

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

SOS CHILDREN'S VILLAGES FLORIDA,INC
3681 NW 59TH PLACE
COCONUT CREEK, FL 33073

- [X] Your Form 990 / Form 990-EZ, Return of Organization Exempt from Income Tax for tax year ending December 31, 2021 is being filed electronically with the IRS by the services of Bellows Associates, P.A..
- [X] Your return was accepted by the IRS on 11/09/22 and the Submission Identification Number assigned to your return is 65512820223130010507.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Acknowledgement Process

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you can send either an amended electronic tax return or you can send an amended Form 990 / Form 990-EZ, Return of Organization Exempt from Income Tax, to the IRS submission processing center that processes paper returns for your area.

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning _____, and ending _____

65-0080301

SOS CHILDREN'S VILLAGES FLORIDA, INC

Net Asset / Fund Balance at Beginning of Year		<u>3,812,072</u>
Revenue		
Contributions	<u>5,928,452</u>	
Program service revenue		
Investment income	<u>1,884</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses	<u>144,275</u>	
Net income	<u>-144,275</u>	
Other income	<u>55,019</u>	
Total revenue		<u>5,841,080</u>
Expenses		
Program services	<u>3,362,592</u>	
Management and general	<u>317,189</u>	
Fundraising	<u>578,844</u>	
Total expenses		<u>4,258,625</u>
Excess / (deficit)		<u>1,582,455</u>
Changes		
Net Asset / Fund Balance at End of Year		<u>5,394,527</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>5,985,355</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	<u>144,275</u>
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>5,841,080</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>4,402,900</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	<u>144,275</u>
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>4,258,625</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>4,012,267</u>	<u>5,627,775</u>	
Liabilities	<u>200,195</u>	<u>233,248</u>	
Net assets	<u>3,812,072</u>	<u>5,394,527</u>	<u>1,582,455</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/22
Failure to file penalty _____

Bellows Associates, P.A.
5401 N University Drive, Suite 201
Coral Springs, FL 33067
954-838-7000

November 9, 2022

CONFIDENTIAL

SOS CHILDREN'S VILLAGES FLORIDA,INC
3681 NW 59TH PLACE
COCONUT CREEK, FL 33073

Dear Ms. Jillian Smath:

We have prepared the following returns from audited information.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Bellows Associates, P.A.

Filing Instructions

SOS CHILDREN'S VILLAGES FLORIDA,INC

Exempt Organization Tax Return

Taxable Year Ended December 31, 2021

Date Due: November 15, 2022

Remittance: None is required. Your Form 990 for the tax year ended 12/31/21 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Bellows Associates, P.A.
5401 N University Drive, Suite 201
Coral Springs, FL 33067

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 2021, and ending 20

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

▶ **Go to www.irs.gov/Form8879TE for the latest information.**

2021

Department of the Treasury
Internal Revenue Service

Name of filer

SOS CHILDREN'S VILLAGES FLORIDA, INC

EIN or SSN

65-0080301

Name and title of officer or person subject to tax

**JILLIAN SMATH
CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one 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	<u>5,841,080</u>
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, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **Bellows Associates, P.A.** to enter my PIN **13512** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax ▶

Date ▶ **11/02/22**

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.

65512813512

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 ▶ **11/02/22**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning , and ending

<p>B Check if applicable:</p> <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	<p>C Name of organization SOS CHILDREN'S VILLAGES FLORIDA, INC</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3681 NW 59TH PLACE</p> <p>City or town, state or province, country, and ZIP or foreign postal code COCONUT CREEK FL 33073</p> <p>F Name and address of principal officer: JILLIAN SMATH 3681 NW 59TH PLACE COCONUT CREEK FL 33073</p>	<p>D Employer identification number 65-0080301</p> <p>E Telephone number 954-420-5030</p> <p>G Gross receipts \$ 5,985,355</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p>J Website: WWW.SOSEFLORIDA.COM</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p>		
		<p>L Year of formation: 1988</p>
		<p>M State of legal domicile: FL</p>

Part I Summary

	<p>1 Briefly describe the organization's mission or most significant activities: TO PROVIDE A FAMILY-ORIENTED COMMUNITY OFFERING HEALING, HOPE, AND HOME FOR CHILDREN, YOUNG ADULTS, AND FAMILIES TO BECOME SELF-SUFFICIENT, CONTRIBUTING MEMBERS OF SOCIETY.</p>		
Activities & Governance	<p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>		
	<p>3 Number of voting members of the governing body (Part VI, line 1a)</p>	3	28
	<p>4 Number of independent voting members of the governing body (Part VI, line 1b)</p>	4	28
	<p>5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)</p>	5	63
	<p>6 Total number of volunteers (estimate if necessary)</p>	6	100
	<p>7a Total unrelated business revenue from Part VIII, column (C), line 12</p>	7a	0
	<p>b Net unrelated business taxable income from Form 990-T, Part I, line 11</p>	7b	0
Revenue	<p>8 Contributions and grants (Part VIII, line 1h)</p>	Prior Year 5,518,114	Current Year 5,928,452
	<p>9 Program service revenue (Part VIII, line 2g)</p>		0
	<p>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</p>	4,137	1,884
	<p>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</p>	10,367	-89,256
	<p>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</p>	5,532,618	5,841,080
Expenses	<p>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</p>		0
	<p>14 Benefits paid to or for members (Part IX, column (A), line 4)</p>		0
	<p>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</p>	2,731,399	2,758,325
	<p>16a Professional fundraising fees (Part IX, column (A), line 11e)</p>		0
	<p>b Total fundraising expenses (Part IX, column (D), line 25) 578,844</p>		
	<p>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</p>	1,409,100	1,500,300
	<p>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</p>	4,140,499	4,258,625
	<p>19 Revenue less expenses. Subtract line 18 from line 12</p>	1,392,119	1,582,455
Net Assets or Fund Balances	<p>20 Total assets (Part X, line 16)</p>	Beginning of Current Year 4,012,267	End of Year 5,627,775
	<p>21 Total liabilities (Part X, line 26)</p>	200,195	233,248
	<p>22 Net assets or fund balances. Subtract line 21 from line 20</p>	3,812,072	5,394,527

Part II Signature Block

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

Sign Here	<p>Signature of officer: <i>Jillian Smath</i></p>	<p>Date: <i>11/3/2022</i></p>
	<p>JILLIAN SMATH Type or print name and title</p>	<p>CEO</p>

Paid Preparer Use Only	<p>Print/Type preparer's name Sean R. Chambless, C.P.A.</p>	<p>Preparer's signature: <i>[Signature]</i></p>	<p>Date: 11/02/22</p>	<p>Check <input type="checkbox"/> if self-employed</p>	<p>PTIN: P02379007</p>
	<p>Firm's name: Bellows Associates, P.A.</p>	<p>Firm's EIN: 65-0804414</p>		<p>Firm's address: 5401 N University Drive, Suite 201 Coral Springs, FL 33067</p>	
	<p>Phone no.: 954-838-7000</p>				

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

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 PROVIDE A FAMILY-ORIENTED COMMUNITY OFFERING HEALING, HOPE, AND HOME FOR CHILDREN, YOUNG ADULTS, AND FAMILIES TO BECOME SELF-SUFFICIENT, CONTRIBUTING MEMBERS OF SOCIETY.

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 \$ **3,362,592** including grants of \$) (Revenue \$ **55,019**)
TO PROVIDE A FAMILY-ORIENTED COMMUNITY OFFERING HEALING, HOPE, AND HOME FOR CHILDREN, YOUNG ADULTS, AND FAMILIES TO BECOME SELF-SUFFICIENT, CONTRIBUTING MEMBERS OF SOCIETY.

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

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

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

4e Total program service expenses **u 3,362,592**

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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I. See instructions		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? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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 on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	13
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	63		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country u 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?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	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 on Schedule O.	28	
b	Enter the number of voting members included on line 1a, above, who are independent	28	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 **u FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**
FRAN WEBER **3681 N.W. 59TH PLACE**
COCONUT CREEK **FL 33073** **954-420-5030**

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JILLIAN SMATH CEO	40.00 0.00			X				148,978	0	23,676
(2) DAWN SEAY VP OF DEVELOPMENT	40.00 0.00					X		115,141	0	6,960
(3) BRETT AKS DIRECTOR	1.00 0.00	X						0	0	0
(4) CAROLYN ASENCIO DIRECTOR	1.00 0.00	X						0	0	0
(5) VERONICA BAUTISTA DIRECTOR	1.00 0.00	X						0	0	0
(6) MARC BELL DIRECTOR	1.00 0.00	X						0	0	0
(7) STEVE BONNER DIRECTOR	1.00 0.00	X						0	0	0
(8) SIMEON BRIER DIRECTOR	1.00 0.00	X						0	0	0
(9) LARRY BUCK DIRECTOR	1.00 0.00	X						0	0	0
(10) JENNIFER COSETA DIRECTOR	1.00 0.00	X						0	0	0
(11) DAMEKA DAVIS DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12) MARCY FALCONE	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) WAYNE GRINER	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) ERIC GUIDO	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) ELIZABETH GUIMARAES	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) BROOK HEITNER	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) WILLIAM KRAMER	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) AMY LEE	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) LESLIE NIXON	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							264,119		30,636	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							264,119		30,636	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	427,268			
	d Related organizations	1d	15,000			
	e Government grants (contributions)	1e	2,839,374			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,646,810			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f	u	5,928,452			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	1,884		1,884	
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other			
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
d Net gain or (loss)	u					
8a Gross income from fundraising events (not including \$ 427,268 of contributions reported on line 1c). See Part IV, line 18	8a					
		8b	144,275			
		c Net income or (loss) from fundraising events	u	-144,275		-144,275
9a Gross income from gaming activities. See Part IV, line 19	9a					
		9b				
		c Net income or (loss) from gaming activities	u			
10a Gross sales of inventory, less returns and allowances	10a					
		10b				
		c Net income or (loss) from sales of inventory	u			
Miscellaneous Revenue	11a BENEFICIAL ASSET DISTRIBUTION	Business Code	900099	55,019	55,019	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u	55,019			
12 Total revenue. See instructions	u	5,841,080	55,019	0	-142,391	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	172,654	129,805	13,879	28,970
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,253,443	1,699,388	182,413	371,642
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,302	24,430	10,951	1,921
9 Other employee benefits	117,690	86,770	9,045	21,875
10 Payroll taxes	177,236	131,700	15,078	30,458
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,199	3,250	4,761	9,188
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	80,677	15,490	22,693	42,494
12 Advertising and promotion	250			250
13 Office expenses	135,332	69,483	19,698	46,151
14 Information technology	56,682	39,587	5,634	11,461
15 Royalties				
16 Occupancy	180,797	162,020	11,404	7,373
17 Travel	234,150	233,135	42	973
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,199	3,066		133
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	150,157	135,141	15,016	
23 Insurance	59,500	49,669	5,914	3,917
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HOME EXPENSES	382,092	381,045	442	605
b CHILDREN SERVICES	198,510	198,510		
c MEALS & ENTERTAINMENT	744	103	219	422
d MISC. EXPENSES	278			278
e All other expenses	733			733
25 Total functional expenses. Add lines 1 through 24e	4,258,625	3,362,592	317,189	578,844
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	
Assets	1	Cash—non-interest-bearing	1,147,284	1	1,768,570
	2	Savings and temporary cash investments	1,442,853	2	1,644,562
	3	Pledges and grants receivable, net	106,318	3	1,035,392
	4	Accounts receivable, net	352,651	4	284,034
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,861	9	16,216
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,169,226		
		10a			
	b	Less: accumulated depreciation	4,294,745	10c	874,481
		10b			
	11	Investments—publicly traded securities	750	11	750
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11	3,770	15	3,770	
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,012,267	16	5,627,775	
Liabilities	17	Accounts payable and accrued expenses	190,045	17	233,248
	18	Grants payable		18	
	19	Deferred revenue	10,150	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	200,195	26	233,248
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	3,336,120	27	3,678,419
	28	Net assets with donor restrictions	475,952	28	1,716,108
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	3,812,072	32	5,394,527	
33	Total liabilities and net assets/fund balances	4,012,267	33	5,627,775	

