

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

# 2015

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

Name of exempt organization <b>BROWARD BEHAVIORAL HEALTH COALITION INC.</b>	Employer identification number <b>45-3675836</b>
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Name and title of officer  
**LOIS WEXLER  
BOARD CHAIRMAN**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b <b>52,201,689.</b>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b
5a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	5b

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BDO USA, LLP to enter my PIN 54321  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature \_\_\_\_\_ Date \_\_\_\_\_

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**65298704000**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

EXTENDED TO MAY 15, 2017

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BROWARD BEHAVIORAL HEALTH COALITION INC.</b>		<b>D</b> Employer identification number <b>45-3675836</b>
	Doing business as		<b>E</b> Telephone number <b>954-622-8121</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>52,201,689.</b>
	<b>1715 SE 4TH AVENUE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>FORT LAUDERDALE, FL 33316</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>LOIS WEXLER</b> <b>100 S.E 3RD AVENUE SUITE 1400, FORT LAUDERDALE, FL 33316</b>		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <b>WWW.BBHCFLORIDA.ORG</b>		<b>L</b> Year of formation: <b>2011</b> <b>M</b> State of legal domicile: <b>FL</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>14</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>46,600,453.</b>	Current Year <b>52,109,689.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>8,337.</b>	<b>92,000.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>14,765.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>46,623,555.</b>	<b>52,201,689.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>43,724,635.</b>	<b>48,940,236.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>738,566.</b>	<b>897,941.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,160,354.</b>	<b>2,361,637.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>46,623,555.</b>	<b>52,199,814.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>0.</b>	<b>1,875.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>5,999,004.</b>	End of Year <b>7,509,517.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>5,974,178.</b>	<b>7,482,816.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>24,826.</b>	<b>26,701.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>LOIS WEXLER, BOARD CHAIRMAN</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ELLIOTT STARMAN</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00061756</b>
	Firm's name ▶ <b>BDO USA, LLP</b>	Firm's EIN ▶ <b>13-5381590</b>		Phone no. (954) 989-7462	
	Firm's address ▶ <b>515 EAST LAS OLAS BLVD., 5TH FLOOR FT. LAUDERDALE, FL 33301</b>				

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

BROWARD BEHAVIORAL HEALTH COALITION  
INC.

Form 990 (2015)

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**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:  
TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE  
STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDER AND  
FAMILIES IN THE ORGANIZATION'S SERVICE AREA AND TO SUBCONTRACT WITH  
QUALIFIED, DIRECT SERVICE, COMMUNITY-BASED ORGANIZATIONS.

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

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

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

4a (Code: \_\_\_\_\_) (Expenses \$ 49,916,610. including grants of \$ 48,940,236.) (Revenue \$ \_\_\_\_\_)  
TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE  
STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDER AND  
FAMILIES IN THE ORGANIZATION'S SERVICE AREA AND TO SUBCONTRACT WITH  
QUALIFIED, DIRECT SERVICE, COMMUNITY-BASED ORGANIZATIONS.

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

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

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

4e Total program service expenses **49,916,610.**

**BROWARD BEHAVIORAL HEALTH COALITION  
INC.**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 and XII</i> .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**BROWARD BEHAVIORAL HEALTH COALITION  
INC.**

Form 990 (2015)

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

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Form 990 (2015)

BROWARD BEHAVIORAL HEALTH COALITION  
INC.

Form 990 (2015)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	21													
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent		0												
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2											X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				3										X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?						5								X
<b>6</b> Did the organization have members or stockholders?							6							X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a						X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b					X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
<b>a</b> The governing body?										8a			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?											8b		X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O												9		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **BROWARD BEHAVIORAL HEALTH - 954-622-8121**  
**1715 SE 4TH AVENUE, FORT LAUDERDALE, FL 33316**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOIS WEXLER BOARD CHAIRPERSON	1.00	X		X				0.	0.	0.
(2) SENATOR NAN RICH VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(3) EMILIO BENITEZ DIRECTOR	1.00	X						0.	0.	0.
(4) ANTHONY BRUNSON TREASURER	1.00	X		X				0.	0.	0.
(5) KATHARINE CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
(6) MICHELE DALLAS DIRECTOR	1.00	X						0.	0.	0.
(7) LARRY DAVIS DIRECTOR	1.00	X						0.	0.	0.
(8) VIVIAN DEMILLE DIRECTOR	1.00	X						0.	0.	0.
(9) KIMM CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
(10) PAUL JAQUITH DIRECTOR	1.00	X						0.	0.	0.
(11) SUSAN NYAMORA DIRECTOR	1.00	X						0.	0.	0.
(12) ROSALIND OSGOOD DIRECTOR	1.00	X						0.	0.	0.
(13) JACKIE ROSEN DIRECTOR	1.00	X						0.	0.	0.
(14) ROBIN MARTIN DIRECTOR	1.00	X						0.	0.	0.
(15) NEAL MCGARRY DIRECTOR	1.00	X						0.	0.	0.
(16) NANCY MEROLLA SECRETARY	1.00	X		X				0.	0.	0.
(17) MEZ PIERRE DIRECTOR	1.00	X						0.	0.	0.



