

FYE: 12/31/2022

## **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, 2022 is being filed electronically with the IRS by the services of Bellows Associates, P.A..
- [X] Your return was accepted by the IRS on 11/14/23 and the Submission Identification Number assigned to your return is 65512820233180005263.

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 2022, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

65-0080301

### SOS CHILDREN'S VILLAGES FLORIDA, INC

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>5,394,527</u>
<b>Revenue</b>		
Contributions	<u>6,239,662</u>	
Program service revenue	<u>                    </u>	
Investment income	<u>5,457</u>	
Capital gain / loss	<u>                    </u>	
Fundraising / Gaming:		
Gross revenue	<u>                    </u>	
Direct expenses	<u>260,063</u>	
Net income	<u>-260,063</u>	
Other income	<u>72,065</u>	
<b>Total revenue</b>		<u>6,057,121</u>
<b>Expenses</b>		
Program services	<u>3,477,882</u>	
Management and general	<u>340,268</u>	
Fundraising	<u>599,762</u>	
<b>Total expenses</b>		<u>4,417,912</u>
<b>Excess / (deficit)</b>		<u>1,639,209</u>
Changes		<u>                    </u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>7,033,736</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>6,317,184</u>
Less:	
Unrealized gains	<u>                    </u>
Donated services	<u>                    </u>
Recoveries	<u>                    </u>
Other	<u>260,063</u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total revenue per return</b>	<u>6,057,121</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>4,677,975</u>
Less:	
Donated services	<u>                    </u>
Prior year adjustments	<u>                    </u>
Losses	<u>                    </u>
Other	<u>260,063</u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total expenses per return</b>	<u>4,417,912</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>5,627,775</u>	<u>7,437,299</u>	
Liabilities	<u>233,248</u>	<u>403,563</u>	
Net assets	<u>5,394,527</u>	<u>7,033,736</u>	<u>1,639,209</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 11/15/23  
Failure to file penalty \_\_\_\_\_

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

November 14, 2023

**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, 2022

**Date Due:** November 15, 2023

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/22 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 2022, or fiscal year beginning ..... 2022, and ending ..... 20 .....

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

# 2022

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.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>6,057,121</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) ..	<b>10b</b> _____

## 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 2022 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 2022 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 2022 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 **11/15/23**

## 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 2022 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 **11/15/23**

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

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

OMB No. 1545-0047  
**2022**  
**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

**A For the 2022 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization**  
**SOS CHILDREN'S VILLAGES FLORIDA, INC**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**3681 NW 59TH PLACE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**COCONUT CREEK FL 33073**

**D Employer identification number**  
**65-0080301**

**E Telephone number**  
**954-420-5030**

**G Gross receipts \$** **6,317,184**

**F Name and address of principal officer:**  
**JILLIAN SMATH**  
**3681 NW 59TH PLACE**  
**COCONUT CREEK FL 33073**

**H(a) Is this a group return for subordinates?**  Yes  No  
**H(b) Are all subordinates included?**  Yes  No  
 If "No," attach a list. See instructions

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** **WWW.SOSFLORIDA.COM**

**K Form of organization:**  Corporation  Trust  Association  Other

**L Year of formation:** **1988** **M State of legal domicile:** **FL**

**H(c) Group exemption number** \_\_\_\_\_

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>28</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>28</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>61</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1000</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>5,928,452</b>	Current Year <b>6,239,662</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,884</b>	<b>5,457</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-89,256</b>	<b>-187,998</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,841,080</b>	<b>6,057,121</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,758,325</b>	<b>2,659,187</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>599,762</b>		<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,500,300</b>	<b>1,758,725</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,258,625</b>	<b>4,417,912</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,582,455</b>	<b>1,639,209</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>5,627,775</b>	End of Year <b>7,437,299</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>233,248</b>	<b>403,563</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>5,394,527</b>	<b>7,033,736</b>

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: *Jillian Smath* Date: **11/14/2023**  
**JILLIAN SMATH** CEO

**Paid Preparer Use Only**  
 Print/Type preparer's name: **Sean R. Chambless, C.P.A.** Preparer's signature: *Sean R. Chambless* Date: **10/26/23** Check  if self-employed PTIN: **P02379007**  
 Firm's name: **Bellows Associates, P.A.** Firm's EIN: **65-0804414**  
 Firm's address: **5401 N University Drive, Suite 201**  
**Coral Springs, FL 33067** Phone no.: **954-838-7000**

