount of \$50,000.

The Mission of the Broward CHAI Center is to provide innovative educational and social services to the South Broward community in a spirit of love and brotherhood. Its purpose is to improve the quality of life through reaching out and fulfilling the needs of the community through its various programs, e.g. Project PRIDE, the Broward CHAI Center's nonsectarian drug prevention and education program.

This is to verify that the application package was endorsed by a unanimous vote of the board on September 12, 2012 which the vote was taken and the vote of the board was 4-0 in favor. In addition it is understood by the board that the CRA funding is to be utilized in conjunction with programs and operations that are consistent with the CRA's mission. Our board members are committed to assisting the organization in working to achieve the measurable outcomes identified in the funding application.

America's largest drug problem begins with our youth attending middle and high school. The Florida Youth Substance Abuse Survey has found that communities where there is acceptance or tolerance of drug use (risk factors) youth are more likely to engage in alcohol, tobacco and other

*Chabad House Academic Institute*

*Dedicated to the Memory of Rebbitzin Chaya Mushka Schneerson, o.b.m.*

drugs (ATOD). This same study notes that students who frequently participate in school activities (protective factors) have almost half the rate of drug and alcohol use as students who do not participate in school activities. In addition, America's second largest drug problem is misuse of prescription and over the counter drugs by older citizens. In this application the Broward CHAI center clearly demonstrates the need to focus on drug prevention to two critical service gaps here in our City of Hallandale.

The basis of PRIDE'S philosophy is that there is good in every person thereby strengthening our clients belief in themselves, providing them with accurate information with its recognized "Best Practices" curriculum, and offering early intervention (before drug taking begins). These are the best prevention steps for addressing drug abuse. PRIDE'S motto is "Just say yes to yourself!"

The Broward CHAI Center has successfully delivered Project PRIDE for over 23 years here in Broward County, always meeting its goals and outcomes as explained in detail in the application.

The Broward CHAI Center's application clearly fulfills the HBCRA'S Mission and funding priorities.

With out a doubt, PRIDE'S overall goal to instill positive life skills and confidence in oneself, that our youth and seniors will acquire, are ultimately a powerful tool to guarantee that our partnering with the CRA will be successful in achieving the CRA's goals of strengthening our community and making Hallandale the "City of Choice"!

By fully funding Project PRIDE, a project that is admired and extremely highly rated, we can together truly enhance the overall quality of life here in our cherished City of Hallandale.

We look forward to a successful partnership with the CRA that will greatly enhance the City of Hallandale Beach, and its citizens.

Sincerlely,



Rabbi Raphael Tennenhaus  
President/Chair, Board of Directors

**Application for Funding – Nonprofit Partners  
Hallandale Beach Community Redevelopment Agency**

**Section I. ORGANIZATION INFORMATION**

1 Organization Legal Name: Broward CHAI Center, Inc.

*dba*, if applicable: n/a

2 Address: 1295 E. Hallandale Beach Blvd. Hallandale FL 33009

3 Telephone: 954-458-1877

4 Fax: 954-458-1651

5 Website: chabadsouthbroward.com

6 Mission Statement: The Mission of the Broward CHAI Center is to provide innovative educational and social services to the South Broward community in a spirit of love and brotherhood. Its purpose is to improve the quality of life through reaching out and fulfilling the needs of the community through its various programs, e.g. Project PRIDE, the Broward CHAI Center's nonsectarian drug prevention program.

7 Executive Leader: Rabbi Raphael Tennenhaus, President/Executive Director\*

8 Application Contact: Rabbi Moshe Schwartz

9 Title: Administrator

10 Contact Telephone: 954-458-1877

11 Email: mosheschwartz@bellsouth.net

12 Year Established, Organization History and Growth (maximum 1,000 words): The Broward CHAI Center is a leading social service organization located here in Hallandale, Florida. Its objective is to provide essential social services and social programs to citizens here in the South Florida area. Incorporated in January of 1989, the Broward CHAI Center is charitable organization, with a 501 (C) (3) status. At that time, The Broward CHAI Center introduced Project PRIDE (Prevention Resources: Information and Drug Education) a renowned national drug prevention program created and initiated by its affiliates in Los Angeles, California. The Broward County Project PRIDE is a replica of the successful model originally created in California. The basis of PRIDE'S philosophy is that there is good in every person. Therefore strengthening our client's belief in themselves, providing them with accurate information, and offering early intervention (before drug taking begins) are the best prevention steps for addressing drug abuse. PRIDE'S motto is "Just say yes to yourself!" The Broward CHAI Center has successfully delivered Project PRIDE to youth and senior citizens of Broward County for over 23 years, always meeting its outcomes and objectives. It should be noted that the Broward CHAI Center owns the property here in Hallandale demonstrating its long term commitment to citizens of Hallandale. The Center has grown to meet the demands of our ever growing community. (Please see next entry #13 for a list and brief description of successful programs the Center has implemented) The Center has been truly challenged to meet the social service demands of our community. It has successfully reached out and partnered with many agencies to be able to implement many new and crucial programs, but nonetheless finds itself in need of funds to keep up with the growing needs.

13 Description/Programs (maximum 1,500 words): Some of the programs the Broward CHAI Center has successfully implemented since its inception are: 1) multi level educational, social and cultural gatherings for men, women and children of all ages, 2) the creation of a Chaplaincy Task Force that provides much needed hospital visitations as well as aftercare social workers for families that have lost a loved one, 3) food distribution to the needy, 4) food distribution to South Broward citizens during emergency and crisis situations such as after a natural disaster. Over 400 meals were delivered after Hurricane Wilma mainly to senior citizens that became homebound due to power outages in their hi-rise buildings without elevator service, 5) expansion of Project PRIDE staff to meet the ever growing needs of drug prevention. Do to the current economic situation many agencies have had to cut back on their own

staff, causing the Center to be inundated with requests from schools, aftercare programs and senior citizen facilities for its services. These events have posed major financial challenges to the Broward CHAI Center which finds itself in need of funds to be able to meet these growing needs.

14 Long Term/Strategic Planning Process & Status of Current Plan (attach Plan) (maximum 500 words): The agency has a Revenue and Development program that consists of a team headed by the Executive Director/President. He in turn works with a) the advisory Treasurer regarding agency budget and position; b) the Chairman of Fundraising, regarding ongoing support and expansion; c) the agency's Administrator regarding daily businesses and income relating to ongoing public and private support and management of the agency. The members of the board and advisory board work as a close team carrying out the agency's annual strategic plan. In addition the agency has a designated person whose sole responsibility is to work with the Executive Director regarding the continuum of revenue and pursuit of additional funding.

15 Board Roles & Responsibilities (maximum 500 words): The governing board consists of 5 members. There is a subsequent advisory board that consists of a professional volunteer committee which is headed by one of the directors. The governing board is active and consists of a President who is also the Executive Director and Director of the Fiscal Management Team. As founder of the organization, he has utmost concern for the agency and he acts as an unpaid professional consultant as well as staff supervisor. There are three directors. The first maintains the responsibility of overseeing the Project PRIDE Committee. The second maintains the responsibility of Director of Fundraising. The third is Treasurer. The agency also has a secretary. The advisory board consists of 1) an MD who is the mental health consultant in charge of referrals and crisis intervention. He is also the founder of an in-house treatment center. 2) A psychiatric consultant. 3) A Pediatric consultant 4) A social worker in charge of resource development. Board meetings take place on a monthly basis. The executive director in turn represents the board at weekly staff meetings ensuring proper implementation of agency needs and feed back from client satisfaction surveys.

16 Policy on Board Contributions (maximum 250 words): The actual board of Directors strives to give back a percentage of their earnings from their respective occupations. The Board of Directors maintains volunteer's hours and in-kind contributions when possible. The agency does have a strong Volunteer Program that was implemented in 1989. It is headed by a staff member and a volunteer. There are currently 38 enrolled volunteers. Last year over 950 hours were logged. The agency anticipates at least that amount this coming fiscal year. Duties of volunteers include: working with the board of directors and staff, mass mailings, driving clients, facility maintenance, crisis intervention and referral (professional volunteer). Volunteers are from diverse cultures and are screened for honesty and integrity. Board members, staff and volunteers receive training and experience in dealing with clients of all backgrounds at its annual seminars that take place yearly.

17 For current fiscal year, number of Board Members contributing:  
4 individuals-Cash donations 14 individuals-Donations raised from others 950 -volunteer hours (38 individual volunteers) 11 individuals-In-kind donations

18 For current fiscal year, amount/value of Board member contributions:  
\$5,600 Cash donations      \$32,000 Donations raised from others  
950 Volunteer hours      \$16,776 In-kind donations

19 Oversight/Accreditation/Affiliation: The agency employs a Quality Assurance and Quality Improvement Program which is a calculated and definitive process which the success of the services provided depends on. The program consists of a systematic review of goals, outcomes and achievements by the agencies hierarchy. The agency and its programs are governed by these QA/QI and Best Practices

Models. The agency is accountable to its parent organization at World Lubavitch Headquarters. In addition the services of an outside agency are engaged (a Blue Ribbon Awardees) who provides their executive coordinator to conduct a yearly evaluation to be reviewed and analyzed by the Board of Directors. The agency complies with all city, county and state laws and is accredited and authorized by Homeland Security to issue student visas for its educational programs where applicable.

**Section II. PROGRAM/PROJECT INFORMATION**

20 Project/Program Title: Project PRIDE (Prevention Resources: Information and Drug Education)

21 Prior CRA Funding for Same Project/Program No

22 If Yes, Time Period: n/a

23 Delray CRA Overall Need Addressed: Recreation & Cultural Facilities and Activities

24 Project/Program Existing (in various municipalities throughout Broward County since 1989.)

25 If Existing, Year Established: 1989

26 Goal (maximum 150 words):

YOUTH COMPONENT:

- CRA Goal: M- Youth Services: Ages 5-17- Create and environment where students will engage in activities and services made available by the city to enhance their quality of life.
- Close the identified serious service gap (#27 "Need") reaching over 1,800 students via 186 presentation hours to targeted schools/afterschool programs in Hallandale.

SENIOR COMPONENT:

- CRA Goal: M-Senior Services: Ages 60+-Provide services that assist seniors in maintaining their independence and quality of life.
- Close the identified service gap (item #27 "Need") by reaching 400 seniors via 136 presentation hours to targeted senior programs in Hallandale.