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**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 52,109,689.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		52,109,689.			
	<b>Program Service Revenue</b>	<b>2 a</b> OTHER CONTRIBUTIONS	<b>Business Code</b> 624100	92,000.	92,000.	
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			92,000.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses	<b>b</b>			
		<b>c</b> Net income or (loss) from fundraising events				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
<b>b</b> Less: direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b>						
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.		52,201,689.	92,000.	0.	0.	

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**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	48,940,236.	48,940,236.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	714,383.	272,287.	442,096.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	183,558.	56,763.	126,795.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	258,454.	43,370.	215,084.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	108,779.	11,637.	97,142.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	64,229.	8,564.	55,665.	
<b>17</b> Travel	31,023.	6,358.	24,665.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	39,501.		39,501.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SUBCONTRACTORS	1,777,596.	502,596.	1,275,000.	
<b>b</b> TRAINING	82,055.	74,799.	7,256.	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	52,199,814.	49,916,610.	2,283,204.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**BROWARD BEHAVIORAL HEALTH COALITION  
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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash - non-interest-bearing	110,849.	542,961.
	2	Savings and temporary cash investments	2,532,464.	2,808,778.
	3	Pledges and grants receivable, net	3,309,114.	4,047,884.
	4	Accounts receivable, net		20,860.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		
	7	Notes and loans receivable, net		
	8	Inventories for sale or use		
	9	Prepaid expenses and deferred charges	24,947.	72,530.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	34,980.	
	b	Less: accumulated depreciation	21,204.	13,776.
	11	Investments - publicly traded securities		
	12	Investments - other securities. See Part IV, line 11		
	13	Investments - program-related. See Part IV, line 11		
	14	Intangible assets		
	15	Other assets. See Part IV, line 11	3,412.	2,728.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,999,004.	7,509,517.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses		
	18	Grants payable	5,337,683.	7,208,112.
	19	Deferred revenue	518,908.	274,704.
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
	23	Secured mortgages and notes payable to unrelated third parties		
	24	Unsecured notes and loans payable to unrelated third parties		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	117,587.	
	26	<b>Total liabilities.</b> Add lines 17 through 25	5,974,178.	7,482,816.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	24,826.	26,701.
	28	Temporarily restricted net assets		
	29	Permanently restricted net assets		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		
	31	Paid-in or capital surplus, or land, building, or equipment fund		
	32	Retained earnings, endowment, accumulated income, or other funds		
33	<b>Total net assets or fund balances</b>	24,826.	26,701.	
34	<b>Total liabilities and net assets/fund balances</b>	5,999,004.	7,509,517.	

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	52,201,689.
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,199,814.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,875.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,826.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,701.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

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**BROWARD BEHAVIORAL HEALTH COALITION**

Schedule A (Form 990 or 990-EZ) 2015 **INC.**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		29,900,746.	46,093,850.	46,600,453.	52,109,689.	174,704,738.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3		29,900,746.	46,093,850.	46,600,453.	52,109,689.	174,704,738.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4.						174,704,738.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4		29,900,746.	46,093,850.	46,600,453.	52,109,689.	174,704,738.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						174,704,738.