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	5,841,080
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,258,625
3	Revenue less expenses. Subtract line 2 from line 1	3	1,582,455
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,812,072
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,394,527

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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(20) PATRICIA PIERCE	1.00									
DIRECTOR	0.00	X						0	0	
(21) FAMOUS RHODES	1.00									
DIRECTOR	0.00	X						0	0	
(22) WILFREDO RIVERA	1.00									
DIRECTOR	0.00	X						0	0	
(23) ROCKI ROCKINGHAM	1.00									
SECRETARY/DIRECTOR	0.00	X		X				0	0	
(24) JACKSON SELF	1.00									
DIRECTOR	0.00	X						0	0	
(25) JULIE SHIELL	1.00									
DIRECTOR	0.00	X						0	0	
(26) SANFORD SMITH	1.00									
DIRECTOR	0.00	X						0	0	
(27) MARK THOMPSON	1.00									
DIRECTOR	0.00	X						0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(28) IVAN E. VELEZ-LEON	1.00									
TREASURER	0.00	X		X			0	0	0	
(29) CATHERINE WALKER	1.00									
DIRECTOR	0.00	X					0	0	0	
(30) KRISTEN WEBER	1.00									
DIRECTOR	0.00	X					0	0	0	
(31) GREG ZEIGLER	1.00									
BOARD CHAIR	0.00	X					0	0	0	
1b Subtotal							u			
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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

u Attach to Form 990 or Form 990-EZ.

u Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

SOS CHILDREN'S VILLAGES FLORIDA, INC

Employer identification number

65-0080301

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

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) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,387,402	4,186,803	5,194,760	5,571,677	5,983,471	25,324,113
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,387,402	4,186,803	5,194,760	5,571,677	5,983,471	25,324,113
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,911,026
6 Public support. Subtract line 5 from line 4						23,413,087

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	4,387,402	4,186,803	5,194,760	5,571,677	5,983,471	25,324,113
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	231	682	427	4,137	1,884	7,361
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		327	9,065			9,392
11 Total support. Add lines 7 through 10						25,340,866

12 Gross receipts from related activities, etc. (see instructions) 12 70,486

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	92.39 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	95.60 %

16a 33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
a 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? <i>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.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (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	Total (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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

Part II, Line 10 - Other Income Detail

REIMBURSEMENTS - 2018	\$	327
REIMBURSEMENTS - 2019	\$	9,065

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

2021

Name of the organization SOS CHILDREN'S VILLAGES FLORIDA, INC	Employer identification number 65-0080301
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Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

Name of organization

SOS CHILDREN'S VILLAGES FLORIDA, INC

Employer identification number

65-0080301

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FREDERICK A. DELUCA FOUNDATION 500 E. BROWARD BLVD., STE. 2300 FORT LAUDERDALE FL 33394	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD ST SW WASHINGTON DC 20416	\$ 498,282	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WANDA & JAMES MORAN JR FOUNDATION P.O. BOX 4007 DEERFIELD BEACH FL 33442-4007	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CHILDNET, INC. 1100 W. MCNAB ROAD FT. LAUDERDALE FL 33309	\$ 2,339,978	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JIM MORAN FOUNDATION 100 JIM MORAN BOULEVARD DEERFIELD BEACH FL 33442	\$ 400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MARTIN AND LISA PECHTER 3664 CARLTON PLACE BOCA RATON FL 33496	\$ 292,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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.

u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

SOS CHILDREN'S VILLAGES FLORIDA, INC

Employer identification number

65-0080301

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 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)?, 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.

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

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

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

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

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
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 **u**
- b** Permanent endowment **u**
- c** Term endowment **u**

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:

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

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		287,832		287,832
b Buildings		3,635,232	3,157,402	477,830
c Leasehold improvements				
d Equipment		17,667	15,278	2,389
e Other		1,228,495	1,122,065	106,430
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		u		874,481

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

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.)	u

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.)	u

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,985,355
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	144,275	
e	Add lines 2a through 2d		2e	144,275
3	Subtract line 2e from line 1		3	5,841,080
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	5,841,080

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,402,900
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	144,275	
e	Add lines 2a through 2d		2e	144,275
3	Subtract line 2e from line 1		3	4,258,625
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	4,258,625

Part XIII Supplemental Information.

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

DIRECT FUNDRAISING EXPENSE \$ **144,275**

Part XII, Line 2d - Expense Amounts Included in Financials - Other

DIRECT FUNDRAISING EXPENSE \$ **144,275**

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

U Attach to Form 990 or Form 990-EZ.

U Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

SOS CHILDREN'S VILLAGES FLORIDA, INC

Employer identification number

65-0080301

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>GALA</u> (event type)	<u>STEPS FOR SOS</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	267,399	77,016	51,300	395,715
	2	Less: Contributions	267,399	77,016	51,300	395,715
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes	192	693	104	989
	5	Noncash prizes	15,023			15,023
	6	Rent/facility costs				
	7	Food and beverages	37,528		8,962	46,490
	8	Entertainment	2,500		600	3,100
	9	Other direct expenses	65,893	2,864	1,441	70,198
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-135,800

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name **u**

Address **u**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
uGo to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

SOS CHILDREN'S VILLAGES FLORIDA, INC

Employer identification number
65-0080301

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|--|
| <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 (such as maid, chauffeur, chef) |

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

2 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 on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|--|--|
| <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 |

4 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JILLIAN SMATH	(i)	148,978	0	0	0	23,676	172,654	0
1 CEO	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**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.

u Attach to Form 990 or Form 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

SOS CHILDREN'S VILLAGES FLORIDA, INC

Employer identification number

65-0080301**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

COPY OF FORM 990 IS GIVEN TO THE CEO AND CFO OF THE ORGANIZATION. THE 990 IS THEN REVIEWED BY BOTH THE CEO AND CFO ALONG WITH THE BOARD OF DIRECTORS BEFORE FINAL SUBMISSION.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

THE BOARD OF DIRECTORS MUST DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST IN A TIMELY MANNER AND AVOID EVEN THE APPEARANCE OF A CONFLICT OF INTEREST. ALL BOARD MEMBERS ARE REQUIRED TO SIGN A BOARD EXPECTATION FORM ANNUALLY WHICH INCLUDES THE CONFLICT OF INTEREST POLICY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE BOARD OF DIRECTORS DETERMINES THE SALARY FOR THE PRESIDENT/CEO AND THE SALARY BUDGET, THE PRESIDENT/CEO APPROVES THE STAFF SALARY.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE BOARD OF DIRECTORS DETERMINES THE SALARY FOR THE PRESIDENT/CEO AND THE SALARY BUDGET, THE PRESIDENT/CEO APPROVES THE STAFF SALARY.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

AVAILABLE IN THE ADMINISTRATION OFFICES DURING NORMAL BUSINESS HOURS.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

DIRECT FUNDRAISING EXPENSE	\$ 144,275
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DIRECT FUNDRAISING EXPENSE	\$ -144,275
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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

SOS CHILDREN'S VILLAGES FLORIDA, INC

Employer identification number

65-0080301

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SOS CHILDREN'S VILLAGES-USA INC 1620 I STREET NW NO 900 13-6188433 WASHINGTON DC 20006	OVERSIGHT	DC	501c3	7	SOS INTL		X
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R - Additional Information

NAME OF RELATED ORGANIZATION:

SOS-USA

PRIMARY ACTIVITY: TO OVERSEE THE OPERATIONS OF SOS AFFILIATES OPERATING IN THE UNITED STATES.