**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 \$ **3,477,882** including grants of \$ ) (Revenue \$ **72,065** )  
**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 **3,477,882**

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

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

Check if Schedule O contains a response 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		
b	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	29
1b	0

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	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	<b>2a</b>	<b>61</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>		<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 28		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 28		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (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

**FRAN WEBER** **3681 N.W. 59TH PLACE** **FL 33073** **954-420-5030**  
**COCONUT CREEK**

**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, box 6 of 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) <b>JILLIAN SMATH</b> ..... CEO	40.00 0.00			X				161,520	0	21,176
(2) <b>DAWN SEAY</b> ..... CHIEF DEV. OFFICER	40.00 0.00					X		127,431	0	7,242
(3) <b>SANDRA WALLACE</b> ..... COO	40.00 0.00					X		113,194	0	8,664
(4) <b>FRANCINE WEBER-KLEIN</b> ..... FINANCE DIRECTOR	40.00 0.00					X		106,448	0	7,831
(5) <b>BRETT AKS</b> ..... DIRECTOR	1.00 0.00	X						0	0	0
(6) <b>CAROLYN ASENCIO</b> ..... DIRECTOR	1.00 0.00	X						0	0	0
(7) <b>VERONICA BAUTISTA</b> ..... TREASURER	1.00 0.00	X		X				0	0	0
(8) <b>MARC BELL</b> ..... DIRECTOR	1.00 0.00	X						0	0	0
(9) <b>STEVE BONNER</b> ..... DIRECTOR	1.00 0.00	X						0	0	0
(10) <b>DAVID BOOTHE</b> ..... DIRECTOR	1.00 0.00	X						0	0	0
(11) <b>SIMEON BRIER</b> ..... 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) <b>LARRY BUCK</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(13) <b>JENNIFER COSTEA</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(14) <b>DAMEKA DAVIS</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(15) <b>MARCY FALCONE</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(16) <b>WAYNE GRINER</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(17) <b>ERIC GUIDO</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(18) <b>ELIZABETH GUIMARAES</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(19) <b>BROOK HEITNER</b>	1.00									
DIRECTOR	0.00	X						0	0	0
<b>1b Subtotal</b>								<b>508,593</b>		<b>44,913</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>508,593</b>		<b>44,913</b>

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 **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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

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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	725,895			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,791,235			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,722,532			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h Total.</b> Add lines 1a-1f		6,239,662			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code			
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		5,457		5,457	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents		(i) Real	(ii) Personal		
		<b>6a</b>				
		<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
		<b>7a</b>				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>			
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ 725,895 of contributions reported on line 1c). See Part IV, line 18					
<b>8a</b>						
<b>b</b> Less: direct expenses		<b>8b</b>	260,063			
<b>c</b> Net income or (loss) from fundraising events		-260,063		-260,063		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances						
	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b> BENEFICIAL ASSET DISTRIBUTION	Business Code	900099	57,253	57,253	
	<b>b</b> GAIN ON LEASE TERMINATION		900099	12,933	12,933	
	<b>c</b> REIMBURSEMENTS		900099	1,879	1,879	
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		72,065			
	<b>12 Total revenue.</b> See instructions		6,057,121	72,065	0	-254,606