PRIDE'S overall goal to instill positive life skills and confidence in oneself, that our youth and seniors will acquire; are ultimately a powerful tool to guarantee that our partnering with the CRA will be successful in achieving the CRA's goals of strengthening our community and making Hallandale the "City of Choice"!

27 Documentation of Need for Program/Project (maximum 1,000 words): Firstly Americas largest drug problem begins with our youth attending middle and high school. The Florida Youth Substance Abuse Survey has found that communities where there is acceptance or tolerance of drug use (risk factors) youth are more likely to engage in alcohol, tobacco and other drugs (ATOD). This same study notes that students who frequently participate in school activities (protective factors) have almost half the rate of drug and alcohol use as students who do not participate in school activities. This same survey also notes that Florida has some of the **lowest** protective factor scores. Locally, Broward County has a higher rate of drug use and drug related deaths in comparison with other counties in the state, clearly indicating the need for drug prevention programs that work. Indicators of Substance Abuse in Broward County (6 month report, January 04-June 14) highlights some astonishing statistics in our county:

- More people have died from prescription drug abuse than even illicit street drugs. Cocaine was clearly the most commonly involved illicit drugs.
- Broward and Palm Beach lead the state in heroin related deaths.
- Methamphetamine abuse is linked to dramatic increase in sexually transmitted disease locally.

In addition, America's second largest drug problem is misuse of prescription and over the counter drugs by older citizens. The Broward CHAI Center has identified a serious level of neglect in regards to senior citizen's prescription misuse. Senior citizens receive close to a billion

legal prescriptions each year, of which 30%-55% of these patients deviate from their prescribed regimens, often because they have received inadequate instructions and information. The three categories of drugs most over-prescribed or mis-prescribed for seniors are mind-affecting drugs (tranquilizers, sleeping pills and anti-psychotic drugs), cardiovascular drugs and gastrointestinal drugs. The average person over 65 takes over 6 prescription and non-prescription drugs daily. Although those over 60 make up 17% of all the population, they consume more than 50% of all sleeping pills, 43% of all gastrointestinal drugs and 86% of all digoxin.

Project PRIDE is unique in that it has 2 specialized comprehensive curriculums to approach the two separate serious service gaps/needs that it has identified here in the City of Hallandale, namely #1 Youth ages 13-18 and #2 senior citizens ages 60 and over: #1. Project PRIDE has identified one middle school, one high school and several after school programs exclusively in the City of Hallandale that do not receive any official comprehensive drug prevention program. Although Hallandale Elementary does receive a drug prevention program, the school resource officers are overwhelmed with day to day crime prevention, at Gulfstream Middle and Hallandale High. Consequently there is no official drug prevention programs offered at these facilities. The need is greatly enhanced being that the identified schools are in areas already located in an economically deprived sector of our city that are statistically at greater risk of chemical dependency. Coupled with the current lack of funds in our school system and our recourse officers overwhelmed with their day to day dedication of keeping our schools safe, The Hallandale Police Department welcomes Project PRIDE as per meeting with Police Chief Dwayne Flournoy. #2. As per our meeting with Victor Desuouza, Senior Program Director of the Hepburn Center addressing the second major need, it was determined that there are no official programs geared to our senior citizens to prevent prescription drug abuse and mismanagement in Hallandale.

28Description (maximum 500 words):

YOUTH COMPONENT: The Broward CHAI Center introduced Project PRIDE (Prevention Resources: Information and Drug Education) a renowned national drug prevention program created and initiated by its affiliates in Los Angeles, California. The Broward County Project PRIDE is a replica of the successful model originally created in California. PRIDE's curriculum, based upon J. David Hawkins and Richard F. Catalano's social development model, reduces the risk of early first use of drugs, and other anti-social behaviors such as drug abuse, academic failure, low desire to remain in school, and association with drug-using peers. The program promotes bonding to the school, community and family, and provides students with skills to resist anti-social influences and establish positive social relationships. It enhances opportunities, skills and rewards for children's positive involvement in both school and family, thereby increasing their bonds and commitment to the norm of not using drugs. It should be noted that the Florida Departments of Health, Education, Children and Families and Juvenile Justice and the Florida Office of Drug Control support this social development/drug prevention model.

The emphasis of PRIDE'S youth curriculum is delivered via group sessions. Group sessions are lively animated presentations that feature PRIDE trained presenters and PRIDE publications delivered at the school facility making PRIDE goals as outlined in item #26 above 100% accessible to all student clients. Students are empowered with the essential skills to resist their use of drugs, especially the early first use of drugs which mainly occurs in middle and high school. The following items are amongst the essential curriculum points covered:

- Increase awareness of identified risk factors.

- Teach the necessary skills to help students resist drugs.
- Increase understanding of how to deal with anger/conflict.

SENIOR COMPONENT: The emphasis of PRIDE'S senior curriculum is delivered via dynamic group programs that feature PRIDE trained presenters and literature prepared exclusively for senior citizens. The source of these programs is generated by PRIDE'S own pro-active outreach. As part of the curriculum time is allotted to give individual attention to help seniors track and schedule their drugs via the 3 safe medication management techniques. As an important part of PRIDE'S continuum of care PRIDE provides emergency service and short term counseling to recipients who show a further need of services. Lastly PRIDE completes this continuum by ultimately referring clients to further treatment centers when needed.

The following items are amongst the essential curriculum points covered:

- Increase knowledge of risks of prescription drugs by enabling seniors to recognize their vulnerability.
- Teach seniors "natural" and "healthy" methods of relaxation and combating boredom
- Teach seniors techniques for safe management of prescription medications.
- Provide 50 counseling hrs. to 25 seniors who demonstrate an additional need for private sessions to assist them with their medication management

29 Target Audience or Persons Served (maximum 150 words): 1) 1,800 student participants ages 12 - 17 via 186 presentation hours to the targeted schools and after-school programs exclusively in the City of Hallandale. Amongst the targeted schools and programs are: Gulfstream Middle, Hallandale High, Linear James Educational Center, The Diversion Program, Hallandale Adult Center, and The Hepburn Center's Youth Programs. 2) 400 senior citizen participants over 60 years of age via 136 presentation hours to the targeted senior centers and senior programs exclusively in the City of Hallandale. Amongst the senior facilities/programs are: The Hepburn Center and Memorial Adult Daycare.

30 Innovative or Proven Approach and Justification (maximum 500 words): Project PRIDE is recognized as a "Best Practice Model". As mentioned earlier, Project PRIDE (Prevention Resources: Information and Drug Education) locally is modeled after the renowned national drug prevention program created and initiated by its affiliates in Los Angeles, California. The program in California has been contracted by the Alcohol and Drug Program Administration-Department of Health Services in Los Angeles. Their independent evaluation of PRIDE is validation that it is a "Best Practice Model". In their evaluation, the Planning Director, Wayne Sugita States "...participants in Project PRIDE activities demonstrated statistically significant increases in self-reported knowledge of skill and information related to preventing and reducing their drug use." The following 5 principles for intervention which Project PRIDE'S curriculum is based, are universally accepted as a "Best Practice Model" by the renowned researchers and authors, J. David Hawkins and Richard F. Catalano, Jr. These principles are at the core of PRIDE'S philosophy and have been successfully implemented thus far.

1. Focus on reducing known risk factors by increasing known protective factors.
2. Address the risk factors at the appropriate developmental period, when they first become stable as predictors of dysfunction.
3. Intervene early, before drug use has started.
4. Include those at high risk by targeting high-risk individuals or high risk factors in a comprehensive strategy.
5. Address multiple risk factors in a comprehensive strategy.

Locally, The United Way of Broward County's Commission On Substance Abuse performed its own evaluation in 2004. In that report (BCCSA BYRNE Memorial Impact Report) it was noted that Project PRIDE has successfully combated the main ATOD groups (Alcohol, Tobacco & Other Drugs) and have

met all of its outcome measures successfully.

31 Uniqueness, or Justification for Duplication of Similar Area Project/Program (maximum 250 words): PRIDE is non Duplicative at the targeted facilities in Hallandale. Based on our research and client satisfaction survey's we have determined that there are no other comprehensive drug prevention programs offered at the following facilities: Gulfstream Middle, Hallandale High, Linear James Educational Center, Hallandale Adult Center and the Hepburn Center. The Principals, Vice Principals, Recourse officers and Program Directors of these facilities have all indicated their enthusiasm and welcome Project PRIDE in their facilities.

32 Prior Experience with Project/Program or Similar (maximum 250 words): As mentioned earlier PRIDE is based on the highly acclaimed Project PRIDE developed by its affiliates in California. Locally, The Broward CHAI Center has specialized in drug prevention to our youth and seniors, delivering Project PRIDE for over 24 years here in Broward County. Pride has collaborated and partnered with over 20 organizations in Broward County always meeting expected outcomes and measures.

33 Operating Partnerships (maximum 500 words): The Broward CHAI Center works collaboratively with many other agencies and programs to establish a continuum of care. Besides PRIDE'S Youth Component, The Broward CHAI Center is the only agency that has developed and implemented a prescription drug prevention drug abuse, misuse and addiction prevention program. As such we are providing a vital link in the continuum of care provided to our youth and senior citizen population. This has been carried out through formal and informal collaborative agreements with some of the following agencies: The Broward County Human Service Division, Broward County Elderly Services, United Way of Broward, The Commission on Substance Abuse, Ft. Lauderdale Police Department, The City of Hollywood, The City of Hollywood Police Department, Broward County Children's Services, Broward Sheriff's Office, Jewish Family Services, First Call For Help, and many other private and public schools and senior citizen centers. Particularly in Hallandale the following facilities welcome our collaboration: Gulfstream Middle, Hallandale High, Hallandale Adult, Hallandale Human Resource Diversionary Program, Linear James Educational Center, The Memorial Adult Daycare Center, and The Hepburn Center. Do to the economic situation and the shortage of funds in many of these facilities and agencies, partnering with Project PRIDE comes as a welcomed relief in the necessary continuum of care for our Hallandale Citizens. Lastly, Project PRIDE'S partnerships complete the continuum of care by offering one on one guidance for long term retaining of outcomes, and in some cases ultimately referring clients to further treatment programs/centers when needed.

34 Implementation Action Plan/Time Line: As mentioned the targeted Hallandale facilities are thrilled to implement Project PRIDE as soon as possible. In addition because Project PRIDE is currently up and running in many other areas in Broward County, initiating Project PRIDE in Hallandale is a quick and streamlined process. After the announcements and approvals in November of 2012, we will need approximately 3-4 weeks to do all final coordinating and scheduling enabling the entire year of 2013 to be a productive year of quality delivery directly to our targeted youth and seniors.