DIRECT CONTROLLING ENTITY: SOS KINDERDORF INTERNATIONAL HERMAN GMEINER FUND

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

SOS CHILDREN'S VILLAGES FLORIDA, INC

Identifying number
65-0080301

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	150,157

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	150,157
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

65-0080301

Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	Building	6/30/92	1,451,357			1,451,357	27 MO S/L	1,451,357	0
2	Building	6/30/93	72,069			72,069	27 MO S/L	72,069	0
3	Building	6/30/96	776,277			776,277	27 MO S/L	692,768	28,229
4	Site Development - Underground	6/30/92	105,000			105,000	15 MO S/L	105,000	0
5	Site - Shenandoah	1/14/93	873			873	15 MO S/L	873	0
6	Site - Robert Hill	2/23/93	74			74	15 MO S/L	74	0
7	Site - Truly Nolan	2/28/93	450			450	15 MO S/L	450	0
8	Site - T.P. Trucking	2/28/93	315			315	15 MO S/L	315	0
9	Site - Solar Mfg.	3/01/93	9,906			9,906	15 MO S/L	9,906	0
	Sold/Scrapped: 1/01/21								
10	Site - A.F. Dozer, Inc.	3/04/93	438			438	15 MO S/L	438	0
11	Site - Southern Fence	3/08/93	580			580	15 MO S/L	580	0
12	Site - Griffin Bros.	3/19/93	9,540			9,540	15 MO S/L	9,540	0
13	Site - Griffin Bros. Village	3/26/93	925			925	15 MO S/L	925	0
14	Site - Jon Scott Rogers	3/01/93	213			213	15 MO S/L	213	0
15	Site - A.F. Dozer, Inc.	4/06/93	798			798	15 MO S/L	798	0
16	Site - A.F. Dozer, Inc.	4/06/93	1,600			1,600	15 MO S/L	1,600	0
17	Site - Griffin Bros.	4/20/93	11,400			11,400	15 MO S/L	11,400	0
18	Site - Summary	6/30/93	520			520	15 MO S/L	520	0
19	A.F. Dozer, Inc.	6/30/94	1,952			1,952	15 MO S/L	1,952	0
20	Reines	6/30/94	450			450	15 MO S/L	450	0
21	Griffin Bros.	2/08/95	1,895			1,895	15 MO S/L	1,895	0
22	Green Tam Ent.	3/03/95	518			518	15 MO S/L	518	0
23	Community Center	4/01/21	36,265			36,265	10 MO S/L	0	2,720
24	Coral-Aire A/C	8/01/21	3,480			3,480	5 MO S/L	0	290
71	Site Development	6/30/92	342,213			342,213	15 MO S/L	342,213	0
72	Site Development - Griffin Bros.	6/30/92	36,000			36,000	15 MO S/L	36,000	0
73	Site Development - Engr. Contract	6/30/92	300,000			300,000	15 MO S/L	300,000	0
74	Resource Center	6/30/93	1,989			1,989	7 MO S/L	1,989	0
75	Mitey Lite Tables/Chairs	2/18/99	2,274			2,274	10 MO S/L	2,274	0
155	Southern Fence Company	6/30/94	3,853			3,853	15 MO S/L	3,853	0
156	Griffin Bros.	6/30/94	600			600	15 MO S/L	600	0
157	Home Depot	6/30/94	2,968			2,968	15 MO S/L	2,968	0
158	Green Team Ent.	3/09/95	345			345	15 MO S/L	345	0
159	Aluminum Gutters	5/29/96	1,950			1,950	15 MO S/L	1,950	0
160	Tile	6/30/99	10,530			10,530	15 MO S/L	10,530	0
161	Shed	8/03/99	3,005			3,005	15 MO S/L	3,005	0
166	Circuit Wiring	4/28/00	1,000			1,000	15 MO S/L	1,000	0
167	Solar System	6/16/00	4,500			4,500	10 MO S/L	4,500	0
	Sold/Scrapped: 1/01/21								
177	Tile - #3690 & #3650	5/02/00	1,471			1,471	10 MO S/L	1,471	0
178	Skylights	6/19/00	3,968			3,968	10 MO S/L	3,968	0
179	Lighting	9/17/01	16,985			16,985	10 MO S/L	16,985	0
180	Security Screens	9/15/01	3,588			3,588	10 MO S/L	3,588	0
181	Underground Cabling	9/20/01	5,235			5,235	5 MO S/L	5,235	0
192	Safes	5/11/01	1,380			1,380	7 MO S/L	1,380	0
193	Safes	6/06/01	1,380			1,380	7 MO S/L	1,380	0
209	Econoway - Air Conditioning	10/31/03	1,450			1,450	10 MO S/L	1,450	0
213	Flooring	9/01/04	1,214			1,214	10 MO S/L	1,214	0
218	Telephone System	1/20/04	32,706			32,706	5 MO S/L	32,706	0
222	Lowe's - Kitchen Appliances	6/10/04	2,029			2,029	7 MO S/L	2,029	0
226	Lowe's - Kitchen Appliances	9/01/04	2,896			2,896	7 MO S/L	2,896	0
227	Aztec Solar - Water Heater	10/27/04	1,175			1,175	7 MO S/L	1,175	0
230	Home Depot - Trailer	5/28/04	599			599	7 MO S/L	599	0
231	Lowe's - Refrigerator	4/06/04	668			668	7 MO S/L	668	0
232	Lowe's - Washer, Dryer, Vacuum	10/12/04	913			913	7 MO S/L	913	0
233	Lowe's - Stove & Microwave	11/02/04	686			686	7 MO S/L	686	0
234	Lowe's - Stoves (2) & Microwave	11/02/04	1,134			1,134	7 MO S/L	1,134	0
239	Appliances	2/15/05	1,136			1,136	7 MO S/L	1,136	0
241	Phone Equipment	1/24/05	773			773	5 MO S/L	773	0
242	Observation Window	1/14/05	1,190			1,190	10 MO S/L	1,190	0
243	AC Condensing Unit	2/17/05	795			795	10 MO S/L	795	0
250	Air Condenser	7/05/06	2,100			2,100	5 MO S/L	2,100	0
252	Water Heater	8/23/06	1,200			1,200	5 MO S/L	1,200	0
256	Air Handler - Office	9/21/06	1,360			1,360	5 MO S/L	1,360	0
257	Site Development - Football Field	9/14/06	12,343			12,343	25 MO S/L	7,077	493
258	Barbecue Grill	10/02/06	3,850			3,850	7 MO S/L	3,850	0
259	Air Handler - #3640 & #3651	1/18/07	2,590			2,590	5 MO S/L	2,590	0

65-0080301

Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
260	Air Handler	12/03/07	1,090				1,090	5 MO S/L	1,090	0
261	Compressor	12/10/07	1,545				1,545	5 MO S/L	1,545	0
262	Desk - #3600	1/24/07	1,117				1,117	7 MO S/L	1,117	0
263	Desk & File Cabinet - J. Smath	5/23/07	1,105				1,105	7 MO S/L	1,105	0
268	Air Conditioner	10/31/07	2,250				2,250	5 MO S/L	2,250	0
269	Air Conditioner	10/31/07	1,350				1,350	5 MO S/L	1,350	0
270	Air Conditioner	10/31/07	1,300				1,300	5 MO S/L	1,300	0
271	Propane Tank	12/31/07	6,528				6,528	5 MO S/L	6,528	0
272	Shutters	10/31/07	93,974				93,974	10 MO S/L	93,974	0
273	Storage Shed	10/31/07	4,809				4,809	10 MO S/L	4,809	0
274	Tile Installation	10/31/07	24,195				24,195	10 MO S/L	24,195	0
275	Shutters - Balance	10/31/07	40,291				40,291	10 MO S/L	40,291	0
278	#3610 Improvements	12/01/08	7,061				7,061	15 MO S/L	5,688	471
279	#3620 Improvements	12/01/08	10,321				10,321	15 MO S/L	8,314	689
280	#3630 Improvements	12/01/08	4,604				4,604	15 MO S/L	3,709	307
281	#3640 Improvements	12/01/08	7,659				7,659	15 MO S/L	6,170	510
282	#3650 Improvements	12/01/08	7,941				7,941	15 MO S/L	6,397	529
283	#3660 Improvements	12/01/08	9,515				9,515	15 MO S/L	7,665	634
284	#3661 Improvements	12/01/08	8,435				8,435	15 MO S/L	6,795	562
285	#3670 Improvements	12/01/08	10,562				10,562	15 MO S/L	8,508	705
286	#3671 Improvements	12/01/08	8,435				8,435	15 MO S/L	6,795	562
287	#3680 Improvements	12/01/08	6,315				6,315	15 MO S/L	5,087	421
288	#3690 Improvements	12/01/08	6,400				6,400	15 MO S/L	5,156	427
289	Advanced Wood Working	12/01/08	32,189				32,189	15 MO S/L	25,930	2,146
292	Air Conditioner	2/13/08	10,026				10,026	5 MO S/L	10,026	0
295	#3610 Improvements	3/31/09	2,344				2,344	15 MO S/L	1,836	156
296	#3620 Improvements	3/31/09	2,344				2,344	15 MO S/L	1,836	156
297	#3630 Improvements	3/31/09	2,344				2,344	15 MO S/L	1,836	156
298	#3640 Improvements	3/31/09	2,344				2,344	15 MO S/L	1,836	156
299	#3650 Improvements	3/31/09	2,344				2,344	15 MO S/L	1,836	156
300	#3660 Improvements	3/31/09	2,344				2,344	15 MO S/L	1,836	156
301	#3661 Improvements	3/31/09	4,883				4,883	15 MO S/L	3,825	326
302	#3670 Improvements	3/31/09	4,883				4,883	15 MO S/L	3,825	326
303	#3671 Improvements	3/31/09	4,883				4,883	15 MO S/L	3,825	326
304	#3680 Improvements	3/31/09	4,883				4,883	15 MO S/L	3,825	326
305	#3690 Improvements	3/31/09	4,883				4,883	15 MO S/L	3,825	326
306	#3600 Improvements	6/24/10	28,497				28,497	15 MO S/L	19,948	1,900
307	#3610 Improvements	6/24/10	29,821				29,821	15 MO S/L	20,875	1,988
308	#3620 Improvements	6/24/10	5,146				5,146	15 MO S/L	3,602	343
309	#3630 Improvements	6/24/10	3,822				3,822	15 MO S/L	2,675	255
310	#3640 Improvements	6/24/10	5,146				5,146	15 MO S/L	3,602	343
311	#3650 Improvements	6/24/10	3,822				3,822	15 MO S/L	2,675	255
312	#3651 Improvements	6/24/10	3,822				3,822	15 MO S/L	2,675	255
313	#3660 Improvements	6/24/10	5,146				5,146	15 MO S/L	3,602	343
314	#3661 Improvements	6/24/10	28,497				28,497	15 MO S/L	19,948	1,900
315	#3670 Improvements	6/24/10	5,541				5,541	15 MO S/L	3,878	370
316	#3671 Improvements	6/24/10	28,497				28,497	15 MO S/L	19,948	1,900
317	#3680 Improvements	6/24/10	29,821				29,821	15 MO S/L	20,875	1,988
318	#3681 Improvements	6/24/10	4,319				4,319	15 MO S/L	3,023	288
319	#3690 Improvements	6/24/10	28,497				28,497	15 MO S/L	19,948	1,900
320	#3601 A/C Unit Rebuild	12/22/10	1,085				1,085	10 MO S/L	1,085	0
321	#3660 A/C Unit Rebuild	12/22/10	1,085				1,085	10 MO S/L	1,085	0
322	#3600 A/C Unit	6/01/10	2,142				2,142	10 MO S/L	2,142	0
323	#3640 A/C Unit	6/01/10	2,142				2,142	10 MO S/L	2,142	0
325	A/C for #3690	2/11/11	1,240				1,240	5 MO S/L	1,240	0
326	Renovations #3600, Roof Repair	10/25/11	30,437				30,437	15 MO S/L	18,600	2,029
327	Appliances for Hollywood Apartment	10/28/11	8,553				8,553	7 MO S/L	8,553	0
328	#3600 Kitchen Remodel	6/01/12	5,638				5,638	15 MO S/L	3,226	376
329	#3620 A/C Replacement	6/30/12	2,980				2,980	10 MO S/L	2,533	298
330	Capitalized Mold #3671 Remediation	9/30/12	5,240				5,240	15 MO S/L	2,882	349
331	Mold and Repair - Remediation	9/30/12	7,180				7,180	15 MO S/L	3,949	479
332	Mold and Repair - Remediation	9/30/12	9,555				9,555	15 MO S/L	5,255	637
333	Additional #3660	10/03/12	1,478				1,478	15 MO S/L	813	98
334	Additional #3630	10/03/12	1,875				1,875	15 MO S/L	1,031	125
335	#3660	12/18/12	800				800	15 MO S/L	427	53
350	Tile Roof	1/07/13	20,500				20,500	15 MO S/L	10,933	1,367
351	A/C Units (23)	4/30/13	38,444				38,444	15 MO S/L	19,649	2,563
352	Roof Repair	6/28/13	1,500				1,500	5 MO S/L	1,500	0
353	A/C Units (23) - Credit	8/31/13	-5,026				-5,026	5 MO S/L	-5,026	0
354	Playground	11/01/13	10,746				10,746	7 MO S/L	10,746	0
355	Sprinkler Pump	3/28/13	1,900				1,900	5 MO S/L	1,900	0