**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	182,696	135,878	16,759	30,059
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	2,165,756	1,608,267	201,109	356,380
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,048	16,505	7,796	2,747
9 Other employee benefits	108,033	81,296	8,982	17,755
10 Payroll taxes	175,654	132,296	15,883	27,475
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	21,051	4,420	5,255	11,376
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.)	101,108	21,228	25,238	54,642
12 Advertising and promotion				
13 Office expenses	152,953	88,155	16,889	47,909
14 Information technology	47,510	23,203	7,461	16,846
15 Royalties				
16 Occupancy	258,403	235,491	12,828	10,084
17 Travel	236,066	232,241	140	3,685
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,064	1,181	40	2,843
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	150,477	135,429	15,048	
23 Insurance	66,845	55,795	6,186	4,864
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	495,694	494,544	384	766
b CHILDREN SERVICES	211,695	211,512	183	
c FUNDRAISING EXPENSES	6,251			6,251
d GOLF TOURNAMENT EXPENSE	2,944			2,944
e All other expenses	3,664	441	87	3,136
25 Total functional expenses. Add lines 1 through 24e	4,417,912	3,477,882	340,268	599,762
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	<b>1,768,570</b>	<b>1</b>	<b>2,460,810</b>
	<b>2</b> Savings and temporary cash investments .....	<b>1,644,562</b>	<b>2</b>	<b>1,435,094</b>
	<b>3</b> Pledges and grants receivable, net .....	<b>1,035,392</b>	<b>3</b>	<b>1,156,511</b>
	<b>4</b> Accounts receivable, net .....	<b>284,034</b>	<b>4</b>	<b>379,480</b>
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	<b>16,216</b>	<b>9</b>	<b>9,484</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>5,258,606</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>4,445,222</b>	<b>874,481</b>	<b>10c</b> <b>813,384</b>
	<b>11</b> Investments—publicly traded securities .....	<b>750</b>	<b>11</b>	<b>988,380</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	<b>3,770</b>	<b>15</b>	<b>194,156</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>5,627,775</b>	<b>16</b>	<b>7,437,299</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>233,248</b>	<b>17</b>	<b>209,407</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	<b>194,156</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>233,248</b>	<b>26</b>	<b>403,563</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	<b>3,678,419</b>	<b>27</b>	<b>4,453,235</b>
	<b>28</b> Net assets with donor restrictions .....	<b>1,716,108</b>	<b>28</b>	<b>2,580,501</b>
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32 Total net assets or fund balances</b> .....	<b>5,394,527</b>	<b>32</b>	<b>7,033,736</b>
<b>33 Total liabilities and net assets/fund balances</b> .....	<b>5,627,775</b>	<b>33</b>	<b>7,437,299</b>	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>6,057,121</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>4,417,912</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>1,639,209</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>5,394,527</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>7,033,736</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<b>X</b>	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	

**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) <b>WILLIAM KRAMER</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(21) <b>AMY LEE</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(22) <b>LESLIE NIXON</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(23) <b>PATRICIA PIERCE</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(24) <b>ERNST PIRRE-LOUIS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(25) <b>FAMOUS RHODES</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(26) <b>WILFREDO RIVERA</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(27) <b>ROCKI ROCKINGHAM</b>	1.00									
SECRETARY	0.00	X		X			0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

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

**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

**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) <b>TAMISHA ROUNDTREE</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(29) <b>JACKSON SELF</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(30) <b>CHRISTINE SHAW</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(31) <b>JULIE SHIELL</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(32) <b>SANFORD SMITH</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(33) <b>MARK THOMPSON</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(34) <b>IVAN E. VELEZ-LEON</b>	1.00									
BOARD CHAIR	0.00	X					0	0	0	
(35) <b>CATHERINE WALKER</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

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

**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



**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

**Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,186,803	5,194,760	5,571,677	5,983,471	6,296,915	27,233,626
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	4,186,803	5,194,760	5,571,677	5,983,471	6,296,915	27,233,626
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,545,907
<b>6</b> Public support. Subtract line 5 from line 4						24,687,719

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	4,186,803	5,194,760	5,571,677	5,983,471	6,296,915	27,233,626
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	682	427	4,137	1,884	5,457	12,587
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	327	9,065			14,812	24,204
<b>11 Total support.</b> Add lines 7 through 10						27,270,417

**12** Gross receipts from related activities, etc. (see instructions) 12 36,791

**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**

<b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	90.53 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	92.39 %

**16a 33 1/3% support test—2022.** 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—2021.** 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—2022.** 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—2021.** 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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2022.** 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—2021.** 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 on 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
<b>1</b> 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>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
<b>3a</b> 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>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
<b>1</b>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>2a</b>		
<b>b</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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>		
<b>b</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>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	<b>5</b>
<b>6</b> Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 .....			
<b>b</b> From 2018 .....			
<b>c</b> From 2019 .....			
<b>d</b> From 2020 .....			
<b>e</b> From 2021 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 .....			
<b>b</b> Excess from 2019 .....			
<b>c</b> Excess from 2020 .....			
<b>d</b> Excess from 2021 .....			
<b>e</b> Excess from 2022 .....			

**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
GAIN ON LEASE TERMINATION -- 2022	\$	12,933
REIMBURSEMENTS - 2022	\$	1,879

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

Employer identification number

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

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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 33
- <sup>1</sup>
- /
- <sub>3</sub>
- % 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).