- December 2012: Coordinating and scheduling with targeted facilities
- January –December 2013: Actual delivery of Project PRIDE to targeted Hallandale Citizens

Of course, these time frames can be altered to meet any of the City of Hallandale's needs or fiscal year requirements.

35 Key Staff and Qualifications (maximum 500 words):

Program Director: Minimum Degree: BA or Rabbinical Ordination. PRIDE certification. Experience: The Program Director has been successfully managing Project PRIDE for over 24 years. Duties: Administrate, supervise, and evaluate program. Over see Quality Assurance/Quality Improvement Program and

evaluate Client Satisfaction Surveys. The Program Director is also the person responsible for communicating with the Board of Directors to implement the QA/QI and survey.  
 Program Presenter: Minimum Degree: Associate Social Work or equivalent. PRIDE certification.  
 Experience: PRIDE'S main Program Presenter has been successfully delivering Project PRIDE here in Broward county for over 12 years. Duties: Co-ordinate and deliver presentations.  
 Professional Volunteers and Consultants consist of an MD, a Psychiatric Nurse, a Pediatric Nurse and a Licensed Social worker, MSW.

36 Potential Challenges and Strategies to Address Them (maximum 500 words): Being that the Program is already functioning successful in other parts of the county, the only challenges we would face to implement in The City of Hallandale would be the funds to cover the program expenses.

### Section III. FINANCIAL INFORMATION

<b>37 Total Organization Budget:</b>	Previous FY \$181,000	Current FY \$180,000	Proposed \$237,522
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38 Project/Program Budget: \$58,000	39 Amount Requested: \$50,000	40 % of Org Budget 21 %
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41 Time Period: Program/Project A: FY 2013	Program/Project B: n/a
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42 Type(s) of Support Requested: Program/project Support

43 Other Support/Status and Plans for Sustainability: The agency has a specifically appointed person in charge of resource development to work with the Executive Director in pursuing additional grants and funds from both the public and private sectors. In addition the program has been awarded \$80,000 from The Broward Sheriffs Office to deliver Project PRIDE in Sheriff Patrolled districts in Broward County and funds pending with the City of Hollywood Police Department for delivery in the City of Hollywood. Jewish Federation of Broward County: \$10,000. The Broward CHAI Center has allocated \$8,000 hard cash and \$10,000 of in kind assistance for this proposal in Hallandale.

### Section IV. APPLICATION CHECKLIST

A. Cover letter signed by Board Chair	<b>v</b>
B. 501(c)(3) IRS Determination Letter	<b>v</b>
C. Evidence of good standing with State of Florida	<b>v</b>
D. Board of Directors list with brief bios	<b>v</b>
E. Policy on Board roles & responsibilities, if applicable	Title: n/a
F. Policy on Board contributions, if applicable	Title: n/a
G. Strategic Plan or other long term planning document	<b>v</b>
H. Policy on strategic/long term planning, if applicable	Title: n/a
I. Logic Model(s)	<b>v</b>
J. Evaluation Plan	<b>v</b>
K. CRA Combined Budget	<b>v</b>
L. CRA Project/Program Budget Narrative(s)	<b>v</b>
M. Most recent Financial Statement	Time Period: August 31, 2012
N. Most recent Form 990	Fiscal Year: 2010-2011
O. Most recent Independent Financial Audit (if applicable)	Fiscal Year: n/a
P. Affiliation Agreements (if applicable list below):	n/a

**Section V. CERTIFICATION STATEMENT AND SIGNATURE**

As chief executive of the applicant organization I certify that (1) the information provided in this application is correct and complete to the best of my knowledge; (2) I am committed to the purpose of the proposed project or program and will work with Board and staff members to accomplish its stated outcomes; and (3) I will be accountable for compliance with all CRA requirements for operation, evaluation, and reporting.

 *Pres Exec Dir*

Rabbi Raphael Tennenhaus  
Executive Director, President Brd. of Directors

September 14, 2012

Date Submitted

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
C - 1180  
ATLANTA, GA 30301

DEPARTMENT OF THE TREASURY

Date: OCT 20 1992

BROWARD C H A I CENTER INC  
1295 EAST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

Employer Identification Number:  
65-0095534

Contact Person:  
STEPHONIE HOUSTON

Contact Telephone Number:  
(404) 331-0169

Accounting Period Ending:  
August 31

Form 990 Required:  
Yes

Addendum Applies:  
Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

BROWARD C H A I CENTER INC

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 Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

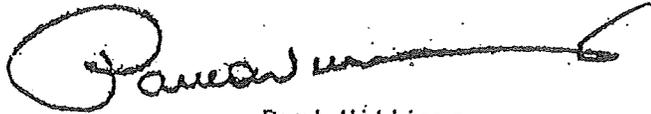
Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

BROWARD C H A I CENTER INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Paul Williams", with a long horizontal flourish extending to the right.

Paul Williams  
District Director

Enclosure(s):  
Addendum

# *State of Florida*

## *Department of State*

I certify from the records of this office that BROWARD C.H.A.I. CENTER, INC. is a corporation organized under the laws of the State of Florida, filed on January 26, 1989.

The document number of this corporation is N30351.

I further certify that said corporation has paid all fees due this office through December 31, 2012, that its most recent annual report was filed on January 19, 2012, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the  
Twelfth day of September, 2012*

*Ken Detjmer*

*Secretary of State*



Authentication ID: 400239558144-091212-N30351

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

Board of Directors Broward CHAI Center  
Directors

Raphael Tennenhaus President , Director  
813 Diplomat Parkway  
Hallandale FL 33009  
Rabbinic Ordination  
25 Years PRIDE Certified

Joseph Lebovics, MA Director  
6541 NW 46<sup>th</sup> ST.  
Lauderhill FL 33319  
Principal Chaya Aydel Seminary

Mendel Tennenhaus, Director  
1301 Hollywood Blvd.  
Hollywood FL 33020  
Rabbinic Ordination  
Dean CHAI Tot's Preschool

Moshe Schwartz, Secretary  
1108 NE 5<sup>th</sup> St.  
Hallandale FL 33009  
Rabbinic Ordination  
23 years Project PRIDE Certified

Project PRIDE Advisory Board

Jay Holder, M.D. D.C. Ph.D

Dr. C. Drizin, MA, LMFT

Esther Solomon, R.N. BscN

Mordechai Feiner, Rabbi

Gina Shull, Psychiatric RN

## STRATEGIC PLAN:

The Agency Annual Strategic Plan has been an ongoing success based on the (3) previous years and confidently anticipates continued revenue over the next (3) years.

- 1) Annual Fundraisers: a. annual dinner, b. four direct mail and email solicitations and c. private solicitations
- 2) Ongoing Revenue: Available store front at property.
- 3) Planned Special Project this year: a. Dinner Journal, b. Art Calendar
- 4) New and Continued Initiatives: a. Application to the HBCRA for Project PRIDE. b. Application to City of Miramar Commission, Broward Commissions on Substance Abuse c. Application for continued funding to Broward Sheriffs Office, City of Hollywood LEFT and Jewish Federation of Broward County

**Hallandale Beach CRA –Program/Project Logic Model \_A**

Organization Broward CHAI Center Inc. Contact Person Rabbi Moshe Schwartz

Program/Project Name Project PRIDE Funding Period FY 2013

Program/Project Budget \$58,000 Request \$50,000 RA Need Area Recreation & Cultural Facilities and Activities

Description Project PRIDE is a drug prevention and life skills program based upon J. David Hawkins and Richard F. Catalano’s social development model. Its curriculum reduces the risk of early first use of drugs, and other anti-social behaviors such as drug abuse, academic failure, low desire to remain in school, and association with drug-using peers. The program promotes bonding to the school, community and family, and provides participants with skills to resist anti-social influences and establish positive social relationships. It enhances opportunities, skills and rewards for participant’s positive involvement in the educational environment, family and community thereby increasing their bonds and commitment to the norm of not using drugs. These positive life skills, that our youth and seniors will acquire, are ultimately a powerful tool to guarantee that our partnering with the CRA will be successful in achieving the CRA’s goals of strengthening our community and truly making Hallandale the “City of Choice”!

GOAL: Youth Services: Ages 5-17- Create and environment where students will engage in activities and services made available by the city to enhance their quality of life. Close the identified serious service gap (#27 “Need”) reaching over 1,800 students via 186 presentation hours to targeted schools/afterschool programs in Hallandale.

Key Activities	Outputs	Outcomes	Impact(s)
<p><b>1a. Youth Anti- Drug Group Presentation:</b> Provision of substance abuse prevention educational services to youth groups focusing on recognized prevention curricular, substance abuse education, and life skill development.</p>	<p>1,800 students attending middle school, high school, after-school and diversion programs in the City of Hallandale will receive PRIDE’s Anti –Drug Group Presentations.</p>	<p>80% (1440) of Youth participants will demonstrate an increase ability to resist drugs by identifying RISK and PROTECTIVE factors (N=1,800)</p>	<p>Civic and Social connectivity, inclusion, sense of pride and community. More and higher quality educational opportunities, events that appeal to a broader diversity.</p>
<p><b>1b. Youth Anti Drug Group Presentation:</b> Provision of substance abuse prevention educational services to youth groups focusing on recognized prevention curricular, substance abuse education, and life skill development.</p>	<p>1,800 students attending middle school, high school, after-school and diversion programs in the City of Hallandale will receive PRIDE’s Anti –Drug Group Presentations.</p>	<p>80% (1,440) of Youth participants will demonstrate an increase ability to bond with peers, teachers, and family members (N=1,800)</p>	<p>Civic and Social connectivity, inclusion, sense of pride and community. More and higher quality educational opportunities, events that appeal to a broader diversity.</p>