65-0080301

Federal Asset Report

FYE: 12/31/2021

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
356	A/C Replacement	4/04/13	3,321				3,321	5	MO S/L	3,321	0
357	Salesforce Software	9/24/13	17,100				17,100	5	MO S/L	17,100	0
358	Classroom Center Tables & Chair Rack	9/11/13	1,934				1,934	7	MO S/L	1,934	0
359	Office Construction #3670	7/14/14	1,150				1,150	5	MO S/L	1,150	0
360	French Door #3670	7/22/14	1,282				1,282	5	MO S/L	1,282	0
361	Fire Alarm #3680 New Fire Box	9/02/14	1,075				1,075	5	MO S/L	1,075	0
362	Shed - Danny's Working Shed	9/30/14	6,020				6,020	10	MO S/L	3,763	602
364	Office Sidewalk	10/14/14	1,816				1,816	7	MO S/L	1,621	195
365	Shed - Electric Wiring	10/30/14	3,075				3,075	10	MO S/L	1,896	308
366	Furniture Lease - BC Leasing	9/30/14	30,018				30,018	5	MO S/L	30,018	0
367	J&P Electric Community Center Lights	2/18/14	2,450				2,450	7	MO S/L	2,392	58
368	Roof Repairs - 2 Sheds	1/29/15	1,200				1,200	10	MO S/L	710	120
369	Removal of Tree Roots - Sidewalk	4/24/15	2,476				2,476	10	MO S/L	1,403	247
370	Concrete Work - #3681 Front	6/26/15	2,472				2,472	10	MO S/L	1,359	247
371	Recoat Roof #3641	11/19/15	14,758				14,758	10	MO S/L	7,502	1,476
372	Surface Computer - CEO	4/30/15	1,129				1,129	5	MO S/L	1,129	0
373	Case Manager Computers (6)	4/30/15	1,254				1,254	3	MO S/L	1,254	0
374	Workstations & Installation - #1383	3/16/15	2,230				2,230	5	MO S/L	2,230	0
375	Hutch & Cabinets - Installation	10/08/15	3,145				3,145	5	MO S/L	3,145	0
376	Furniture for Homes	12/15/15	23,000				23,000	7	MO S/L	16,702	3,286
377	AC Quality Electric	4/14/15	10,300				10,300	5	MO S/L	10,300	0
378	Pulled CAT 5 to Offices	4/14/15	1,815				1,815	5	MO S/L	1,815	0
379	Heritage Carpet & Tile	4/14/15	14,385				14,385	5	MO S/L	14,385	0
380	Ridgeway Plumbing	4/14/15	1,230				1,230	5	MO S/L	1,230	0
381	Exclusive Trim	4/14/15	2,200				2,200	5	MO S/L	2,200	0
382	GEE Drywall Company	4/14/15	8,000				8,000	5	MO S/L	8,000	0
383	Engineered Air	4/14/15	250				250	5	MO S/L	250	0
384	Distinctive Kitchens & Baths	4/14/15	3,140				3,140	5	MO S/L	3,140	0
385	ASG Enterprise	4/14/15	11,050				11,050	10	MO S/L	5,525	1,105
386	Heritage Carpet and Tile	6/12/15	6,234				6,234	10	MO S/L	3,117	623
387	Falcone Vendor	6/12/15	400				400	10	MO S/L	200	40
388	ASG Enterprise	6/12/15	1,150				1,150	10	MO S/L	575	115
389	All Star Painting	6/12/15	802				802	10	MO S/L	401	80
390	Distinctive Kitchen & Baths	6/12/15	1,595				1,595	10	MO S/L	798	159
391	Kunes Plumbing	6/12/15	175				175	10	MO S/L	87	18
392	Blow Fiberglass	6/12/15	927				927	10	MO S/L	464	92
393	Armer Protection	6/12/15	795				795	10	MO S/L	398	79
394	Ferguson Enterprise	6/12/15	1,316				1,316	10	MO S/L	658	132
395	Armer Protection	6/22/15	4,498				4,498	10	MO S/L	2,249	450
396	Alarm Installation	6/22/15	3,856				3,856	10	MO S/L	1,928	386
397	ASG Enterprise	6/24/15	7,036				7,036	10	MO S/L	3,518	704
398	ASG Enterprise	7/07/15	7,036				7,036	10	MO S/L	3,518	704
399	Kunes Plumbing Inc.	7/30/15	3,947				3,947	10	MO S/L	1,974	394
400	ASG Enterprise Inc.	7/30/15	8,796				8,796	10	MO S/L	4,398	879
401	Mancini Electric	7/30/15	2,750				2,750	10	MO S/L	1,375	275
402	Kunes Plumbing Inc.	8/10/15	3,947				3,947	10	MO S/L	1,974	394
403	Allied Doors South Florida LLC	8/11/15	235				235	10	MO S/L	118	23
404	Engineered Air, LLC	8/20/15	5,901				5,901	10	MO S/L	2,951	590
405	Distinctive Kitchen & Baths	8/19/15	4,395				4,395	10	MO S/L	2,198	439
406	Sony Construction, Inc.	8/20/15	3,750				3,750	10	MO S/L	1,875	375
407	The Tamara Peacock Company	8/20/15	991				991	10	MO S/L	496	99
408	Sony Construction, Inc.	9/01/15	3,750				3,750	10	MO S/L	1,875	375
409	Armer Protection	9/01/15	794				794	10	MO S/L	397	79
410	Glass Doctor of Broward	9/02/15	360				360	10	MO S/L	180	36
411	Kunes Plumbing Inc.	9/09/15	1,400				1,400	10	MO S/L	700	140
412	Mancini Electric	9/11/15	6,000				6,000	10	MO S/L	3,000	600
413	ASG Enterprise Inc.	9/14/15	9,246				9,246	10	MO S/L	4,623	924
414	Magnum Land Development	9/14/15	1,080				1,080	10	MO S/L	540	108
415	Armer Protection, Inc.	9/14/15	4,234				4,234	10	MO S/L	2,117	424
416	Kunes Plumbing Inc.	10/20/15	3,947				3,947	10	MO S/L	1,974	394
417	Engineered Air, LLC	12/02/15	2,069				2,069	10	MO S/L	1,035	206
418	Silva & Silva Services	12/02/15	1,850				1,850	10	MO S/L	925	185
419	ASG Enterprise Inc.	12/02/15	3,998				3,998	10	MO S/L	1,999	400
420	Building Products of Miami	12/02/15	1,534				1,534	10	MO S/L	767	153
421	Armer Protection, Inc.	12/02/15	635				635	10	MO S/L	318	63
423	Mancini Electric	12/21/15	5,000				5,000	10	MO S/L	2,500	500
424	Armer Protection, Inc.	12/21/15	528				528	10	MO S/L	264	53
425	Silva & Silva Services	12/21/15	3,160				3,160	10	MO S/L	1,580	316
426	Heritage Carpet and Tile	12/21/15	1,624				1,624	10	MO S/L	812	162
427	Straight Line Construction	12/21/15	9,056				9,056	10	MO S/L	4,528	906
428	Flooring Removal Services, Inc.	12/21/15	1,300				1,300	10	MO S/L	650	130

