

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning January 1, 2012, and ending December 31, 20 12

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
Broward Human Trafficking Coalition

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1007 North Federal #15

City or town, state or country, and ZIP + 4
Fort Lauderdale, Florida 33304

D Employer identification number
45-5015255

E Telephone number
954-594-3439

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **www.bhtc.us**

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

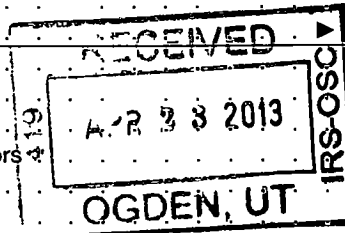
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	3,125
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b Gross income from fundraising events (not including \$ <u>3,125</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c Less: direct expenses from gaming and fundraising events	6c	2,000	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3125	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	3725	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	0
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	1500
	13 Professional fees and other payments to independent contractors	13	500
	14 Occupancy, rent, utilities, and maintenance	14	228
	15 Printing, publications, postage, and shipping	15	468
	16 Other expenses (describe in Schedule O)	16	2480
	17 Total expenses. Add lines 10 through 16	17	5176
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	0
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	3725
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	3725



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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<input checked="" type="checkbox"/>	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <u>0</u>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input checked="" type="checkbox"/>	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ <u>Florida</u>		
42a	The organization's books are in care of ▶ <u>Adriane Reese</u> Telephone no ▶ <u>954-594-3439</u> Located at ▶ <u>1931 NE 7th Court Fort Lauderdale, FL</u> ZIP + 4 ▶ <u>33304-3404</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <u>0</u>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	✓
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ None


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		None

d Total number of other independent contractors each receiving more than \$100,000 of compensation from the organization

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A.

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


Sign Here ▶ 
▶ **Adriane Reesey, President Broward Human Trafficking**
▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature
Firm's name ▶	
Firm's address ▶	

May the IRS discuss this return with the preparer shown above? See instructions.

Mary M. Reeseey

Log Out 

Obituary
Guest Book

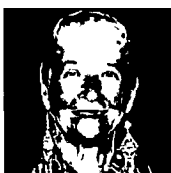
- "Love you and miss my my dear sweet Aunt Mary!"
- Barb Reeseey

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Reeseey, Mary M , passed peacefully on April 24, 2012 surrounded by much love from her family Born in Nanty Glo, PA, she left her childhood home to attend nursing school, marry the love of her life, raise a family, and retire after a vibrant and successful career in nursing She relocated from Johnstown, to Fort Lauderdale Florida in the early 1990's, to be closer to her daughters following the passing of her husband, Robert M Reeseey She is survived by her daughters, Mari Elise Reeseey, wife of John C Herman II (Pembroke Pines), and Dr Adriane Reeseey, life partner to Ann Perley (Ft Lauderdale) She is survived by four grandchildren Victor Lebbad, his wife Reiko, Pembroke Pines FL, Nikki Seibert of Charleston, SC, Julie Seibert-Goss and husband, Geoffrey, in Asheville, NC, and Anthony Lebbad, San Jose, CA She was also blessed with two great-grandchildren Emily Momoka Lebbad, and Giovanni Lebbad She will be greatly missed by her sister-in-laws, Gerry Weakland (Arroyo Grande, CA) and Leona Reeseey (Inverness, FL) with whom she was very close Throughout her life she enjoyed gardening, and tending her pristine lawns in both Johnstown and Fort Lauderdale In her later years she became a foster Mom to animals in need of care and nurturing, including a beloved German shepherd named "Izzy " Always the dog lover, she raised three Rottweiler's, and walked them proudly every day for 23 years in her neighborhood She spent many weekends bargain hunting and "marathon shopping" with her children, and her daughters and her friend Myra Perley Her aging vision still allowed her to maintain her Florida Drivers License, Concealed Weapons Permit, and weekly Medical Journal subscriptions up and until the weeks preceding her passing In her final months, her daily pleasures included long walks with her faithful friend Danny, and warning telephone solicitors that she would report them to the Attorney General as she was on the "Do Not Call Registry" list She also accompanied her daughter on numerous occasions to the shooting range where she always succeeded in getting what she termed, a "hole in one" She will be sorely missed by all whose lives she touched Informal gathering of all faiths, and a "Celebration of Life" service for Mary Reeseey Sunday, May 6, 2012, 3 p m , Unitanan Universalist Church of Ft Lauderdale, 3970 NW 21st Ave , Oakland Park, FL 33309 Phone (954)484-6734 In lieu of flowers, please support the fight against modern day slavery, and honor the family by supporting the Mary M Reeseey Fund Please make checks payable to Center for Strategic Philanthropy & Civic Engagement, Mary M Reeseey Fund (or Broward Human Trafficking Coalition) in the Memo line 7015 Beracasa Way, Suite 105, Boca Raton, Florida 33433 ALL dollars will go directly to the Broward Human Trafficking Coalition (www.bhtc.us) Donations will also be accepted to Checks payable to Heidi's Legacy In the Memo line, please place in memory of Mary Reeseey to Heidi's Legacy Dog Rescue, 3102 Nichols Road, Lithia, FL 33547 (813)737 1795

496.407 Financial report.

(1) A charitable organization or sponsor that is required to initially register or annually renew registration must file an annual financial report for the immediately preceding fiscal year upon a form prescribed by the department. The report must include the following:

(a) A balance sheet.

(b) A statement of support, revenue and expenses, and any change in the fund balance.

(c) The names and addresses of the charitable organizations or sponsors, professional fundraising consultant, professional solicitors, and commercial co-venturers used, if any, and the amounts received from each of them, if any.

(d) A statement of functional expenses that must include, but not be limited to, expenses in the following categories:

1. Program.

2. Management and general.

3. Fundraising.

(2) In lieu of the financial report described in subsection (1), a charitable organization or sponsor may submit a copy of its Internal Revenue Service Form 990 and Schedule A filed for the preceding fiscal year, or a copy of its Form 990-EZ filed for the preceding fiscal year.

(3) A charitable organization or sponsor may elect to also include a financial report that has been audited by an independent certified public accountant or an audit with opinion by an independent certified public accountant. In the event that a charitable organization or sponsor elects to file an audited financial report, this optional filing must be noted in the department's annual report submitted pursuant to s. 496.423.

History.--ss. 7, 26, ch. 91-208; ss. 4, 19, ch. 94-287.