<p><b>1c. Youth Anti- Drug Group Presentation:</b> Provision of substance abuse prevention educational services to youth groups focusing on recognized prevention curricular, substance abuse education, and life skill development</p>	<p>1,800 students attending middle school, high school, after-school and diversion programs in the City of Hallandale will receive PRIDE's Anti -Drug Group Presentations</p>	<p>80%(1,440) of Youth participants will demonstrate greater understanding of how to deal with anger and conflict (N=1,800)</p>	<p>Civic and Social connectivity, inclusion, sense of pride and community. More and higher quality educational opportunities, events that appeal to a broader diversity</p>
<p><b>1d. Youth Anti- Drug Group Presentation:</b> Provision of substance abuse prevention educational services to youth groups focusing on recognized prevention curricular, substance abuse education, and life skill development</p>	<p>1,800 students attending middle school, high school, after-school and diversion programs in the City of Hallandale will receive PRIDE'S Anti -Drug Group Presentations</p>	<p>80% (1,440) of Youth participants will demonstrate an increase in ability to recognize and resist prescription and OTC drug abuse (N=1,800)</p>	<p>Civic and Social connectivity, inclusion, sense of pride and community. More and higher quality educational opportunities, events that appeal to a broader diversity</p>
<p><b>2a. Senior Anti- Drug Group Presentation:</b> Provision of substance abuse prevention educational services to senior groups focusing on recognized prevention curricular, prescription and OTC medication abuse and misuse, and positive lifestyle development</p>	<p>400 senior citizens attending senior programs and daycare facilities will receive PRIDE'S Senior Anti-Drug Group Presentations</p>	<p>80% (320) of senior citizen participants will indicate an increased knowledge of the possibility of physical dependence (addiction) to prescription and OTC medications and will have the knowledge of how to proceed to restore themselves to healthy behavior</p>	<p>Civic and Social connectivity, inclusion, sense of pride and community. More and higher quality educational opportunities, events that appeal to a broader diversity. Seniors maintain their independence and quality of life.</p>
<p><b>2b. Senior Anti- Drug Group Presentation:</b> Provision of substance abuse prevention educational services to senior groups focusing on recognized prevention curricular, prescription and OTC medication abuse and misuse, and positive lifestyle development</p>	<p>400 senior citizens attending senior programs and daycare facilities will receive PRIDE'S Senior Anti-Drug Group Presentations</p>	<p>80% (320) of senior citizen participants will indicate that they have an increased knowledge of HOW to manage their personal medications through scheduling and establishing good rapport with their doctors and health care professionals (N=400)</p>	<p>Civic and Social connectivity, inclusion, sense of pride and community. More and higher quality educational opportunities, events that appeal to a broader diversity. Seniors maintain their independence and quality of life</p>

<p><b>3 . Senior Counseling Sessions:</b>  Project PRIDE to offer independent counseling to seniors who demonstrate at Group Presentations or are identified by their program staff as needing additional assistance via private sessions to assist them with their medication management.</p>	<p>25 senior citizens attending Project PRIDE Senior Anti-Drug Group Presentations will receive additional assistance via independent counseling</p>	<p>80% (20) of senior citizens who had previous difficulty in identifying and scheduling their medications will demonstrate capability to schedule and take the prescribed medications and doses correctly and in their proper time (N=25)</p>	<p>Civic and Social connectivity, inclusion, sense of pride and community. More and higher quality educational opportunities, events that appeal to a broader diversity. Seniors maintain their independence and quality of life</p>
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## Funding Evaluation Plan

### Hallandale Beach Community Redevelopment Agency (CRA)

Organization Broward CHAI Center Inc. Contact Person Rabbi Schwartz

Project/Program A Name Project PRIDE Funding Period FY 2013

Project/Program B Name \_\_\_\_\_ Funding Period \_\_\_\_\_

*Copy-and-paste table below to address each Key Activity included in the Logic Model for each Program/Project (Program/Project A and, if applicable, B)*

PROGRAM/PROJECT A	Activity #1a : Youth Anti- Drug Group Presentation:	
<b>OUTPUTS / Measurable Indicators</b> →	<b>Evaluation Process - Outputs: Who, Tools, When</b>	
1,800 students attending middle school, high school, after-school and diversion programs in the City of Hallandale will receive PRIDE's Anti – Drug Group Presentations	Who: Program Presenter has Principal, Recourse Officer or responsible teacher sign PRIDE documentation sheet Tools: PRIDE documentation sheet (which includes facility/program name date, number of students in attendance, hours of delivery and class/age and Client Satisfaction Survey) When: At the end of each presentation	
<b>OUTCOMES / Measurable Indicators</b> →	<b>Evaluation Process - Outcomes: Who, Tools, When</b>	
80% (1440) of Youth participants will demonstrate an increase ability to resist drugs by identifying RISK and PROTECTIVE factors (N=1,800)	Who: Program Presenter administers and Program Director evaluates Tools: Pre and Post Test When: Before this curriculum item is addressed and after program (2-3 sessions) completion.	

PROGRAM/PROJECT A	Activity #1b: Youth Anti- Drug Group Presentation:	
<b>OUTPUTS / Measurable Indicators</b> →	<b>Evaluation Process - Outputs: Who, Tools, When</b>	
1,800 students attending middle school, high school, after-school and diversion programs in the City of Hallandale will receive PRIDE's Anti – Drug Group Presentations.	Who: Program Presenter has Principal, Recourse Officer or responsible teacher sign PRIDE documentation sheet Tools: PRIDE documentation sheet (which includes facility/program name date, number of students in attendance, hours of delivery and class/age and Client Satisfaction Survey) When: At the end of each presentation	
<b>OUTCOMES / Measurable Indicators</b> →	<b>Evaluation Process - Outcomes: Who, Tools, When</b>	
80% (1,440) of Youth participants will demonstrate an increase ability to bond with peers, teachers,	Who: Program Presenter administers and Program Director evaluates	

and family members (N=1,800)	Tools: Pre and Post Test When: Before this curriculum item is addressed and after program (2-3 sessions) completion
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PROGRAM/PROJECT A	Activity #1c: Youth Anti- Drug Group Presentation:
<b>OUTPUTS / Measurable Indicators</b> →	<b>Evaluation Process - Outputs: Who, Tools, When</b>
1,800 students attending middle school, high school, after-school and diversion programs in the City of Hallandale will receive PRIDE's Anti – Drug Group Presentations	Who: Program Presenter has Principal, Recourse Officer or responsible teacher sign PRIDE documentation sheet Tools: PRIDE documentation sheet (which includes facility/program name date, number of students in attendance, hours of delivery and class/age and Client Satisfaction Survey) When: At the end of each presentation
<b>OUTCOMES / Measurable Indicators</b> →	<b>Evaluation Process - Outcomes: Who, Tools, When</b>
80%(1,440) of Youth participants will demonstrate greater understanding of how to deal with anger and conflict (N=1,800)	Who: Program Presenter administers and Program Director evaluates Tools: Pre and Post Test When: Before this curriculum item is addressed and after program (2-3 sessions) completion

PROGRAM/PROJECT A	Activity #1d: Youth Anti- Drug Group Presentation:
<b>OUTPUTS / Measurable Indicators</b> →	<b>Evaluation Process - Outputs: Who, Tools, When</b>
1,800 students attending middle school, high school, after-school and diversion programs in the City of Hallandale will receive PRIDE'S Anti – Drug Group Presentations	Who: Program Presenter has Principal, Recourse Officer or responsible teacher sign PRIDE documentation sheet Tools: PRIDE documentation sheet (which includes facility/program name date, number of students in attendance, hours of delivery and class/age and Client Satisfaction Survey) When: At the end of each presentation
<b>OUTCOMES / Measurable Indicators</b> →	<b>Evaluation Process - Outcomes: Who, Tools, When</b>
80% (1,440) of Youth participants will demonstrate an increase in ability to recognize and resist prescription and OTC drug abuse (N=1,800)	Who: Program Presenter administers and Program Director evaluates Tools: Pre and Post Test When: Before this curriculum item is addressed and after program (2-3 sessions) completion

PROGRAM/PROJECT A	Activity # 2a: Sinior Anti- Drug Group Presentation:
<b>OUTPUTS / Measurable Indicators</b> →	<b>Evaluation Process - Outputs: Who, Tools, When</b>

400 senior citizens attending senior programs and daycare facilities will receive PRIDE'S Senior Anti-Drug Group Presentations	Who: Program Presenter has Activity Director or responsible person sign PRIDE documentation sheet Tools: PRIDE documentation sheet (which includes facility/program name date, number of seniors in attendance, hours of delivery and Client Satisfaction Survey) When: At the end of each presentation
<b>OUTCOMES / Measurable Indicators</b> →	<b>Evaluation Process - Outcomes: Who, Tools, When</b>
80% (320) of senior citizen participants will indicate an increased knowledge of the possibility of physical dependence (addiction) to prescription and OTC medications and will have the knowledge of how to proceed to restore themselves to healthy behavior	Who: Program Presenter administers and Program Director evaluates Tools: Pre and Post Test When: Before this curriculum item is addressed and after program (2-3 sessions) completion

<b>PROGRAM/PROJECT A</b>	<b>Activity #2b: Senior Anti- Drug Group Presentation:</b>	
<b>OUTPUTS / Measurable Indicators</b> →	<b>Evaluation Process - Outputs: Who, Tools, When</b>	
400 senior citizens attending senior programs and daycare facilities will receive PRIDE'S Senior Anti-Drug Group Presentations	Who: Program Presenter has Activity Director or responsible person sign PRIDE documentation sheet Tools: PRIDE documentation sheet (which includes facility/program name date, number of seniors in attendance, hours of delivery and Client Satisfaction Survey) When: At the end of each presentation	
<b>OUTCOMES / Measurable Indicators</b> →	<b>Evaluation Process - Outcomes: Who, Tools, When</b>	
80% (320) of senior citizen participants will indicate that they have an increased knowledge of HOW to manage their personal medications through scheduling and establishing good rapport with their doctors and health care professionals (N=400)	Who: Program Presenter administers and Program Director evaluates Tools: Pre and Post Test When: Before this curriculum item is addressed and after program (2-3 sessions) completion	

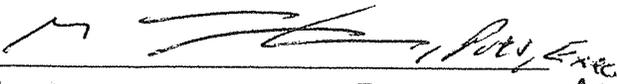
<b>PROGRAM/PROJECT A</b>	<b>Activity #3: Senior Counseling Sessions</b>	
<b>OUTPUTS / Measurable Indicators</b> →	<b>Evaluation Process - Outputs: Who, Tools, When</b>	
25 senior citizens attending Project PRIDE Senior Anti-Drug Group Presentations will receive additional assistance via independent counseling	Who: Program Presenter and signed by client Tools: Initial Intake for charts each session When: at the conclusion of each session	
<b>OUTCOMES / Measurable Indicators</b> →	<b>Evaluation Process - Outcomes: Who, Tools, When</b>	
80% (20) of senior citizens who had previous	Who: Program presenter fill out with client who	