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
429	Kunes Plumbing Inc.	12/21/15	3,947				3,947	10	MO S/L	1,974	394
430	Cheeky Monkey Cleaning Services, Inc.	12/21/15	390				390	10	MO S/L	195	39
431	Yukon Construction	4/14/15	2,950				2,950	10	MO S/L	1,475	295
432	A/C Units - Community Center	11/04/16	6,030				6,030	10	MO S/L	2,513	603
433	Laptops (2)	12/01/16	6,694				6,694	5	MO S/L	5,467	1,227
434	#3610 Renovations	8/06/16	5,633				5,633	10	MO S/L	2,488	563
435	#3650 Renovations	5/26/16	22,608				22,608	10	MO S/L	10,362	2,261
436	#3630 Renovations	6/23/16	20,347				20,347	10	MO S/L	9,156	2,035
437	#3620 Renovations	2/24/16	26,156				26,156	10	MO S/L	12,642	2,616
438	#3640 Renovations	4/14/16	22,769				22,769	10	MO S/L	10,815	2,277
439	Tribute Wall	4/15/16	2,752				2,752	10	MO S/L	1,307	275
440	Distinctive Cabinets #3670	2/17/17	5,350				5,350	10	MO S/L	2,051	535
441	Shelving - Heritage Flooring #3670	2/17/17	693				693	10	MO S/L	266	69
442	Renovation #3670	2/17/17	13,808				13,808	10	MO S/L	5,293	1,381
443	Distinctive Cabinets	4/06/17	11,650				11,650	10	MO S/L	4,369	1,165
444	Heritage Flooring	4/06/17	3,518				3,518	10	MO S/L	1,319	352
445	Remodeling #3660	4/06/17	28,757				28,757	10	MO S/L	10,784	2,875
446	Appliances #3690	5/12/17	1,896				1,896	7	MO S/L	993	271
447	Renovation #3651	5/12/17	1,700				1,700	10	MO S/L	623	170
448	Drywall	5/12/17	2,800				2,800	10	MO S/L	1,027	280
449	Renovation #3690	5/12/17	12,777				12,777	10	MO S/L	4,685	1,278
450	Bifold Doors #3690 (Straight Line Millwork)	6/09/17	2,761				2,761	7	MO S/L	1,413	395
451	Bathrooms & Kitchen #3690 (Kunes Plumb)	6/09/17	4,725				4,725	7	MO S/L	2,419	675
452	Electrical #3690 (Mancini)	6/09/17	3,440				3,440	10	MO S/L	1,233	344
453	Shelving, Mirrors & Bathroom Accessories	6/09/17	817				817	7	MO S/L	418	117
454	Cabinets & Countertops #3690	6/09/17	5,150				5,150	7	MO S/L	2,636	736
455	Tile #3690	6/09/17	2,235				2,235	10	MO S/L	801	223
456	Dell Latitude & Dell e-Port	3/31/17	1,537				1,537	5	MO S/L	1,153	307
457	Bi-fold Doors & Bypass Doors	6/23/17	2,630				2,630	7	MO S/L	1,315	376
458	Renovation of bedrooms #3661	7/27/17	2,950				2,950	10	MO S/L	1,008	295
459	Renovations #3661	7/27/17	13,152				13,152	10	MO S/L	4,494	1,315
460	Electrical Work #3661	7/27/17	3,440				3,440	10	MO S/L	1,175	344
461	Kitchen & bathrooms remodel #3661	7/27/17	2,975				2,975	10	MO S/L	1,016	298
462	Toilets, sink, faucets, etc #3661	7/27/17	1,350				1,350	7	MO S/L	659	193
463	Doors and closet doors #3661	7/27/17	4,295				4,295	10	MO S/L	1,467	430
464	Cabinets & counter tops #3661	7/27/17	5,150				5,150	10	MO S/L	1,760	515
465	Tile & installation #3661	7/27/17	2,453				2,453	10	MO S/L	838	245
466	Shelving, mirrors, etc #3661	7/27/17	795				795	7	MO S/L	388	114
467	Vertical blinds #3661	7/27/17	1,089				1,089	7	MO S/L	532	155
468	Blinds #3690	8/11/17	817				817	7	MO S/L	399	116
469	Cabinets and doors #3671	8/11/17	3,714				3,714	7	MO S/L	1,813	531
470	Toilets, Sinks, Hardware & Installation #3671	8/11/17	4,175				4,175	7	MO S/L	2,038	596
471	Drywall Renovation #3671	8/11/17	2,800				2,800	10	MO S/L	957	280
472	Cabinets & Counter Tops #3671	8/11/17	3,826				3,826	7	MO S/L	1,867	547
473	Tile & Installation #3671	8/11/17	1,713				1,713	10	MO S/L	585	172
474	Bathroom Shelving & Accessories #3671	8/11/17	922				922	7	MO S/L	450	132
475	Blinds #3671	8/11/17	962				962	7	MO S/L	470	137
476	Electrical #3671	8/11/17	3,440				3,440	10	MO S/L	1,175	344
477	Renovation #3671	8/11/17	11,820				11,820	10	MO S/L	4,039	1,182
478	Amana 25' Refrigerator #3661	8/11/17	1,147				1,147	7	MO S/L	560	164
479	Amana 30" Glass-Top Range #3661	8/11/17	593				593	7	MO S/L	289	85
480	Amana 1.6' Microwave #3661	8/11/17	267				267	7	MO S/L	130	39
481	Amana Dishwasher #3661	8/11/17	337				337	7	MO S/L	165	48
482	Amana 3.5' Top Load Washer #3661	8/11/17	426				426	7	MO S/L	208	61
483	Amana 6.5' Dryer #3661	8/11/17	426				426	7	MO S/L	208	61
484	Renovation #3680	11/14/17	12,635				12,635	10	MO S/L	4,001	1,264
485	Renovations #3680 - Mulheron	11/14/17	3,350				3,350	10	MO S/L	1,061	335
486	Bathroom Cabinets, Shelving & Mirror #3680	11/14/17	894				894	7	MO S/L	404	128
487	Blinds #3680 - Heritage Carpet & Tile	11/14/17	828				828	7	MO S/L	375	118
488	Kitchen & Bathroom Fixtures #3680 (Kunes)	11/14/17	3,270				3,270	7	MO S/L	1,479	467
489	Closets & Doors #3680 (Straight Line)	11/14/17	3,280				3,280	7	MO S/L	1,484	469
490	Electrical Work #3680 (Mancini)	11/14/17	3,590				3,590	10	MO S/L	1,137	359
491	Cabinets & Countertops #3680 (Distinctive)	11/14/17	5,175				5,175	7	MO S/L	2,341	739
492	Lenovo Computers (2)	11/21/17	1,436				1,436	5	MO S/L	886	287
506	In-Kind Furniture #3610	2/28/17	8,000				8,000	7	MO S/L	4,381	1,143
507	In-Kind Furniture #3670	2/28/17	8,000				8,000	7	MO S/L	4,381	1,143
508	In-Kind Furniture #3660	4/30/17	8,000				8,000	7	MO S/L	4,190	1,143
509	In-Kind Furniture #3651	5/31/17	8,000				8,000	7	MO S/L	4,095	1,143
510	In-Kind Furniture #3690	6/30/17	8,000				8,000	7	MO S/L	4,000	1,143
511	In-Kind Furniture #3661	7/31/17	8,000				8,000	7	MO S/L	3,905	1,143
512	In-Kind Furniture #3671	8/31/17	8,000				8,000	7	MO S/L	3,810	1,142