**12** Gross receipts from related activities, etc. (see instructions) 12

**13** 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**

**14** Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2014 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test - 2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2015

**BROWARD BEHAVIORAL HEALTH COALITION**

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**BROWARD BEHAVIORAL HEALTH COALITION**

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**BROWARD BEHAVIORAL HEALTH COALITION**

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions):

**a**  The organization satisfied the Activities Test. Complete line 2 below.

**b**  The organization is the parent of each of its supported organizations. Complete line 3 below.

**c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		

**3** Parent of Supported Organizations. Answer (a) and (b) below.

<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**BROWARD BEHAVIORAL HEALTH COALITION**

Schedule A (Form 990 or 990-EZ) 2015 **INC.**

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

**BROWARD BEHAVIORAL HEALTH COALITION**

Schedule A (Form 990 or 990-EZ) 2015 **INC.**

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI). See instructions.	
<b>7</b> Total annual distributions. Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b> Excess distributions carryover to 2016. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **BROWARD BEHAVIORAL HEALTH COALITION INC.** Employer identification number **45-3675836**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ .....

(ii) Assets included in Form 990, Part X .....

▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ .....

b Assets included in Form 990, Part X .....

▶ \$ .....

**BROWARD BEHAVIORAL HEALTH COALITION  
INC.**

Schedule D (Form 990) 2015

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Temporarily restricted endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  **3b**

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		26,128.	17,114.	9,014.
e Other		8,852.	4,090.	4,762.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,776.

Schedule D (Form 990) 2015

**BROWARD BEHAVIORAL HEALTH COALITION  
INC.**

Schedule D (Form 990) 2015

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**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization **BROWARD BEHAVIORAL HEALTH COALITION  
INC.** Employer identification number  
**45-3675836**

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTERNATE GROUP CARE, INC 10001 W OAKLAND PARK BLVD, SUITE 200 SUNRISE, FL 33351	46-2464364		1,530.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
ARC-BROWARD 10250 NE 53 STREET SUNRISE, FL 33351	59-0809623		30,630.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
ARCHWAY INC 919 NE 13 STREET FORT LAUDERDALE, FL 33304	59-2341993		2,910,599.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
BANYAN COMMUNITY 6100 BLUE LAGOON DR, SUITE 400 MIAMI, FL 33126	27-3164934		3,539,158.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
BARC 900 NW 31 AVENUE, SUITE 200 FT. LAUDERDALE, FL 33311	59-6000531		3,927,139.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
BROWARD COUNTY COMMUNITY DEVELOPMENT - 305 SE 18TH COURT - FORT LAUDERDALE, FL 33316	65-0407370		590,065.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF

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

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**BROWARD BEHAVIORAL HEALTH COALITION**

Schedule I (Form 990) **INC.**

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
BROWARD COUNTY ELDERLY & VETERAN 2995 N DIXIE HIGHWAY OAKLAND PARK, FL 33334	59-6000531		699,018.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
BROWARD HOUSE, INC 1726 SE 3RD AVE FORT LAUDERDALE, FL 33316	59-2913416		538,322.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
BROWARD PARTNERSHIP FOR HOMELESS 920 NW 7TH AVE FORT LAUDERDALE, FL 33311	65-0777033		261,543.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
BROWARD REGIONAL HEALTH PLANNING COUNCIL INC - 200 AOKWOOD LANE SUITE 100 - HOLLYWOOD, FL 33020	59-2274772		1,215,137.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
BROWARD SHERIFF'S OFFICE 2600 SW 4TH AVE FORT LAUDERDALE, FL 33067	59-6000534		1,014,872.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
CAMELOT COMMUNITY CARE 1925 SOUTH PERIMETER RD #120 FORT LAUDERDALE, FL 33309	31-1659302		175,909.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
CITRUS HEALTH NETWORK 4175 WEST 20 AVENUE HIALEAH, FL 33012	59-1865751		188,650.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
CLAY BEHAVIORAL HEALTH CENTER 3292 COUNTRY RD 220 MIDDLEBURG, FL 32068	59-2219317		25,000.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
COMMUNITY AIDS RESOURCES INC 3510 BISCAYNE BLVD MIAMI, FL 33137	59-2564198		5,429.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF

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BROWARD BEHAVIORAL HEALTH COALITION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
COVENANT HOUSE FLORIDA, INC 733 BREAKERS AVE FORT LAUDERDALE, FL 33304	59-2323607		221,808.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
FLORIDA PALM 10001 W OAKLAND PARK BLVD, SUITE 200 SUNRISE, FL 33351	46-2449539		52,125.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
FOOT PRINT TO SUCCESS 3511 NW 8TH AVE, SUITE 7 POMPANO BEACH, FL 33064	01-0961623		268,549.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
FORT LAUDERDALE HOSPITAL 1601 E. LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301	20-1021229		5,861,894.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
GULF COAST JEWISH FAMILY 14014 ICOT BLVD CLEARWATER, FL 33760	59-1229354		1,736,602.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
HENDERSON BEHAVIORAL HEALTH 4740 N STATE ROAD 7 SUITE 201 FORT LAUDERDALE, FL 33319	59-0711167		15,109,791.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
HOUSE OF HOPE 908 SW 1ST STREET FORT LAUDERDALE, FL 33312	23-7014595		1,629,934.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
INSTITUTE FOR FAMILY CENTERED SERVICES - 4101 RAVENSWOOD RD SUITE 323 - DANIA BEACH, FL 33316	54-1503721		103,760.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
KIDS IN DISTRESS, INC 819 NE 26TH STREET WILTON MANORS, FL 33305	59-1927289		178,699.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF

Schedule I (Form 990)

**BROWARD BEHAVIORAL HEALTH COALITION**

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
LEGAL SERVICES 491 N STATE ROAD 7 PLANTATION, FL 33317	59-2733524		105,422.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
MONARCH HOUSE 6260 NW 12 STREET SUNRISE, FL 33313	20-1966531		3,120.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
NAMI BROWARD COUNTY 4161 NW 5TH STREET, SUITE 203 PLANTATION, FL 33317	93-1223495		83,239.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
NORTH BROWARD HOSPITAL 1600 SOUTH ANDREWS AVE FORT LAUDERDALE, FL 33316	59-6012065		66,716.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
OUR CHILDREN OUR FUTURE 2835 HOLLYWOOD BLVD 4TH FLOOR HOLLYWOOD, FL 33020	65-0469870		199,532.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
PINNACLE FAMILY SERVICES 351 SW 136 AVE, SUITE 207 DAVIE, FL 33325	47-4749980		81,910.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
SILVER IMPACT, INC 7155 WEST AOKLAND PARK BLVD LAUDERHILL, FL 33313	65-0438571		195,664.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
SMITH MENTAL HEALTH 601 SOUTH STATE RD 7 PLANTATION, FL 33317	65-0929557		401,851.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
SOUTH BROWARD HOSPITAL 3501 JOHNSON STREET HOLLYWOOD, FL 33021	59-6014973		1,523,131.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF

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BROWARD BEHAVIORAL HEALTH COALITION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
SOUTH COUNTY MENTAL HEALTH CENTER 16158 SOUTH MILITARY TRAIL DELRAY BEACH, FL 33484	59-1519622		25,000.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
SOUTH FLORIDA WELLNESS NETWORK 1715 SE 4TH STREET FORT LAUDERDALE, FL 33316	47-1087192		400,900.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
SP BEHAVIORAL LLC DBA SANDYPINE 11301 SE TEQUESTA TERRACE TEQUESTA, FL 33469	20-5202539		77,546.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
SUNSERVE 2312 WILTON DR. WILTON MANORS, FL 33305	01-0582371		59,389.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
SUSAN B. ANTHONY CENTER 1633 POINCIANA DR PEMBROKE PINES, FL 33025	65-0583089		1,695,007.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
TASK FORCE FOR ENDING HOMELESS 915 NE 3RD AVE, SUITE 3 FORT LAUDERDALE, FL 33304	41-2110971		251,978.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
THE CHRYSALIS CENTER 3800 W BROWARD BLVD SUITE 100 FORT LAUDERDALE, FL 33312	20-1966351		227,178.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVE FORT LAUDERDALE, FL 33316	59-0624402		2,766,008.	0.			TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF

Schedule I (Form 990)

BROWARD BEHAVIORAL HEALTH COALITION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALTERNATE GROUP CARE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: ARC-BROWARD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN,

**Part IV** Supplemental Information

ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: ARCHWAY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF  
BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN,  
ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: BANYAN COMMUNITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF  
BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN,  
ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: BARC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF  
BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN,  
ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: BROWARD COUNTY COMMUNITY DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF  
BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN,  
ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: BROWARD COUNTY ELDERLY & VETERAN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF  
BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN,  
ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: BROWARD HOUSE, INC

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: BROWARD PARTNERSHIP FOR HOMELESS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

BROWARD REGIONAL HEALTH PLANNING COUNCIL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: BROWARD SHERRIFF'S OFFICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: CAMELOT COMMUNITY CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: CITRUS HEALTH NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN,