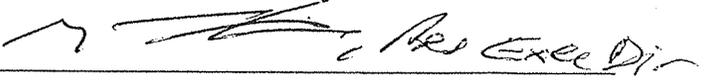
<p>difficulty in identifying and scheduling their medications will demonstrate capability to schedule and take the prescribed medications and doses correctly and in their proper time (N=25)</p>	<p>subsequently signs  Tools: Initial Assessment form, Medication Schedule test form and client discharge evaluation/client satisfaction form  When: at the conclusion of the respective initial and final session</p>
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Narrative response:

1. Describe input, if any, to this Evaluation Plan, or the Logic Model(s) on which it is based, from outside consultants, staff, Board, funders, clients, or other organization stakeholders. As mentioned in item #30 PRIDE is modeled after an existing "Best-Practice Model" by its affiliates in Los Angeles California and its curriculum is based on the renown researchers and authors, J. David Hawkins and Richard F. Catalano, Jr., Preparing for the Drug Free Years. Please see further details in Application for Funding item #30.
2. Does the organization engage in other evaluation activities and reporting? Yes If so, describe briefly. The organization is evaluated yearly by an outside Blue Ribbon Awardees Agency. It also evaluates this program Project PRIDE. As part of its evaluation pre and post tests, client satisfaction surveys and client intake and discharge documents to name a few are evaluated. Appropriate follow up is in place when necessary. Project PRIDE specifically has been reviewed by The United Way of Broward County's Commission on Substance Abuse. It was then reported in the BCCSA BYRNE Memorial Impact Report that Project PRIDE has successfully combated the main ATOD (Alcohol, Tobacco & Other Drugs) groups and have always met all of its outcome measures successfully.
3. Will any additional cost be incurred to implement this Evaluation Plan? No If yes, describe specific items and amounts.
4. If applicable, have additional costs been included in the project/program budget? n/a
5. Who will be responsible for coordinating the evaluation process and preparing quarterly/annual reports? The Program Director, Rabbi Moshe Schwartz
6. How will evaluation data be used for internal performance improvement? As part of its QA/AI Plan the Program Director presents outcomes and analysis to PRIDE'S Professional Advisory Board for review and implementation of any necessary recommendations. The Program Director in turn reports these findings to the Board of Directors who have the final input. The issues are reviewed and quality checked at subsequent board meeting for follow up. Finally all information is reviewed by the annual outside agency evaluation.
7. Will evaluation data/reports be shared with organization staff? Yes, when applicable and advantageous.
8. Will evaluation data/reports be shared with the organization's Board of Directors? Yes as mentioned about as part of its QA/QI program.
9. The Hallandale Beach CRA requires that evaluation data relative to CRA support be reported quarterly and at the end of the year. Will the data/reports be shared with other funders? If it is found to be beneficial with prior consent of the HBCRA.
10. Who are other organization stakeholders? Will evaluation data/reports be shared with them? n/a

Signatures below indicate approval of and commitment to this Evaluation Plan and the Logic Model on which it is based:

  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Raphael Tenenhaus  
Executive Director / Chief Executive Officer

  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Raphael Tenenhaus  
Chairperson, Board of Directors

Attachment: Logic Model(s)



# EXPENSES

See separate Instructions for line item definitions

	Organization - Actual FY 2010-2011	Organization - Year-to-Date, FY 2011-2012 ___ 1 to Apr 30	Projected Organization - Fiscal Year 2012-2013	Projected Total - Program/Project FY 2012-2013
33				
34	60,500	60,500	100,020	39,520
35	-	-	-	-
36	1,800	1,800	2,400	600
37	12,750	12,791	14,630	1,930
38	900	900	1,050	195
39	1,750	1,850	1,850	1,200
40	2,300	2,379	5,249	2,870
41	4,456	4,456	9,323	4,867
42	56,390	56,390	56,390	-
43	14,743	12,713	12,880	-
44	5,708	6,602	6,600	-
45	8,752	8,822	11,422	2,600
46	2,375	2,454	3,022	568
47	6,730	5,430	9,080	3,650
48	1,711	2,790	2,790	-
49	-	-	816	-
50	-	-	-	-
51	180,865	179,877	237,522	58,000
52	% Admin/Indirect Expense			
53	180,865	179,877	237,522	58,000
54				
55	2,865	13,223	-	-
56				
57			58,000	
58			50,000	50,000
59				
60				
61	(1) Refer to separate Instructions for definitions of each line item expense			
62	(2) In Column G, CRA Request may be less than Total Expense as there may be other sources of revenue for the program(s)			
63	(3) Projected NET INCOME (Total Income minus Total Expense) should equal zero for a balanced budget in FY 2012-2013 (Column G)			

**CRA Program/Project A Budget Narrative Form**

1							
2							
3	<b>Organization Name</b>	Broward CHAI Center Inc.					
4	<b>Program/Project A Name</b>	Project PRIDE					
5							
6	<b>PROGRAM/PROJECT A INCOME NARRATIVE</b>	<b>Amount</b>	<b>Justification / basis for budgeted amount (Insert lines for significant specific funding sources beneath line item categories)</b>	<b>C or P (2)</b>	<b>Date of: - P - Decision or - C - Funding Start (3)</b>		
7							
8	Fees, Tickets, Registration, etc.	-					
9	Corporate Grants/Contributions	-					
10	Individual Donations	-					
11	Foundation Grants	-					
12	Government- Federal	-					
13	Government- Local/County	-					
14	Government- State	-					
15	In-Kind	-					
16	Interest Income	-					
17	Membership	-					
18	<b>CRA Request</b>	<b>50,000</b>	See Combined Budget, Revenue Section		P-12/2012		
19	Chabad of S. Broward	8,000			C-12/2012		
20	Other:						
21	Other:						
22	<b>Total Income</b>	<b>58,000</b>	Equals Total Income, Program/Project A, Combined Budget (Column I)				
23							
24	<b>NOTES:</b>						
25	(1) Insert additional rows for significant specific funding sources beneath each line item category						
26	(2) For each significant grant, contract, or contribution, indicate if it is (C) confirmed, or (P) decision pending						
27	(3) For each item in Column E, indicate date decision is expected for PENDING and date funding begins for CONFIRMED						
28	(4) CRA Request, Column C, should match Column I on the Combined Budget						
29	(5) Total Income should equal Program/Project A, Total Income, Combined Budget (Column I)						
30							
31	<b>COMMENTS:</b>						

**PROGRAM/PROJECT A  
EXPENSE NARRATIVE**

**Item Detail/Description**

**Amount**

32			
33			
34	Salaries & Related Taxes:		
35		18,720	Yearly salary for parttime PRIDE Program Director
36		20,800	Yearly salary for parttime PRIDE Program Presenter
37			
38		39,520	Total Salaries & Related Taxes
39			
40	Fringe Benefits:		
41		-	
42			
43			
44			
45		-	Total Fringe Benefits
46	Professional Svcs/Consulting:		
47		600	Accounting and bookkeeping fees related to this Project
48			
49			
50		600	Total Professional Services / Consulting
51			
52	Insurance:	1,080	Professional liability
53		850	Yearly amount to cover part of auto ins. to deliver PRIDE at site of client.
54		1,930	Total Insurance
55			
56	Licenses, Registration, Permits:		
57		195	Nec. Licensure
58			
59		195	Total Licenses, Registration, Permits
60			
61	Conferences & Meetings:		
62		1,200	Towards annual PRIDE conference and certification
63			
64		1,200	Total Conferences & Meetings
65			
66	Copying & Printing	2,870	PRIDE display boards, literature and hand outs
67			
68	Equipment Rental/Maintenance	4,867	Copy machine, computers, programming and repair

70	Rent/Mortgage & Maintenance	-		
71				
72	Utilities	-		
73				
74	Telecommunications	-		
75				
76	Office & Program Supplies	2,600	Assorted office supplies ear marked for this program.	
77				
78	Postage & Delivery	568	Cost for necessary mailers and correspondence	
79				
80	Local Travel	3,650	Auto expense to deliver 372 PRIDE presentations and nec. Counseling	
81				
82	Capital Expenditures	-		
83				
84	Other:	-		
85				
86	Other:	-		
87				
88	0 % Admin/Indirect Expense	-		
89				
90	<b>TOTAL EXPENSES</b>	<b>58,000</b>	<b>Equals Total Expense, Program/Project A, Combined Budget (Column I)</b>	
91				
92				
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108				

	<u>Sep '11 - Aug 12</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Rental Income	79,595.21
Grant and Contribution Income	95,653.00
<b>Total Income</b>	<u>175,248.21</u>
<b>Expense</b>	
Administrative	834.15
Interest Expense	124,981.72
Misc. and Other	3,034.40
Program expenses	35,206.96
Property Insurance	92.00
Repairs and Maintenance	2,530.72
Utilities	1,138.39
<b>Total Expense</b>	<u>167,818.34</u>
<b>Net Income</b>	<u><u>7,429.87</u></u>

Return of Organization Exempt From Income Tax

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section containing organization name (Broward C.H.A.I. Center, Inc.), EIN (65-0095534), address (1295 E. Hallandale Beach Blvd.), and other identifying information.

Part I Summary

Summary table with columns for line numbers, descriptions, Prior Year, and Current Year. Includes rows for mission statement, revenue (Total revenue: 172,073), expenses (Total expenses: 182,971), and fund balances (Net assets: 54,672).

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.

Signature area for the preparer, including a signature, name (Moshe Schwartz), title (Secretary), and date (1/17/2012).

Preparer's information section including name (Avrohom Roth), signature, date (1/17/2012), firm name (Avrohom N. Roth), and address (1110 NE 170th Street, North Miami Beach, FL 33162).

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

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:  
To operate a Jewish education and social service center, to house a the Congregations  
synagogue, and provide drug prevention services.

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 exempt purpose achievements for each of the organization's three largest program services by expenses.  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 168,554 including grants of \$ 0 ) (Revenue \$ 0 )  
Operated a Jewish education and social service center, provided proactive drug abuse prevention  
and education to individuals of various ages.

4b (Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4c (Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ▶ 168,554

**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 Schedule B, Schedule of Contributors? (see instructions) . . . . .		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <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>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or 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, XII, and XIII . . . . .</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 (see instructions) . . . . .</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 hospitals? <i>If "Yes," complete Schedule H . . . . .</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .		