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
513	In-Kind Furniture #3680	11/30/17	8,000			8,000	7 MO S/L	3,524	1,143
514	Cabinets & Counter Tops (#3600)	2/09/18	5,880			5,880	7 MO S/L	2,450	840
515	Tile (#3600)	2/09/18	4,930			4,930	10 MO S/L	1,438	493
516	Bathroom Fixtures (#3600)	2/09/18	866			866	7 MO S/L	361	123
517	Blinds (#3600)	2/09/18	1,306			1,306	7 MO S/L	544	187
518	Bathroom Fixtures (#3651)	2/09/18	4,170			4,170	7 MO S/L	1,737	596
519	Electrical (#3600)	2/09/18	3,590			3,590	10 MO S/L	1,047	359
520	Renovation (#3600)	2/09/18	25,578			25,578	10 MO S/L	7,460	2,558
521	Lenovo Thinkpad (Development)	3/07/18	876			876	5 MO S/L	497	175
522	Column and Countertop #3600	4/06/18	335			335	7 MO S/L	132	47
523	Renovation #3600	4/06/18	850			850	10 MO S/L	234	85
524	Water Heater	4/06/18	1,875			1,875	7 MO S/L	737	267
525	Toilet #3600	4/06/18	250			250	7 MO S/L	98	36
526	Toilet #3680	4/06/18	230			230	7 MO S/L	90	33
527	Amana 25' Refrigerator #3600	4/06/18	1,153			1,153	7 MO S/L	453	164
528	Amana 30" Glass Range #3600	4/06/18	596			596	7 MO S/L	234	85
529	Amana Microwave #3600	4/06/18	269			269	7 MO S/L	106	38
530	Amana Dishwasher #3600	4/06/18	339			339	7 MO S/L	133	49
531	Amana 3.5' Top Load Washer #3600	4/06/18	428			428	7 MO S/L	168	61
532	Amana 6.5' Dryer #3600	4/06/18	428			428	7 MO S/L	168	61
533	Steel Bathtub #3680	4/20/18	1,771			1,771	7 MO S/L	675	253
534	Bathroom Renovation #3680	4/20/18	896			896	10 MO S/L	239	90
535	Dell Latitude 3590	8/13/18	965			965	5 MO S/L	466	193
536	Dell Latitude 3590	8/13/18	965			965	5 MO S/L	466	193
537	Generator #1	9/06/18	2,429			2,429	5 MO S/L	1,134	485
538	Generator #2	9/06/18	2,429			2,429	5 MO S/L	1,134	485
539	Generator #3	9/06/18	2,429			2,429	5 MO S/L	1,134	485
540	Generator #4	9/06/18	2,429			2,429	5 MO S/L	1,134	485
541	Generator #5	9/06/18	2,429			2,429	5 MO S/L	1,134	485
542	Hot Water Heater #3671	9/27/18	1,475			1,475	7 MO S/L	474	211
543	Dell OptiPlex 3060 Computer	10/18/18	748			748	5 MO S/L	324	150
544	Rheem A/C 2.5 ton/14SEER #3650	12/03/18	2,720			2,720	7 MO S/L	810	388
545	Computer - Best Buy	2/15/19	604			604	5 MO S/L	232	121
546	Computer - Best Buy	2/15/19	604			604	5 MO S/L	232	121
547	Tile (Community Center)	4/11/19	16,350			16,350	10 MO S/L	2,861	1,635
548	Formica Countertops (3670)	4/23/19	4,500			4,500	7 MO S/L	1,071	643
549	Rheem A/C 14 SEER #3651	5/14/19	3,600			3,600	5 MO S/L	1,200	720
550	Hurricane Shutters	7/26/19	6,840			6,840	7 MO S/L	1,384	977
551	HP 156 Touchscreen Laptop	9/04/19	855			855	5 MO S/L	228	171
552	Pavers at Entrance	2/09/20	2,200			2,200	30 MO S/L	67	74
553	Air Conditioner	5/05/20	3,100			3,100	5 MO S/L	413	620
554	Rooms To Go Furniture	11/10/20	24,899			24,899	7 MO S/L	593	3,557
32000	Land	6/30/92	287,832			287,832	0 -- Land	0	0
	Total Other Depreciation		<u>5,144,722</u>			<u>5,144,722</u>		<u>4,159,003</u>	<u>150,152</u>
	Total ACRS and Other Depreciation		<u>5,144,722</u>			<u>5,144,722</u>		<u>4,159,003</u>	<u>150,152</u>
	Grand Totals		5,144,722			5,144,722		4,159,003	150,152
	Less: Dispositions and Transfers		14,406			14,406		14,406	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>5,130,316</u>			<u>5,130,316</u>		<u>4,144,597</u>	<u>150,152</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Building	6/30/92	1,451,357	0	0
2	Building	6/30/93	72,069	0	0
3	Building	6/30/96	776,277	28,228	0
4	Site Development - Underground	6/30/92	105,000	0	0
5	Site - Shenandoah	1/14/93	873	0	0
6	Site - Robert Hill	2/23/93	74	0	0
7	Site - Truly Nolan	2/28/93	450	0	0
8	Site - T.P. Trucking	2/28/93	315	0	0
10	Site - A.F. Dozer, Inc.	3/04/93	438	0	0
11	Site - Southern Fence	3/08/93	580	0	0
12	Site - Griffin Bros.	3/19/93	9,540	0	0
13	Site - Griffin Bros. Village	3/26/93	925	0	0
14	Site - Jon Scott Rogers	3/01/93	213	0	0
15	Site - A.F. Dozer, Inc.	4/06/93	798	0	0
16	Site - A.F. Dozer, Inc.	4/06/93	1,600	0	0
17	Site - Griffin Bros.	4/20/93	11,400	0	0
18	Site - Summary	6/30/93	520	0	0
19	A.F. Dozer, Inc.	6/30/94	1,952	0	0
20	Reines	6/30/94	450	0	0
21	Griffin Bros.	2/08/95	1,895	0	0
22	Green Tam Ent.	3/03/95	518	0	0
23	Community Center	4/01/21	36,265	3,626	0
24	Coral-Aire A/C	8/01/21	3,480	696	0
71	Site Development	6/30/92	342,213	0	0
72	Site Development - Griffin Bros.	6/30/92	36,000	0	0
73	Site Development - Engr. Contract	6/30/92	300,000	0	0
74	Resource Center	6/30/93	1,989	0	0
75	Mitey Lite Tables/Chairs	2/18/99	2,274	0	0
155	Southern Fence Company	6/30/94	3,853	0	0
156	Griffin Bros.	6/30/94	600	0	0
157	Home Depot	6/30/94	2,968	0	0
158	Green Team Ent.	3/09/95	345	0	0
159	Aluminum Gutters	5/29/96	1,950	0	0
160	Tile	6/30/99	10,530	0	0
161	Shed	8/03/99	3,005	0	0
166	Circuit Wiring	4/28/00	1,000	0	0
177	Tile - #3690 & #3650	5/02/00	1,471	0	0
178	Skylights	6/19/00	3,968	0	0
179	Lighting	9/17/01	16,985	0	0
180	Security Screens	9/15/01	3,588	0	0
181	Underground Cabling	9/20/01	5,235	0	0
192	Safes	5/11/01	1,380	0	0
193	Safes	6/06/01	1,380	0	0
209	Econoway - Air Conditioning	10/31/03	1,450	0	0
213	Flooring	9/01/04	1,214	0	0
218	Telephone System	1/20/04	32,706	0	0
222	Lowe's - Kitchen Appliances	6/10/04	2,029	0	0
226	Lowe's - Kitchen Appliances	9/01/04	2,896	0	0
227	Aztec Solar - Water Heater	10/27/04	1,175	0	0
230	Home Depot - Trailer	5/28/04	599	0	0
231	Lowe's - Refrigerator	4/06/04	668	0	0
232	Lowe's - Washer, Dryer, Vacuum	10/12/04	913	0	0
233	Lowe's - Stove & Microwave	11/02/04	686	0	0
234	Lowe's - Stoves (2) & Microwave	11/02/04	1,134	0	0
239	Appliances	2/15/05	1,136	0	0
241	Phone Equipment	1/24/05	773	0	0
242	Observation Window	1/14/05	1,190	0	0
243	AC Condensing Unit	2/17/05	795	0	0
250	Air Condenser	7/05/06	2,100	0	0
252	Water Heater	8/23/06	1,200	0	0
256	Air Handler - Office	9/21/06	1,360	0	0
257	Site Development - Football Field	9/14/06	12,343	494	0
258	Barbecue Grill	10/02/06	3,850	0	0
259	Air Handler - #3640 & #3651	1/18/07	2,590	0	0
260	Air Handler	12/03/07	1,090	0	0
261	Compressor	12/10/07	1,545	0	0
262	Desk - #3600	1/24/07	1,117	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
263	Desk & File Cabinet - J. Smath	5/23/07	1,105	0	0
268	Air Conditioner	10/31/07	2,250	0	0
269	Air Conditioner	10/31/07	1,350	0	0
270	Air Conditioner	10/31/07	1,300	0	0
271	Propane Tank	12/31/07	6,528	0	0
272	Shutters	10/31/07	93,974	0	0
273	Storage Shed	10/31/07	4,809	0	0
274	Tile Installation	10/31/07	24,195	0	0
275	Shutters - Balance	10/31/07	40,291	0	0
278	#3610 Improvements	12/01/08	7,061	471	0
279	#3620 Improvements	12/01/08	10,321	688	0
280	#3630 Improvements	12/01/08	4,604	307	0
281	#3640 Improvements	12/01/08	7,659	511	0
282	#3650 Improvements	12/01/08	7,941	530	0
283	#3660 Improvements	12/01/08	9,515	634	0
284	#3661 Improvements	12/01/08	8,435	562	0
285	#3670 Improvements	12/01/08	10,562	704	0
286	#3671 Improvements	12/01/08	8,435	562	0
287	#3680 Improvements	12/01/08	6,315	421	0
288	#3690 Improvements	12/01/08	6,400	426	0
289	Advanced Wood Working	12/01/08	32,189	2,146	0
292	Air Conditioner	2/13/08	10,026	0	0
295	#3610 Improvements	3/31/09	2,344	156	0
296	#3620 Improvements	3/31/09	2,344	156	0
297	#3630 Improvements	3/31/09	2,344	156	0
298	#3640 Improvements	3/31/09	2,344	156	0
299	#3650 Improvements	3/31/09	2,344	156	0
300	#3660 Improvements	3/31/09	2,344	156	0
301	#3661 Improvements	3/31/09	4,883	325	0
302	#3670 Improvements	3/31/09	4,883	325	0
303	#3671 Improvements	3/31/09	4,883	325	0
304	#3680 Improvements	3/31/09	4,883	325	0
305	#3690 Improvements	3/31/09	4,883	325	0
306	#3600 Improvements	6/24/10	28,497	1,900	0
307	#3610 Improvements	6/24/10	29,821	1,988	0
308	#3620 Improvements	6/24/10	5,146	343	0
309	#3630 Improvements	6/24/10	3,822	255	0
310	#3640 Improvements	6/24/10	5,146	343	0
311	#3650 Improvements	6/24/10	3,822	255	0
312	#3651 Improvements	6/24/10	3,822	255	0
313	#3660 Improvements	6/24/10	5,146	343	0
314	#3661 Improvements	6/24/10	28,497	1,900	0
315	#3670 Improvements	6/24/10	5,541	369	0
316	#3671 Improvements	6/24/10	28,497	1,900	0
317	#3680 Improvements	6/24/10	29,821	1,988	0
318	#3681 Improvements	6/24/10	4,319	288	0
319	#3690 Improvements	6/24/10	28,497	1,900	0
320	#3601 A/C Unit Rebuild	12/22/10	1,085	0	0
321	#3660 A/C Unit Rebuild	12/22/10	1,085	0	0
322	#3600 A/C Unit	6/01/10	2,142	0	0
323	#3640 A/C Unit	6/01/10	2,142	0	0
325	A/C for #3690	2/11/11	1,240	0	0
326	Renovations #3600, Roof Repair	10/25/11	30,437	2,030	0
327	Appliances for Hollywood Apartment	10/28/11	8,553	0	0
328	#3600 Kitchen Remodel	6/01/12	5,638	376	0
329	#3620 A/C Replacement	6/30/12	2,980	149	0
330	Capitalized Mold #3671 Remediation	9/30/12	5,240	350	0
331	Mold and Repair - Remediation	9/30/12	7,180	478	0
332	Mold and Repair - Remediation	9/30/12	9,555	637	0
333	Additional #3660	10/03/12	1,478	99	0
334	Additional #3630	10/03/12	1,875	125	0
335	#3660	12/18/12	800	53	0
350	Tile Roof	1/07/13	20,500	1,367	0
351	A/C Units (23)	4/30/13	38,444	2,563	0
352	Roof Repair	6/28/13	1,500	0	0
353	A/C Units (23) - Credit	8/31/13	-5,026	0	0
354	Playground	11/01/13	10,746	0	0
355	Sprinkler Pump	3/28/13	1,900	0	0
356	A/C Replacement	4/04/13	3,321	0	0
357	Salesforce Software	9/24/13	17,100	0	0
358	Classroom Center Tables & Chair Rack	9/11/13	1,934	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
359	Office Construction #3670	7/14/14	1,150	0	0
360	French Door #3670	7/22/14	1,282	0	0
361	Fire Alarm #3680 New Fire Box	9/02/14	1,075	0	0
362	Shed - Danny's Working Shed	9/30/14	6,020	602	0
364	Office Sidewalk	10/14/14	1,816	0	0
365	Shed - Electric Wiring	10/30/14	3,075	307	0
366	Furniture Lease - BC Leasing	9/30/14	30,018	0	0
367	J&P Electric Community Center Lights	2/18/14	2,450	0	0
368	Roof Repairs - 2 Sheds	1/29/15	1,200	120	0
369	Removal of Tree Roots - Sidewalk	4/24/15	2,476	248	0
370	Concrete Work - #3681 Front	6/26/15	2,472	248	0
371	Recoat Roof #3641	11/19/15	14,758	1,476	0
372	Surface Computer - CEO	4/30/15	1,129	0	0
373	Case Manager Computers (6)	4/30/15	1,254	0	0
374	Workstations & Installation - #1383	3/16/15	2,230	0	0
375	Hutch & Cabinets - Installation	10/08/15	3,145	0	0
376	Furniture for Homes	12/15/15	23,000	3,012	0
377	AC Quality Electric	4/14/15	10,300	0	0
378	Pulled CAT 5 to Offices	4/14/15	1,815	0	0
379	Heritage Carpet & Tile	4/14/15	14,385	0	0
380	Ridgeway Plumbing	4/14/15	1,230	0	0
381	Exclusive Trim	4/14/15	2,200	0	0
382	GEE Drywall Company	4/14/15	8,000	0	0
383	Engineered Air	4/14/15	250	0	0
384	Distinctive Kitchens & Baths	4/14/15	3,140	0	0
385	ASG Enterprise	4/14/15	11,050	1,105	0
386	Heritage Carpet and Tile	6/12/15	6,234	624	0
387	Falcone Vendor	6/12/15	400	40	0
388	ASG Enterprise	6/12/15	1,150	115	0
389	All Star Painting	6/12/15	802	80	0
390	Distinctive Kitchen & Baths	6/12/15	1,595	160	0
391	Kunes Plumbing	6/12/15	175	17	0
392	Blow Fiberglass	6/12/15	927	93	0
393	Armer Protection	6/12/15	795	80	0
394	Ferguson Enterprise	6/12/15	1,316	131	0
395	Armer Protection	6/22/15	4,498	449	0
396	Alarm Installation	6/22/15	3,856	385	0
397	ASG Enterprise	6/24/15	7,036	703	0
398	ASG Enterprise	7/07/15	7,036	703	0
399	Kunes Plumbing Inc.	7/30/15	3,947	395	0
400	ASG Enterprise Inc.	7/30/15	8,796	880	0
401	Mancini Electric	7/30/15	2,750	275	0
402	Kunes Plumbing Inc.	8/10/15	3,947	395	0
403	Allied Doors South Florida LLC	8/11/15	235	24	0
404	Engineered Air, LLC	8/20/15	5,901	590	0
405	Distinctive Kitchen & Baths	8/19/15	4,395	440	0
406	Sony Construction, Inc.	8/20/15	3,750	375	0
407	The Tamara Peacock Company	8/20/15	991	99	0
408	Sony Construction, Inc.	9/01/15	3,750	375	0
409	Armer Protection	9/01/15	794	80	0
410	Glass Doctor of Broward	9/02/15	360	36	0
411	Kunes Plumbing Inc.	9/09/15	1,400	140	0
412	Mancini Electric	9/11/15	6,000	600	0
413	ASG Enterprise Inc.	9/14/15	9,246	925	0
414	Magnum Land Development	9/14/15	1,080	108	0
415	Armer Protection, Inc.	9/14/15	4,234	423	0
416	Kunes Plumbing Inc.	10/20/15	3,947	395	0
417	Engineered Air, LLC	12/02/15	2,069	207	0
418	Silva & Silva Services	12/02/15	1,850	185	0
419	ASG Enterprise Inc.	12/02/15	3,998	400	0
420	Building Products of Miami	12/02/15	1,534	154	0
421	Armer Protection, Inc.	12/02/15	635	64	0
423	Mancini Electric	12/21/15	5,000	500	0
424	Armer Protection, Inc.	12/21/15	528	53	0
425	Silva & Silva Services	12/21/15	3,160	316	0
426	Heritage Carpet and Tile	12/21/15	1,624	163	0
427	Straight Line Construction	12/21/15	9,056	905	0
428	Flooring Removal Services, Inc.	12/21/15	1,300	130	0
429	Kunes Plumbing Inc.	12/21/15	3,947	395	0
430	Cheeky Monkey Cleaning Services, Inc.	12/21/15	390	39	0
431	Yukon Construction	4/14/15	2,950	295	0