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

Schedule B (Form 990) (2022)

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	CHILDNET, INC. 1100 W. MCNAB ROAD FT. LAUDERDALE FL 33309	\$ 2,640,450	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	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.)
3	DELUCA FOUNDATION 49 N FEDERAL HIGHWAY #312 POMPANO BEACH FL 33062	\$ 921,591	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FL DEPARTMENT OF CHILDREN & FAMILIES 2415 NORTH MONROE STREET TALLAHASSEE FL 32303	\$ 149,785	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input 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

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

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

OMB No. 1545-0047

2022

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: Description, 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, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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: Description, Amount. 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. 1b 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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

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

- a** Board designated or quasi-endowment .....%
- b** Permanent endowment .....%
- c** Term endowment .....%

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

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

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land .....		<b>287,832</b>		<b>287,832</b>
<b>b</b> Buildings .....		<b>3,635,232</b>	<b>3,270,831</b>	<b>364,401</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>17,668</b>	<b>16,742</b>	<b>926</b>
<b>e</b> Other .....		<b>1,317,874</b>	<b>1,157,649</b>	<b>160,225</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				<b>813,384</b>



**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LEASE LIABILITY - OPERATING</b>	<b>194,156</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>194,156</b>

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>6,317,184</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>260,063</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>260,063</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>6,057,121</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>6,057,121</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>4,677,975</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>260,063</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>260,063</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>4,417,912</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>4,417,912</b>

**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** \$ **260,063**

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

**DIRECT FUNDRAISING EXPENSE** \$ **260,063**



**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.

⚡ Attach to Form 990 or Form 990-EZ.

⚡ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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							
<b>Total</b>							

**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	553,153	125,899	46,843	725,895
	2	Less: Contributions	553,153	125,899	46,843	725,895
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes	1,072	1,592	140	2,804
	5	Noncash prizes	6,544			6,544
	6	Rent/facility costs		2,763		2,763
	7	Food and beverages	114,439	1,647	4,291	120,377
	8	Entertainment	11,910	250	725	12,885
	9	Other direct expenses	94,228	17,741	2,721	114,690
	10	Direct expense summary. Add lines 4 through 9 in column (d)				260,063
11	Net income summary. Subtract line 10 from line 3, column (d)				-260,063	

**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**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				
1 JILLIAN SMATH CEO	(i)	161,520	0	0	0	21,176	182,696	0
	(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.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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	\$ 260,063
DIRECT FUNDRAISING EXPENSE	\$ -260,063

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

Schedule O (Form 990) 2022

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

**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) <b>SOS CHILDREN'S VILLAGES-USA INC</b> 1620 I STREET NW NO 900 13-6188433 WASHINGTON DC 20006	<b>OVERSIGHT</b>	<b>DC</b>	<b>501c3</b>	<b>7</b>	<b>SOS INTL</b>		<b>X</b>
(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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> 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

Name(s) shown on return

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

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2022**

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	<b>1,080,000</b>
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	<b>2,700,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 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 2023. 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	<b>150,477</b>

**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 2022	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2022 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 2022 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	<b>Total.</b> 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	<b>150,477</b>
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: 12/31/2022

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
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	720,997	28,228
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	Air Conditioner 3600	2/15/22	3,760			3,760	5 MO S/L	0	689
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	2,720	3,626
24	Coral-Aire A/C	8/01/21	3,480			3,480	5 MO S/L	290	696
25	Coral Aire - Fixed Grant	12/01/22	85,620			85,620	15 MO S/L	0	476
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
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	7,570	494
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
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