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

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		X
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? <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 25 . . . . .</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) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <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, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
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? <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, Parts II, III, IV, and V, line 1 . . . . .</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
a	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>		
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-1c, 2a-2b, 3a-3c, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (4); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13. (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. (X); 15b Other officers or key employees of the organization. (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed.
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [ ] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: The Organization (954) 458-1877 1295 East Hallandale Beach Blvd., Hallandale Beach, FL 33009

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

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

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

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.
- 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) Rabbi Raphael Tennenhaus Chairman / Director	18.	X		X			0	0	0	
(2) Rabbi Moshe Schwartz Secretary	18.	X		X			0	0	0	
(3) Mendy Tennenhaus Director	4.	X					0	0	0	
(4) Joseph Lebovicz Director	4.	X					0	0	0	
(5) .....										
(6) .....										
(7) .....										
(8) .....										
(9) .....										
(10) .....										
(11) .....										
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
(26) .....										
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....							0	0	0	
<b>1c Total from continuation sheets to Part VII, Section A</b> .....							0	0	0	
<b>1d Total (add lines 1b and 1c)</b> .....							0	0	0	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or 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.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	<b>0</b>	

**Part VIII Statement of Revenue**

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a 0				
	b	Membership dues . . . . .	1b 0				
	c	Fundraising events . . . . .	1c 0				
	d	Related organizations . . . . .	1d 0				
	e	Government grants (contributions) . . . . .	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f 172,073				
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .	0				
	h	<b>Total.</b> Add lines 1a-1f . . . . .	172,073				
	Program Service Revenue			Business Code			
2a		-----	0				
b		-----	0				
c		-----	0				
d		-----	0				
e		-----	0				
f		All other program service revenue . . . . .	0				
g		<b>Total.</b> Add lines 2a-2f . . . . .	0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	0				
	4	Income from investment of tax-exempt bond proceeds . . . . .	0				
	5	Royalties . . . . .	0				
	6a	Gross Rents . . . . .	(i) Real				
			(ii) Personal				
	b	Less: rental expenses . . . . .					
	c	Rental income or (loss) . . . . .	0	0			
	d	Net rental income or (loss) . . . . .	0				
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
			(ii) Other				
				0	0		
	b	Less: cost or other basis and sales expenses . . . . .	0	0			
c	Gain or (loss) . . . . .	0	0				
d	Net gain or (loss) . . . . .	0					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	a 0					
b	Less: direct expenses . . . . .	b 0					
c	Net income or (loss) from fundraising events . . . . .	0					
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a	0				
		b	Less: direct expenses . . . . .	b 0			
		c	Net income or (loss) from gaming activities . . . . .	0			
10a	Gross sales of inventory, less returns and allowances . . . . .	a	0				
		b	Less: cost of goods sold . . . . .	b 0			
		c	Net income or (loss) from sales of inventory . . . . .	0			
Miscellaneous Revenue		Business Code					
11a	-----	0					
b	Proceeds from insurance claim . . . . .	900099	0				
c	-----	0					
d	All other revenue . . . . .	0					
e	<b>Total.</b> Add lines 11a-11d . . . . .	0					
12	<b>Total revenue.</b> See instructions . . . . .	172,073	0	0	0		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21 . . . . .	0			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	0			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	0			
10 Payroll taxes . . . . .	0			
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	1,160		1,160	
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	0			
g Other . . . . .	21,780	21,780		
12 Advertising and promotion . . . . .	0			
13 Office expenses . . . . .	865		865	
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	6,145		6,145	
17 Travel . . . . .	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	0			
20 Interest . . . . .	66,655	66,655		
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	66,247	66,247	0	0
23 Insurance . . . . .	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Licenses and permits . . . . .	250		250	
b Bank Fees . . . . .	182		182	
c Direct cost of programs . . . . .	13,872	13,872		
d Fundraising dinner . . . . .	0			
e Program expenses . . . . .	0			
f All other expenses Misc. and Other . . . . .	5,815		5,815	
25 <b>Total functional expenses.</b> Add lines 1 through 24f . . . . .	182,971	168,554	14,417	0
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash—non-interest-bearing . . . . .	984	1	746	
	2	Savings and temporary cash investments . . . . .		2		
	3	Pledges and grants receivable, net . . . . .	0	3	0	
	4	Accounts receivable, net . . . . .	0	4	0	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5		
	6	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) . . . . .		6		
	7	Notes and loans receivable, net . . . . .	0	7	0	
	8	Inventories for sale or use . . . . .		8		
	9	Prepaid expenses and deferred charges . . . . .		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,792,496		
	b	Less: accumulated depreciation . . . . .	10b	939,158	10c	1,853,338
	11	Investments—publicly traded securities . . . . .	0	11	0	
	12	Investments—other securities. See Part IV, line 11 . . . . .	0	12	0	
	13	Investments—program-related. See Part IV, line 11 . . . . .	0	13	0	
	14	Intangible assets . . . . .		14		
	15	Other assets. See Part IV, line 11 . . . . .	221,058	15	387,782	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,902,424	16	2,241,866		
Liabilities	17	Accounts payable and accrued expenses . . . . .	8,677	17		
	18	Grants payable . . . . .		18		
	19	Deferred revenue . . . . .		19		
	20	Tax-exempt bond liabilities . . . . .		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	79,796	22	187,976	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .	1,737,108	23	1,933,881	
	25	Other liabilities. Complete Part X of Schedule D . . . . .	0	24	0	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	17,909	25	65,337	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets . . . . .	58,934	27	54,672	
	28	Temporarily restricted net assets . . . . .		28		
	29	Permanently restricted net assets . . . . .		29		
	Organizations that do not follow SFAS 117, 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	<b>Total net assets or fund balances . . . . .</b>	58,934	33	54,672	
	34	<b>Total liabilities and net assets/fund balances . . . . .</b>	1,902,424	34	2,241,866	

**Part XI Reconciliation of Net Assets**

Check 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	172,073
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	182,971
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	-10,898
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	58,934
5	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	5	6,636
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	6	54,672

**Part XII Financial Statements and Reporting**

Check 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? . . . . .		X
2b	Were the organization's financial statements audited by an independent accountant? . . . . .		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 in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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? . . . . .		
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.		

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2010 or other tax year beginning 9/1/2010, and ending 8/31/2011 See separate instructions.

Department of the Treasury  
Internal Revenue Service

<input type="checkbox"/> Check box if address changed Exempt under section <input checked="" type="checkbox"/> 501 ( C ) ( 3 ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) Broward C.H.A.I. Center, Inc.	<b>D Employer identification number</b> (Employees' trust, see instructions)  65-0095534
		Number, street, and room or suite no. If a P.O. box, see instructions. 1295 E. Hallandale Beach Blvd. City or town, state, and ZIP code Hallandale Beach FL 33009	

Book value of all assets at end of year 2,241,866

**F Group exemption number** (See instructions.)

**G Check organization type**  501(c) corporation     501(c) trust     401(a) trust     Other trust

Describe the organization's primary unrelated business activity. **Commercial real estate rental**

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

The books are in care of **The Organization** Telephone number **(954) 458-1877**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		0		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c	0		0
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	86,465	79,512	6,953
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule.)			
13	<b>Total.</b> Combine lines 3 through 12	86,465	79,512	6,953

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)		14
15	Salaries and wages		15
16	Repairs and maintenance		16
17	Bad debts		17
18	Interest (attach schedule)		18
19	Taxes and licenses		19
20	Charitable contributions (See instructions for limitation rules.)		20
21	Depreciation (attach Form 4562)	15,229	21
22a	Less depreciation claimed on Schedule A and elsewhere on return	15,229	22b
23	Depletion		23
24	Contributions to deferred compensation plans		24
25	Employee benefit programs		25
26	Excess exempt expenses (Schedule I)		26
27	Excess readership costs (Schedule J)		27
28	Other deductions (attach schedule)		28
29	<b>Total deductions.</b> Add lines 14 through 28		29
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	6,636	30
31	Net operating loss deduction (limited to the amount on line 30)	6,636	31
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	0	32
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		33
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	0	34

Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 35 (Organizations Taxable as Corporations), 36 (Trusts Taxable at Trust Rates), 37 (Proxy tax), 38 (Alternative minimum tax), and 39 (Total).

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 40a-40e (Credits), 41 (Subtraction), 42 (Other taxes), 43 (Total tax), 44a-44g (Payments), 45 (Total payments), 46 (Penalty), 47 (Tax due), 48 (Overpayment), and 49 (Refunded).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No columns. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Line number, Description, and Amount. Includes lines 1-8 for inventory valuation and section 263A costs.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Avrohom Roth, Date: 1/17/2012, Title: Secretary

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Table with 4 columns: Field name, Value, Field name, Value. Includes Preparer's name (Avrohom Roth), Date (1/17/2012), Firm's name (Avrohom N. Roth), and Firm's address (1110 NE 170th Street, North Miami Beach, FL 33162).

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property		
(1) Single unit retail rental property		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0 Total	0
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
0		0

**Schedule E—Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) Commercial rental property		86,465	15,229	64,283
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 592,392	593,721	100%	86,465	79,512
(2)		%	0	0
(3)		%	0	0
(4)		%	0	0
Totals . . . . . ▶			86,465	79,512
Total dividends-received deductions included in column 8 . . . . . ▶				

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals . . . . . ▶			0	0	

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Totals row shows 0 for all categories.

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Totals row shows 0 for all categories.

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals row shows 0 for all categories.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals row shows 0 for all categories.

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Total row shows 0 for compensation.

## Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.      ▶ Attach to your tax return.

Name(s) shown on return <b>Howard C.H.A.I. Center, Inc.</b>	Business or activity to which this form relates <b>990</b>	Identifying number <b>65-0095534</b>
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**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions) . . . . .	<b>1</b>	500,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	2,900
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	2,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	500,000
<b>Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost</b>		
7 Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	0
9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	<b>9</b>	0
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562. . . . .	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	<b>12</b>	0
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 . . . . .	<b>13</b>	0

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

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

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010 . . . . .	<b>17</b>	64,590
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		2,900	7	HY	200DB	414
d 10-year property						
e 15-year property		2,290	15	HY	150DB	115
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	8/31/2011	181,273	39 yrs.	MM	S/L	194
	6/21/2011	60,000	39	MM	S/L	321

**Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 . . . . .	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . .	<b>22</b>	65,634
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2010

Attachment

Sequence No. 67

Department of the Treasury Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election and 13 columns for detailed calculations.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2010.

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Class life, 12-year, 40-year, Basis for depreciation, Recovery period, Method, Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Summary calculations.

Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

# Public Charity Status and Public Support

**2010**

**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 Service

Name of the organization

Broward C.H.A.I. Center, Inc.