Asset	Description	Date In Service	Cost	Tax	AMT
432	A/C Units - Community Center	11/04/16	6,030	603	0
433	Laptops (2)	12/01/16	6,694	0	0
434	#3610 Renovations	8/06/16	5,633	564	0
435	#3650 Renovations	5/26/16	22,608	2,261	0
436	#3630 Renovations	6/23/16	20,347	2,035	0
437	#3620 Renovations	2/24/16	26,156	2,615	0
438	#3640 Renovations	4/14/16	22,769	2,277	0
439	Tribute Wall	4/15/16	2,752	276	0
440	Distinctive Cabinets #3670	2/17/17	5,350	535	0
441	Shelving - Heritage Flooring #3670	2/17/17	693	69	0
442	Renovation #3670	2/17/17	13,808	1,381	0
443	Distinctive Cabinets	4/06/17	11,650	1,165	0
444	Heritage Flooring	4/06/17	3,518	352	0
445	Remodeling #3660	4/06/17	28,757	2,876	0
446	Appliances #3690	5/12/17	1,896	271	0
447	Renovation #3651	5/12/17	1,700	170	0
448	Drywall	5/12/17	2,800	280	0
449	Renovation #3690	5/12/17	12,777	1,277	0
450	Bifold Doors #3690 (Straight Line Millwork)	6/09/17	2,761	394	0
451	Bathrooms & Kitchen #3690 (Kunes Plumbing)	6/09/17	4,725	675	0
452	Electrical #3690 (Mancini)	6/09/17	3,440	344	0
453	Shelving, Mirrors & Bathroom Accessories	6/09/17	817	116	0
454	Cabinets & Countertops #3690	6/09/17	5,150	736	0
455	Tile #3690	6/09/17	2,235	224	0
456	Dell Latitude & Dell e-Port	3/31/17	1,537	77	0
457	Bi-fold Doors & Bypass Doors	6/23/17	2,630	375	0
458	Renovation of bedrooms #3661	7/27/17	2,950	295	0
459	Renovations #3661	7/27/17	13,152	1,315	0
460	Electrical Work #3661	7/27/17	3,440	344	0
461	Kitchen & bathrooms remodel #3661	7/27/17	2,975	297	0
462	Toilets, sink, faucets, etc #3661	7/27/17	1,350	193	0
463	Doors and closet doors #3661	7/27/17	4,295	430	0
464	Cabinets & counter tops #3661	7/27/17	5,150	515	0
465	Tile & installation #3661	7/27/17	2,453	246	0
466	Shelving, mirrors, etc #3661	7/27/17	795	113	0
467	Vertical blinds #3661	7/27/17	1,089	156	0
468	Blinds #3690	8/11/17	817	117	0
469	Cabineets and doors #3671	8/11/17	3,714	530	0
470	Toilets, Sinks, Hardware & Installation #3671	8/11/17	4,175	597	0
471	Drywall Renovation #3671	8/11/17	2,800	280	0
472	Cabinets & Counter Tops #3671	8/11/17	3,826	547	0
473	Tile & Installation #3671	8/11/17	1,713	171	0
474	Bathroom Shelving & Accessories #3671	8/11/17	922	131	0
475	Blinds #3671	8/11/17	962	137	0
476	Electrical #3671	8/11/17	3,440	344	0
477	Renovation #3671	8/11/17	11,820	1,182	0
478	Amana 25' Refrigerator #3661	8/11/17	1,147	164	0
479	Amana 30" Glass-Top Range #3661	8/11/17	593	85	0
480	Amana 1.6' Microwave #3661	8/11/17	267	38	0
481	Amana Dishwasher #3661	8/11/17	337	48	0
482	Amana 3.5' Top Load Washer #3661	8/11/17	426	61	0
483	Amana 6.5' Dryer #3661	8/11/17	426	61	0
484	Renovation #3680	11/14/17	12,635	1,263	0
485	Renovations #3680 - Mulheron	11/14/17	3,350	335	0
486	Bathroom Cabinets, Shelving & Mirror #3680	11/14/17	894	128	0
487	Blinds #3680 - Heritage Carpet & Tile	11/14/17	828	118	0
488	Kitchen & Bathroom Fixtures #3680 (Kunes)	11/14/17	3,270	468	0
489	Closets & Doors #3680 (Straight Line)	11/14/17	3,280	468	0
490	Electrical Work #3680 (Mancini)	11/14/17	3,590	359	0
491	Cabinets & Countertops #3680 (Distinctive)	11/14/17	5,175	740	0
492	Lenovo Computers (2)	11/21/17	1,436	263	0
506	In-Kind Furniture #3610	2/28/17	8,000	1,143	0
507	In-Kind Furniture #3670	2/28/17	8,000	1,143	0
508	In-Kind Furniture #3660	4/30/17	8,000	1,143	0
509	In-Kind Furniture #3651	5/31/17	8,000	1,143	0
510	In-Kind Furniture #3690	6/30/17	8,000	1,143	0
511	In-Kind Furniture #3661	7/31/17	8,000	1,142	0
512	In-Kind Furniture #3671	8/31/17	8,000	1,143	0
513	In-Kind Furniture #3680	11/30/17	8,000	1,143	0
514	Cabinets & Counter Tops (#3600)	2/09/18	5,880	840	0
515	Tile (#3600)	2/09/18	4,930	493	0