65-0080301

## Federal Asset Report

FYE: 12/31/2022

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
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	6,159	471
279	#3620 Improvements	12/01/08	10,321			10,321	15 MO S/L	9,003	688
280	#3630 Improvements	12/01/08	4,604			4,604	15 MO S/L	4,016	307
281	#3640 Improvements	12/01/08	7,659			7,659	15 MO S/L	6,680	511
282	#3650 Improvements	12/01/08	7,941			7,941	15 MO S/L	6,926	530
283	#3660 Improvements	12/01/08	9,515			9,515	15 MO S/L	8,299	634
284	#3661 Improvements	12/01/08	8,435			8,435	15 MO S/L	7,357	562
285	#3670 Improvements	12/01/08	10,562			10,562	15 MO S/L	9,213	704
286	#3671 Improvements	12/01/08	8,435			8,435	15 MO S/L	7,357	562
287	#3680 Improvements	12/01/08	6,315			6,315	15 MO S/L	5,508	421
288	#3690 Improvements	12/01/08	6,400			6,400	15 MO S/L	5,583	426
289	Advanced Wood Working	12/01/08	32,189			32,189	15 MO S/L	28,076	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	1,992	156
296	#3620 Improvements	3/31/09	2,344			2,344	15 MO S/L	1,992	156
297	#3630 Improvements	3/31/09	2,344			2,344	15 MO S/L	1,992	156
298	#3640 Improvements	3/31/09	2,344			2,344	15 MO S/L	1,992	156
299	#3650 Improvements	3/31/09	2,344			2,344	15 MO S/L	1,992	156
300	#3660 Improvements	3/31/09	2,344			2,344	15 MO S/L	1,992	156
301	#3661 Improvements	3/31/09	4,883			4,883	15 MO S/L	4,151	325
302	#3670 Improvements	3/31/09	4,883			4,883	15 MO S/L	4,151	325
303	#3671 Improvements	3/31/09	4,883			4,883	15 MO S/L	4,151	325
304	#3680 Improvements	3/31/09	4,883			4,883	15 MO S/L	4,151	325
305	#3690 Improvements	3/31/09	4,883			4,883	15 MO S/L	4,151	325
306	#3600 Improvements	6/24/10	28,497			28,497	15 MO S/L	21,848	1,900
307	#3610 Improvements	6/24/10	29,821			29,821	15 MO S/L	22,863	1,988
308	#3620 Improvements	6/24/10	5,146			5,146	15 MO S/L	3,945	343
309	#3630 Improvements	6/24/10	3,822			3,822	15 MO S/L	2,930	255
310	#3640 Improvements	6/24/10	5,146			5,146	15 MO S/L	3,945	343
311	#3650 Improvements	6/24/10	3,822			3,822	15 MO S/L	2,930	255
312	#3651 Improvements	6/24/10	3,822			3,822	15 MO S/L	2,930	255
313	#3660 Improvements	6/24/10	5,146			5,146	15 MO S/L	3,945	343
314	#3661 Improvements	6/24/10	28,497			28,497	15 MO S/L	21,848	1,900
315	#3670 Improvements	6/24/10	5,541			5,541	15 MO S/L	4,248	369
316	#3671 Improvements	6/24/10	28,497			28,497	15 MO S/L	21,848	1,900
317	#3680 Improvements	6/24/10	29,821			29,821	15 MO S/L	22,863	1,988
318	#3681 Improvements	6/24/10	4,319			4,319	15 MO S/L	3,311	288
319	#3690 Improvements	6/24/10	28,497			28,497	15 MO S/L	21,848	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	20,629	2,030
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	3,602	376
329	#3620 A/C Replacement	6/30/12	2,980			2,980	10 MO S/L	2,831	149
330	Capitalized Mold #3671 Remediation	9/30/12	5,240			5,240	15 MO S/L	3,231	350
331	Mold and Repair - Remediation	9/30/12	7,180			7,180	15 MO S/L	4,428	478
332	Mold and Repair - Remediation	9/30/12	9,555			9,555	15 MO S/L	5,892	637
333	Additional #3660	10/03/12	1,478			1,478	15 MO S/L	911	99
334	Additional #3630	10/03/12	1,875			1,875	15 MO S/L	1,156	125
335	#3660	12/18/12	800			800	15 MO S/L	480	53
350	Tile Roof	1/07/13	20,500			20,500	15 MO S/L	12,300	1,367
351	A/C Units (23)	4/30/13	38,444			38,444	15 MO S/L	22,212	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
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