Employer identification number

65-0095534

**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.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  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).
- f 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
- g 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?
- h 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 support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									<b>0</b>

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	525,795	198,320	362,641	175,577		1,262,333
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0					0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0					0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	525,795	198,320	362,641	175,577	0	1,262,333
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 <b>Public support.</b> Subtract line 5 from line 4.						1,262,333

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .	525,795	198,320	362,641	175,577	0	1,262,333
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	10,824	4,694				15,518
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	-5,900	-18,752				-24,652
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	34,391	7,115				41,506
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						1,294,705
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	97.50%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	97.64%
16a <b>33 1/3% support test—2010.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2009.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2010.</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 <b>stop here.</b> Explain in Part IV 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—2009.</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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>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"/>		

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0					0
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 . . . . .	0					0
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0					0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0					0
6 <b>Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
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 . . . . .						0
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 . . . . .	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0					0
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0

14 **First five 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**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	0.00%
16 Public support percentage from 2009 Schedule A, Part III, line 17 . . . . .	16	0.00%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	18	0.00%

- 19a **33 1/3% support tests—2010.** 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—2009.** 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 . . . . .
- 19 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

Employer identification number

Broward C.H.A.I. Center, Inc.

65-0095534

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
Broward C.H.A.I. Center, Inc.

Employer identification number  
65-0095534

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Broward C.H.A.I. Center, Inc.	Employer identification number 65-0095534
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**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----

Name of organization Broward C.H.A.I. Center, Inc.	Employer identification number 65-0095534
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
- ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Broward C.H.A.I. Center, Inc.

Employer identification number

65-0095534

**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? . . . . .		<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" 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 Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....
- 4 Number of states where property subject to conservation easement is located ▶ .....
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, 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 XIV, 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 XIV, 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 Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
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?

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?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 year end balance held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
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?
Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

**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 . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other . . . . .	0	
(A) . . . . .	0	
(B) . . . . .	0	
(C) . . . . .	0	
(D) . . . . .	0	
(E) . . . . .	0	
(F) . . . . .	0	
(G) . . . . .	0	
(H) . . . . .	0	
(I) . . . . .	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

**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
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Mortgage Escrow	12,708
(2) Deposits	467
(3) Artwork	2,000
(4) Inventory of donated item	750
(5) Due from Affiliates	371,857
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	387,782

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	0
(2) Tenant Security deposit	0
(3) Prepaid rent	0
(4) Interest Payable	0
(5) Bank overdraft	65,337
(6) Sales Tax Payable	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	65,337

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	172,073
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	182,971
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-10,898
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-10,898

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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 XIV.)	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	0

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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 XIV.)	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	0

**Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

65-0095534

Broward C.H.A.I. Center, Inc.

**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. Check this box if no one recipient 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 non-cash assistance	(h) Purpose of grant or assistance
(1) -----			0	0			
(2) -----			0	0			
(3) -----			0	0			
(4) -----			0	0			
(5) -----			0	0			
(6) -----			0	0			
(7) -----			0	0			
(8) -----			0	0			
(9) -----			0	0			
(10) -----			0	0			
(11) -----			0	0			
(12) -----			0	0			

**2** Enter total number of section 501(c)(3) and government organizations.

**3** Enter total number of other organizations.

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

(HTA)

Schedule I (Form 990) (2010)



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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2010**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

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

Name of the organization

Employer identification number

Broward C.H.A.I. Center, Inc.

65-0095534

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	(1) Raphael Tennenhaus Construction loa	X				187,976	187,976		X	X
(2)			0	0						
(3)			0	0						
(4)			0	0						
(5)			0	0						
(6)			0	0						
(7)			0	0						
(8)			0	0						
(9)			0	0						
(10)			0	0						
<b>Total</b>				\$ 187,976						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		



SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public  
Inspection

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

Broward C.H.A.I. Center, Inc.

65-0095534

Form 990 Part VI Section B Line 11a A draft of the 990 is provided to each member of the board  
of directors for their their review, for a minimum of 7 days prior to filing.

Form 990 Part VI Section B Line 12c The Organization has adopted a conflict of interest policy  
which has been approved by all of the board members and is renewed with each change of to the  
board of directors.

Form 990 Part VI Section C Line 19 Documents are maid available to any member of the general  
public who requests such documents in writing

Form 990 Part XI Line 5 INcome of the amount of \$6,636 from form 990-T

Name of the organization

Employer identification number

Broward C.H.A.I. Center, Inc.

65-0095534

Area with horizontal dashed lines for supplemental information.

**Line 28 (990-T) - Other Deductions**

1	From Form 4562 - Amortization . . . . .	1	317
2	Total other deductions . . . . .	2	317
3	Total deductions less expenses for offsetting credits . . . . .	3	317

## Elections

---

### **Election to NOT claim first-year special depreciation - All Property**

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all depreciable property placed in service during the current tax year.

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**Florida Corporate Income/Franchise and Emergency Excise Tax Return**  
 FEIN 65-0095534

1015  
 F-1120, R. 01/11  
 Rule 12C-1.051  
 Florida Administrative Code  
 Effective 01/11

For calendar year 2010 or tax year beginning 09/01, 2010 ending 08/31/2011



811302011083100020050370365009553400004

Name Broward C.H.A.I. Center, Inc  Check here if any changes  
 Address 1295 E. Hallandale Beach Blv have been made to name  
 Address or address  
 City/State/ZIP Hallandale Beach, FL 33009

**Computation of Florida Net Income and Emergency Excise Tax**

1. Federal taxable income (see instructions)	Attach pages 1-5 of federal return	Check here if negative _____	0.00
2. State income taxes deducted in computing federal taxable income (attach schedule)		Check here if negative _____	0.00
3. Additions to federal taxable income (from Schedule I)		Check here if negative _____	0.00
4. Total of Lines 1, 2 and 3		Check here if negative _____	0.00
5. Subtractions from federal taxable income (from Schedule II)		Check here if negative _____	100.00
6. Adjusted federal income (Line 4 minus Line 5)		Check here if negative <u>X</u>	100.00
7. Florida portion of adjusted federal income (see instructions)		Check here if negative <u>X</u>	100.00
8. Nonbusiness income allocated to Florida (from Schedule R)		Check here if negative _____	0.00
9. Florida exemption			0.00
10. Florida net income (Line 7 plus Line 8 minus Line 9)			0.00
11. Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater (see instructions for Schedule VI)			0.00
12. Credits against the tax (from Schedule V)			0.00
13. Emergency excise tax due (from Schedule A)			0.00
14. Total corporate income/franchise and emergency excise tax due (see instructions)			0.00
15. a) Penalty: F-2220 <u>0.00</u> b) Other <u>0.00</u> c) Interest: F-2220 <u>0.00</u> d) Other <u>0.00</u> Line 15 Total >			0.00
16. Total of Lines 14 and 15			0.00
17. Payment credits: Estimated tax payments 17a \$ <u>0.00</u> Tentative tax payment 17b \$ <u>0.00</u>			0.00
18. Total amount due: Subtract Line 17 from Line 16. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 19 and/or Line 20			0.00
19. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon			0.00
20. Refund: Enter amount of overpayment to be refunded here and on payment coupon			0.00

**Florida Corporate Income Tax Return**

1015  
 F-1120  
 R. 01/11

Do Not Detach YEAR ENDING 08/31/2011

To ensure proper credit to your account, enclose your check with tax return when mailing.

**Return is Due 1st Day of the 4th Month After Close of the Taxable Year**

Check here if you transmitted funds electronically

Name Broward C.H.A.I. Center, I  
 Address 1295 E. Hallandale Beach B  
 Address  
 City/State/ZIP Hallandale Beach, FL 33009

650095534	0	0	0
20100901	10000	0	0
20110831	-10000	0	0
00000000	.0000000	0	0
012	0	0	10000
201	0	0	0
0	0	0	0
0	0	0	0

0 8113 0 20110831 0002005037 0 3650095534 0000 4



FEIN 65-0095534

**This return is considered incomplete unless a copy of the federal return is attached.**

Your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign here	Signature of officer (must be an original signature)	Date	Title	Secretary	
	Preparer's signature	Date	Preparer check if self-employed	Preparer's PTIN	
Preparer's copy	Avrohom Roth	01/17/2012	<input checked="" type="checkbox"/>	P01208897	
	Firm's name (or yours if self-employed) and address	Avrohom N. Roth	FEIN	45-2087764	ZIP
		1110 NE 170th Street, North Miami Beach, FL		33162	

**All Taxpayers Must Answer Questions A Through M Below — See Instructions**

- A. State of incorporation: FL
- B. Florida Secretary of State document number: N30351
- C. Florida consolidated return? YES  NO
- D.  Initial return  Final return (final federal return filed)
- E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.)  General Rule  
 Election A  Election B
- F. Principal Business Activity Code (as pertains to Florida)
- G. A Florida extension of time was timely filed? YES  NO
- H-1. Corporation is a member of a controlled group? YES  NO  If yes, attach list.
- H-2. Part of a federal consolidated return? YES  NO  If yes, provide:  
FEIN from federal consolidated return: \_\_\_\_\_  
Name of corporation: \_\_\_\_\_
- H-3. The federal common parent has sales, property, or payroll in Florida? YES  NO
- I. Location of corporate books: 1295 E. Hallandale Beach Blvd.  
City: Hallandale Beach State: FL ZIP: 33009
- J. Taxpayer is a member of a Florida partnership or joint venture? YES  NO
- K. Enter date of latest IRS audit: \_\_\_\_\_  
a) List years examined: \_\_\_\_\_
- L. Contact person concerning this return: Moshe Schwartz  
a) Contact person telephone number: (954) 458-1877
- M. Type of federal return filed  1120  1120S or 990

**Where to Send Payments and Returns**

Make check payable to and mail with return to:

Florida Department of Revenue  
5050 W Tennessee Street  
Tallahassee FL 32399-0135

If you are requesting a refund (Line 20), send your return to:

Florida Department of Revenue  
PO Box 6440  
Tallahassee FL 32314-6440

**Remember:**

- ✓ Make your check payable to the Florida Department of Revenue.
- ✓ Write your FEIN on your check.
- ✓ Sign your check and return.
- ✓ Attach a copy of your federal return.
- ✓ Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



FEIN

65-0095534

DATA Page 1

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1	0	0	0
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2	0	0	0
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2	0	0	0
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-10000	0	0	0
0	0	0	0
10000	0	0	.000000



FEIN 65-0095534  
DATA Page 2

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ME Broward C.H.A.I. Center, Inc.