65-0080301

Future Depreciation Report**FYE: 12/31/22**

FYE: 12/31/2021

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Asset	Description	Date In Service	Cost	Tax	AMT
516	Bathroom Fixtures (#3600)	2/09/18	866	124	0
517	Blinds (#3600)	2/09/18	1,306	186	0
518	Bathroom Fixtures (#3651)	2/09/18	4,170	596	0
519	Electrical (#3600)	2/09/18	3,590	359	0
520	Renovation (#3600)	2/09/18	25,578	2,558	0
521	Lenovo Thinkpad (Development)	3/07/18	876	175	0
522	Column and Countertop #3600	4/06/18	335	48	0
523	Renovation #3600	4/06/18	850	85	0
524	Water Heater	4/06/18	1,875	268	0
525	Toilet #3600	4/06/18	250	36	0
526	Toilet #3680	4/06/18	230	33	0
527	Amana 25' Refrigerator #3600	4/06/18	1,153	165	0
528	Amana 30" Glass Range #3600	4/06/18	596	85	0
529	Amana Microwave #3600	4/06/18	269	38	0
530	Amana Dishwasher #3600	4/06/18	339	48	0
531	Amana 3.5' Top Load Washer #3600	4/06/18	428	62	0
532	Amana 6.5' Dryer #3600	4/06/18	428	62	0
533	Steel Bathtub #3680	4/20/18	1,771	253	0
534	Bathroom Renovation #3680	4/20/18	896	89	0
535	Dell Latitude 3590	8/13/18	965	193	0
536	Dell Latitude 3590	8/13/18	965	193	0
537	Generator #1	9/06/18	2,429	486	0
538	Generator #2	9/06/18	2,429	486	0
539	Generator #3	9/06/18	2,429	486	0
540	Generator #4	9/06/18	2,429	486	0
541	Generator #5	9/06/18	2,429	486	0
542	Hot Water Heater #3671	9/27/18	1,475	211	0
543	Dell OptiPlex 3060 Computer	10/18/18	748	150	0
544	Rheem A/C 2.5 ton/14SEER #3650	12/03/18	2,720	389	0
545	Computer - Best Buy	2/15/19	604	120	0
546	Computer - Best Buy	2/15/19	604	120	0
547	Tile (Community Center)	4/11/19	16,350	1,635	0
548	Formica Countertops (3670)	4/23/19	4,500	643	0
549	Rheem A/C 14 SEER #3651	5/14/19	3,600	720	0
550	Hurricane Shutters	7/26/19	6,840	978	0
551	HP 156 Touchscreen Laptop	9/04/19	855	171	0
552	Pavers at Entrance	2/09/20	2,200	73	0
553	Air Conditioner	5/05/20	3,100	620	0
554	Rooms To Go Furniture	11/10/20	24,899	3,557	0
32000	Land	6/30/92	287,832	0	0
	Total Other Depreciation		<u>5,130,316</u>	<u>149,316</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>5,130,316</u>	<u>149,316</u>	<u>0</u>
	Grand Totals		<u>5,130,316</u>	<u>149,316</u>	<u>0</u>

Form 990	Event Income and Deduction Worksheet	2021
Description GALA		Taxpayer Identification Number 65-0080301
Name SOS CHILDREN'S VILLAGES FLORIDA, INC		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	267,399
7. Total revenue. Add lines 1 through 6	7.	267,399
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	121,136
15. Total expenses. Add lines 8 through 14	15.	121,136
16. Net Income/Loss. Line 7 minus Line 15	16.	146,263

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	192
Non-cash prizes	15,023
Rent and facility costs	
Food & beverages (Part II only)	37,528
Entertainment (Part II only)	2,500
Other direct expenses	65,893
Total Fundraising Expense	121,136

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code		Seq #	
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

Form 990	Event Income and Deduction Worksheet	2021
Description STEPS FOR SOS		
Name SOS CHILDREN'S VILLAGES FLORIDA, INC		Taxpayer Identification Number 65-0080301

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	77,016
7. Total revenue. Add lines 1 through 6	7.	77,016
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	3,557
15. Total expenses. Add lines 8 through 14	15.	3,557
16. Net Income/Loss. Line 7 minus Line 15	16.	73,459

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	693
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	2,864
Total Fundraising Expense	3,557

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code		Seq #	
<input type="checkbox"/> Part V, Debt Financing			
<input type="checkbox"/> Part VI, Controlled Org Income			
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)			
<input type="checkbox"/> Part VIII, Exploited Activities			
<input type="checkbox"/> Part IX, Advertising Income			

Form 990	Event Income and Deduction Worksheet	2021
Description OTHER EVENTS		
Name SOS CHILDREN'S VILLAGES FLORIDA, INC		Taxpayer Identification Number 65-0080301

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	51,300
7. Total revenue. Add lines 1 through 6	7.	51,300
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	11,107
15. Total expenses. Add lines 8 through 14	15.	11,107
16. Net Income/Loss. Line 7 minus Line 15	16.	40,193

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	104
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	8,962
Entertainment (Part II only)	600
Other direct expenses	1,441
Total Fundraising Expense	11,107

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code		Seq #	
<input type="checkbox"/> Part V, Debt Financing			
<input type="checkbox"/> Part VI, Controlled Org Income			
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)			
<input type="checkbox"/> Part VIII, Exploited Activities			
<input type="checkbox"/> Part IX, Advertising Income			

Form 990	Event Income and Deduction Worksheet	2021
Description UNDER \$5K FUNDRAISING EVENT		
Name SOS CHILDREN'S VILLAGES FLORIDA, INC		Taxpayer Identification Number 65-0080301

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	31,553
7. Total revenue. Add lines 1 through 6	7.	31,553
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	8,475
15. Total expenses. Add lines 8 through 14	15.	8,475
16. Net Income/Loss. Line 7 minus Line 15	16.	23,078

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	50
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	1,450
Entertainment (Part II only)	_____
Other direct expenses	6,975
Total Fundraising Expense	8,475

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code	_____	Seq #	_____
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

**SCHEDULE G
(Form 990 or
990-EZ)****Fundraising Other Events****2021**

For calendar year 2021, or tax year beginning , and ending

Name

Employer Identification Number

SOS CHILDREN'S VILLAGES FLORIDA, INC**65-0080301**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>OTHER EVENTS</u> (event type)	_____ (event type)	_____ (event type)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	51,300		51,300
	2	Less: Charitable contributions	51,300		51,300
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes	104		104
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food/beverages	8,962		8,962
	8	Entertainment	600		600
	9	Other expenses	1,441		1,441

Form 990		Two Year Comparison Report		2020 & 2021	
Name		For calendar year 2021, or tax year beginning		, ending	
Name		Taxpayer Identification Number			
SOS CHILDREN'S VILLAGES FLORIDA, INC				65-0080301	
			2020	2021	Differences
Revenue	1. Contributions, gifts, grants	1.	2,230,625	3,089,078	858,453
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	3,287,489	2,839,374	-448,115
	4. Program service revenue	4.			
	5. Investment income	5.	4,137	1,884	-2,253
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	-43,196	-144,275	-101,079
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	53,563	55,019	1,456
	12. Total revenue. Add lines 1 through 11	12.	5,532,618	5,841,080	308,462
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	150,128	172,654	22,526
	16. Salaries, other compensation, and employee benefits	16.	2,581,271	2,585,671	4,400
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	86,405	97,876	11,471
	19. Occupancy, rent, utilities, and maintenance	19.	175,624	180,797	5,173
	20. Depreciation and Depletion	20.	150,104	150,157	53
	21. Other expenses	21.	996,967	1,071,470	74,503
	22. Total expenses. Add lines 13 through 21	22.	4,140,499	4,258,625	118,126
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	1,392,119	1,582,455	190,336
Other Information	24. Total exempt revenue	24.	5,532,618	5,841,080	308,462
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	14,504	-87,372	-101,876
	27. Total assets	27.	4,012,267	5,627,775	1,615,508
	28. Total liabilities	28.	200,195	233,248	33,053
	29. Retained earnings	29.	3,812,072	5,394,527	1,582,455
	30. Number of voting members of governing body	30.	24	28	
31. Number of independent voting members of governing body	31.	24	28		
32. Number of employees	32.	72	63		
33. Number of volunteers	33.	40	100		

Form 990	Tax Return History	2021
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Name SOS CHILDREN'S VILLAGES FLORIDA, INC	Employer Identification Number 65-0080301
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	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants		4,134,934	5,141,419	5,518,114	5,928,452	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income		682	427	4,137	1,884	
Fundraising revenue (income/loss)		-234,377	-193,056	-43,196	-144,275	
Gaming revenue (income/loss)						
Other revenue		52,196	62,406	53,563	55,019	
Total revenue		3,953,435	5,011,196	5,532,618	5,841,080	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		139,500	149,275	150,128	172,654	
Other compensation		2,026,032	2,452,072	2,581,271	2,585,671	
Professional fees		132,662	153,427	86,405	97,876	
Occupancy costs		198,848	141,123	175,624	180,797	
Depreciation and depletion		213,276	176,886	150,104	150,157	
Other expenses		1,248,637	1,181,075	996,967	1,071,470	
Total expenses		3,958,955	4,253,858	4,140,499	4,258,625	
Excess or (Deficit)		-5,520	757,338	1,392,119	1,582,455	
Total exempt revenue		3,953,435	5,011,196	5,532,618	5,841,080	
Total unrelated revenue						
Total excludable revenue		-181,499	-130,223	14,504	-87,372	
Total Assets		1,855,351	2,624,812	4,012,267	5,627,775	
Total Liabilities		192,736	204,859	200,195	233,248	
Net Fund Balances		1,662,615	2,419,953	3,812,072	5,394,527	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT	INCOME	\$ 1,884		14			
	Total	\$ <u>1,884</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES FOR SERVICES	\$ 80,677	\$ 15,490	\$ 22,693	\$ 42,494
Total	\$ 80,677	\$ 15,490	\$ 22,693	\$ 42,494

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
GIFT AND FLOWER EXPENSE	\$ 252	\$	\$	\$ 252
BANK FEES	182			182
OTHER EXPENSES #2	150			150
OTHER EXPENSES #1	100			100
PRIZES AND AWARDS	49			49
Total	\$ 733	\$ 0	\$ 0	\$ 733

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Wanda & James Foundation	\$ 1,982,413	\$ 1,475,596
John O. Ulbrich Estate	889,064	382,247
Frederick A. DeLuca Foundation	560,000	53,183
Total	<u>\$ 3,431,477</u>	<u>\$ 1,911,026</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
INVESTMENT INCOME	\$ 1,884
Total	\$ 1,884

Schedule A, Part II, Line 10(e)

Description	Amount
GALA	\$
STEPS FOR SOS	
OTHER EVENTS	
UNDER \$5K FUNDRAISING EVENT	
Total	\$ 0

Federal Statements

GALA

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER EXPENSES	\$ 65,893
Total	\$ <u>65,893</u>

Federal Statements**STEPS FOR SOS****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
OTHER EVENT EXPENSES	\$ <u>2,864</u>
Total	\$ <u><u>2,864</u></u>

Federal Statements

OTHER EVENTS

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER EVENT EXPENSES	\$ <u>1,441</u>
Total	\$ <u><u>1,441</u></u>

Federal Statements

UNDER \$5K FUNDRAISING EVENT

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER EXPENSE	\$ <u>6,975</u>
Total	\$ <u><u>6,975</u></u>