**Part IV** Supplemental Information

ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: CLAY BEHAVIORAL HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF  
BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN,  
ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY AIDS RESOURCES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF  
BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN,  
ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: COVENANT HOUSE FLORIDA, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF  
BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN,  
ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: FLORIDA PALM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF  
BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN,  
ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: FOOT PRINT TO SUCCESS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF  
BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN,  
ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: FORT LAUDERDALE HOSPITAL

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: GULF COAST JEWISH FAMILY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: HENDERSON BEHAVIORAL HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: HOUSE OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

INSTITUTE FOR FAMILY CENTERED SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: KIDS IN DISTRESS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN,

**Part IV** Supplemental Information

ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: MONARCH HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: NAMI BROWARD COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: NORTH BROWARD HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: OUR CHILDREN OUR FUTURE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: PINNACLE FAMILY SERVICES

BROWARD BEHAVIORAL HEALTH COALITION  
INC.

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**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: SILVER IMPACT, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: SMITH MENTAL HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH BROWARD HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH COUNTY MENTAL HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH FLORIDA WELLNESS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SP BEHAVIORAL LLC DBA SANDYPINE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: SUNSERVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: SUSAN B. ANTHONY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: TASK FORCE FOR ENDING HOMELESS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: THE CHRYSALIS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF BROWARD COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER A COMPREHENSIVE ARRAY OF



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2015**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **BROWARD BEHAVIORAL HEALTH COALITION INC.** Employer identification number **45-3675836**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments      <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                      <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee                              <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant              <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                      <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	<b>X</b>
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	<b>X</b>
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p>	<b>4c</b>	<b>X</b>
<p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? .....</p>	<b>5a</b>	<b>X</b>
<p><b>b</b> Any related organization? .....</p>	<b>5b</b>	<b>X</b>
<p>If "Yes" to line 5a or 5b, describe in Part III.</p>		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? .....</p>	<b>6a</b>	<b>X</b>
<p><b>b</b> Any related organization? .....</p>	<b>6b</b>	<b>X</b>
<p>If "Yes" on line 6a or 6b, describe in Part III.</p>		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	<b>X</b>
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	<b>X</b>
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>	

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

Schedule J (Form 990) 2015





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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization <b>BROWARD BEHAVIORAL HEALTH COALITION INC.</b>	Employer identification number <b>45-3675836</b>
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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES IN THE  
ORGANIZATION'S SERVICE AREA AND TO SUBCONTRACT WITH QUALIFIED, DIRECT  
SERVICE, COMMUNITY-BASED ORGANIZATIONS.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

SUBCONTRACTED BEHAVIORAL HEALTH SERVICES WITH QUALIFIED, DIRECT  
SERVICE, COMMUNITY-BASED ORGANIZATIONS

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

**ORGANIZATION'S PROCESS TO REVIEW FORM 990:**

THE RETURN WAS FURNISHED TO THE BOARD WHO REVIEWED IT BEFORE FILING IT TO  
THE IRS.

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

**ENFORCEMENT OF CONFLICTS POLICY:**

INTERESTED PERSON MUST DISCLOSE THE FACTS OF A POSSIBLE CONFLICT OF INTEREST  
TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH THE GOVERNING BOARD.  
REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST  
EXISTS AND TAKE APPROPRIATE ACTION.

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

AFTER REVIEWING PERFORMANCE THE BOARD REVIEWS COMPARABILITY DATA OF OTHER  
CEO'S AND DETERMINES COMPENSATION.

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

Name of the organization **BROWARD BEHAVIORAL HEALTH COALITION  
INC.**

Employer identification number  
**45-3675836**

**GOVERNING DOCUMENTS DISCLOSURE EXPLANATION:**

**UPON REQUEST**

**FORM 990 PART XII LINE 2C**

**NO CHANGES FROM PRIOR YEAR.**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>BROWARD BEHAVIORAL HEALTH COALITION INC.</b>	Employer identification number (EIN) or <b>45-3675836</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1715 SE 4TH AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FORT LAUDERDALE, FL 33316</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**BROWARD BEHAVIORAL HEALTH**

- The books are in the care of **1715 SE 4TH AVENUE - FORT LAUDERDALE, FL 33316**  
Telephone No. **954-622-8121** Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **MAY 15, 2017**.
- For calendar year , or other tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.**

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<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date