FEIN

65-0095534

TAXABLE YEAR ENDING 08/31/2011

**Schedule A — Computation of Emergency Excise Tax (for assets placed in service 1/1/81 to 12/31/86)**

1. Total depreciation expense deducted on federal Form 1120	1.	66247
2. Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2.	-100
3. Loss carry forward (Enter the loss as a positive number)	3.	0
4. Subtract Line 3 from Line 2 and enter result here Note: If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	4.	100
5. Depreciation deducted pursuant to Internal Revenue Code (IRC) s. 168 for assets placed in service 1/1/81 to 12/31/86	5.	
6. Straight-line depreciation deducted pursuant to IRC s. 168(b)(3) and 60% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 12/31/86)	6.	
7. All depreciation deducted pursuant to IRC s. 168 directly related to any amount shown as nonbusiness income	7.	
8. Subtract the sum of Lines 6 and 7 from the amount on Line 5 and enter result here	8.	0
9. Multiply Line 8 by .40 (40%) and enter result here	9.	0
10. Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10.	1.000000
11. Multiply Line 9 by Line 10 and enter result here	11.	0
12. Determine the amount of depreciation deducted pursuant to IRC s. 168 [except pursuant to s. 168(b)(3)] used in computing nonbusiness income allocated to Florida, multiply the amount by .40 (40%), and enter result here	12.	
13. Add Lines 11 and 12 and enter result here	13.	0
14. Loss shown on Line 4. Note: If Line 4 does not show a loss, enter 0	14.	100
15. The portion of the exemption provided in s. 220.14, F.S., not used for Chapter 220, F.S. purposes, if any. If none, enter 0	15.	
16. Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here	16.	-100
17. Multiply Line 16 by 2.5 (not 2.5 %) and enter result here. Note: If Line 16 shows a loss, enter 0	17.	0
18. Total tax due (2.2% of Line 17)	18.	0
19. (a) Emergency excise tax credit: (b) Emergency excise tax credit carryover: (attach schedule) Total	19.	0
20. Balance of tax due (enter on Page 1, Line 13)	20.	0

**Schedule I — Additions and/or Adjustments to Federal Taxable Income**

	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. New markets tax credit	14.	14.
15. Other additions (attach statement)	15.	15.
Total Lines 1 through 15 in Columns (a) and (b.) Enter totals for each column on Line 16. Column (a) total is also entered on Page 1, Line 3 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 3.	16.	16.



ME Broward C.H.A.I. Center, Inc.

FEIN

65-0095534

TAXABLE YEAR ENDING

08/31/2011

**Schedule II — Subtractions from Federal Taxable Income**

	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total >	1. 0	1. 0
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ 0 (b) less direct and indirect expenses \$ _____ Total > Note: Taxpayers doing business outside Florida enter zero on Lines 3, through 6, and complete Schedule IV.	2. 0	2. 0
3. Florida net operating loss carryover deduction (see instructions)	3. 0	3. 0
4. Florida net capital loss carryover deduction (see instructions)	4. 0	4. 0
5. Florida excess charitable contribution carryover (see instructions)	5. 0	5. 0
6. Florida employee benefit plan contribution carryover (see instructions)	6. 0	6. 0
7. Nonbusiness income (from Schedule R, Line 3)	7. 0	7. 0
8. Eligible net income of an international banking facility (see instructions)	8. 0	8. 0
9. s.179, IRC expense above \$128,000 (see instructions)	9. 0	9. 0
10. s. 168(k), IRC special 50% bonus depreciation (see instructions)	10. 100	10. 0
11. Other subtractions (attach statement)	11. 0	11. 0
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 5	12. 100	12. 0

**Schedule III — Apportionment of Adjusted Federal Income**

A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) + Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 10 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)	0	0	.000000	X 25% or <u>0.0%</u>	.000000
2. Payroll	0	0	.000000	X 25% or <u>0.0%</u>	.000000
3. Sales (Schedule III-C below)	0	0	.000000	X 50% or <u>0.0%</u>	.000000
4. Apportionment fraction [Sum of Lines 1, 2, and 3, Column (e)]. Enter here and on Schedule IV, Line 2.					.000000

5. For use in computing average value of property (use original cost).	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
6. Inventories of raw material, work in process, finished goods	0	0	0	0
7. Buildings and other depreciable assets	0	0	0	0
8. Land owned	0	0	0	0
9. Other tangible and intangible (financial org. only) assets (attach schedule)	0	0	0	0
10. Total (Lines 1 through 4)	0	0	0	0

11. Average value of property

a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) .....6a. 0

b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) .....6b. 0

12. Rented property (8 times net annual rent)

a. Rented property in Florida .....7a. 0

b. Rented property Everywhere .....7b. 0

13. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).

a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1,  
Column (a) for total average property in Florida .....8a. 0

b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1,  
Column (b) for total average property Everywhere .....8b. 0

14. Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
	15. Sales (gross receipts)	N/A
16. Sales delivered or shipped to Florida purchasers	0	N/A
17. Other gross receipts (rents, royalties, interest, etc. when applicable)	0	0
18. TOTAL SALES [Enter on Schedule III-A, Line 3, Columns (a) and (b)]	0	0

19. Special Apportionment Fractions (see instructions)	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) + (b)] Rounded to Six Decimal Places
	20. Insurance companies (attach copy of Schedule T—Annual Report)		
21. Transportation services			.000000

NAME Broward C.H.A.I. Center, Inc.

FEIN

65-0095534

TAXABLE YEAR ENDING 08/31/2011

**Schedule IV — Computation of Florida Portion of Adjusted Federal Income**

	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 [or Line 6, Schedule VI for AMT in Col. (b)]	1. 0	1. 0
2. Florida apportionment fraction [Schedule III-A, Line 4 or Schedule III-D, Column (c)]	2. .000000	2. .000000
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3. 0	3. 0
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4. 0	4. 0
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5. 0	5. 0
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6. 0	6. 0
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7. 0	7. 0
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8. 0	8. 0
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9. 0	9. 0

**Schedule V — Credits Against the Corporate Income/Franchise Tax**

1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8. 0
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. Child care tax credits (attach certification letter)	12.
13. State housing tax credit (attach certification letter)	13.
14. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	14.
15. Florida renewable energy technologies investment tax credit	15.
16. Florida renewable energy production tax credit	16.
17. New markets tax credit	17.
18. Jobs for the unemployed tax credit	18.
19. Other credits (attach schedule)	19. 0
20. Total credits against the tax (sum of Lines 1 through 19 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	20. 0

**Schedule VI — Computation of Florida Alternative Minimum Tax (AMT)**

1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.	0
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.	0
3. Additions to federal taxable income [from Schedule I, Column (b)]	3.	0
4. Total of Lines 1 through 3	4.	0
5. Subtractions from federal taxable income [from Schedule II, Column (b)]	5.	0
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.	0
7. Florida portion of adjusted federal income (see instructions)	7.	0
8. Nonbusiness income allocated to Florida (see instructions)	8.	0
9. Florida exemption	9.	0
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.	0
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.	0



NAME Broward C.H.A.I. Center, Inc. FEIN 65-0095534 TAXABLE YEAR ENDING 08/31/2011

**Schedule R — Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

Type	Amount
Total allocated to Florida .....	1. 0

(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)

**Line 2. Nonbusiness income (loss) allocated elsewhere**

Type	State/country allocated to	Amount
Total allocated elsewhere .....	2.	0

**Line 3. Total nonbusiness income**  
Grand total. Total of Lines 1 and 2 ..... 3. 0  
(Enter here and on Schedule II, Line 7)

**Estimated Tax Worksheet  
For Taxable Years Beginning On or After January 1, 2011**

1. Florida income expected in taxable year .....	1.	\$	
2. Florida exemption \$5,000 (Members of a controlled group, see instructions on Page 15 of F-1120N) .....	2.	\$	5000
3. Estimated Florida net income (Line 1 less Line 2) .....	3.	\$	0
4. Total Estimated Florida tax (5.5% of Line 3)* .....		\$	0
Less: Credits against the tax .....	4.	\$	0
* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.			
5. Estimated emergency excise tax .....	5.	\$	
6. Total corporate and emergency excise tax (Line 4 plus Line 5) .....	6.	\$	0
If Line 6 is more than \$2,500, file installment as computed on Line 7; if \$2,500 or less, no declaration (Form F-1120ES) is required.			
7. Computation of installments:			
Payment due dates and	Last day of 4th month - Enter 0.25 of Line 6 .....	7a.	0
payment amounts:	Last day of 6th month - Enter 0.25 of Line 6 .....	7b.	0
	Last day of 9th month - Enter 0.25 of Line 6 .....	7c.	0
	Last day of fiscal year - Enter 0.25 of Line 6 .....	7d.	0

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Form F-1120ES).

1. Amended estimated tax .....	1.	\$	
Less:			
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date .....	2a. -	\$	
(b) Payments made on estimated tax declaration (F-1120ES) .....	2b. -	\$	
(c) Total of Lines 2(a) and 2(b) .....	2c.	\$	0
Unpaid balance (Line 1 less Line 2(c)) .....	3.	\$	0
Amount to be paid (Line 3 divided by number of remaining installments) .....	4.	\$	

**Sch II, Line 3 and Sch IV, Line 4 (FL F-1120) - Net Operating Loss Carryover**

Tax Year	(a) Adjusted Federal Income / Loss	(b) Apportionment Fraction for Year of Loss (rounded to 6 decimal places)	(c) Florida Apportioned NOLCO (a) * (b)	(d) NOLCO Applied (enter as negative)	(e) Florida Net Income/Loss (c + d)	(f) NOL Carry Forward to Next Year (c) + (d) < 0
1995			0		0	
1996			0		0	0
1997			0		0	0
1998			0		0	0
1999			0		0	0
2000			0		0	0
2001			0		0	0
2002			0		0	0
2003			0		0	0
2004			0		0	0
2005			0		0	0
2006			0		0	0
2007			0		0	0
2008	0	0.000000	0		0	0
2009	600	0.000000	600		600	0
2010			0		0	0

Florida NOL Carryover deduction \* . . . . . 0

\* Corporations entirely in Florida, enter NOLD as a positive number on Schedule II, Line 3.  
Corporations within and without Florida, enter NOLD as a positive number on Schedule IV, Line 4

**Schedule V, Line 19 (FL F-1120) - Other Credits**

1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	0