65-0080301

## Federal Asset Report

FYE: 12/31/2022

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
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	4,365	602
364	Office Sidewalk	10/14/14	1,816			1,816	7 MO S/L	1,816	0
365	Shed - Electric Wiring	10/30/14	3,075			3,075	10 MO S/L	2,204	307
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	2,450	0
368	Roof Repairs - 2 Sheds	1/29/15	1,200			1,200	10 MO S/L	830	120
369	Removal of Tree Roots - Sidewalk	4/24/15	2,476			2,476	10 MO S/L	1,650	248
370	Concrete Work - #3681 Front	6/26/15	2,472			2,472	10 MO S/L	1,606	248
371	Recoat Roof #3641	11/19/15	14,758			14,758	10 MO S/L	8,978	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	19,988	3,012
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	6,630	1,105
386	Heritage Carpet and Tile	6/12/15	6,234			6,234	10 MO S/L	3,740	624
387	Falcone Vendor	6/12/15	400			400	10 MO S/L	240	40
388	ASG Enterprise	6/12/15	1,150			1,150	10 MO S/L	690	115
389	All Star Painting	6/12/15	802			802	10 MO S/L	481	80
390	Distinctive Kitchen & Baths	6/12/15	1,595			1,595	10 MO S/L	957	160
391	Kunes Plumbing	6/12/15	175			175	10 MO S/L	105	17
392	Blow Fiberglass	6/12/15	927			927	10 MO S/L	556	93
393	Armer Protection	6/12/15	795			795	10 MO S/L	477	80
394	Ferguson Enterprise	6/12/15	1,316			1,316	10 MO S/L	790	131
395	Armer Protection	6/22/15	4,498			4,498	10 MO S/L	2,699	449
396	Alarm Installation	6/22/15	3,856			3,856	10 MO S/L	2,314	385
397	ASG Enterprise	6/24/15	7,036			7,036	10 MO S/L	4,222	703
398	ASG Enterprise	7/07/15	7,036			7,036	10 MO S/L	4,222	703
399	Kunes Plumbing Inc.	7/30/15	3,947			3,947	10 MO S/L	2,368	395
400	ASG Enterprise Inc.	7/30/15	8,796			8,796	10 MO S/L	5,277	880
401	Mancini Electric	7/30/15	2,750			2,750	10 MO S/L	1,650	275
402	Kunes Plumbing Inc.	8/10/15	3,947			3,947	10 MO S/L	2,368	395
403	Allied Doors South Florida LLC	8/11/15	235			235	10 MO S/L	141	24
404	Engineered Air, LLC	8/20/15	5,901			5,901	10 MO S/L	3,541	590
405	Distinctive Kitchen & Baths	8/19/15	4,395			4,395	10 MO S/L	2,637	440
406	Sony Construction, Inc.	8/20/15	3,750			3,750	10 MO S/L	2,250	375
407	The Tamara Peacock Company	8/20/15	991			991	10 MO S/L	595	99
408	Sony Construction, Inc.	9/01/15	3,750			3,750	10 MO S/L	2,250	375
409	Armer Protection	9/01/15	794			794	10 MO S/L	476	80
410	Glass Doctor of Broward	9/02/15	360			360	10 MO S/L	216	36
411	Kunes Plumbing Inc.	9/09/15	1,400			1,400	10 MO S/L	840	140
412	Mancini Electric	9/11/15	6,000			6,000	10 MO S/L	3,600	600
413	ASG Enterprise Inc.	9/14/15	9,246			9,246	10 MO S/L	5,547	925
414	Magnum Land Development	9/14/15	1,080			1,080	10 MO S/L	648	108
415	Armer Protection, Inc.	9/14/15	4,234			4,234	10 MO S/L	2,541	423
416	Kunes Plumbing Inc.	10/20/15	3,947			3,947	10 MO S/L	2,368	395
417	Engineered Air, LLC	12/02/15	2,069			2,069	10 MO S/L	1,241	207
418	Silva & Silva Services	12/02/15	1,850			1,850	10 MO S/L	1,110	185
419	ASG Enterprise Inc.	12/02/15	3,998			3,998	10 MO S/L	2,399	400
420	Building Products of Miami	12/02/15	1,534			1,534	10 MO S/L	920	154
421	Armer Protection, Inc.	12/02/15	635			635	10 MO S/L	381	64
423	Mancini Electric	12/21/15	5,000			5,000	10 MO S/L	3,000	500
424	Armer Protection, Inc.	12/21/15	528			528	10 MO S/L	317	53
425	Silva & Silva Services	12/21/15	3,160			3,160	10 MO S/L	1,896	316
426	Heritage Carpet and Tile	12/21/15	1,624			1,624	10 MO S/L	974	163
427	Straight Line Construction	12/21/15	9,056			9,056	10 MO S/L	5,434	905
428	Flooring Removal Services, Inc.	12/21/15	1,300			1,300	10 MO S/L	780	130
429	Kunes Plumbing Inc.	12/21/15	3,947			3,947	10 MO S/L	2,368	395
430	Cheeky Monkey Cleaning Services, Inc.	12/21/15	390			390	10 MO S/L	234	39

65-0080301

## Federal Asset Report

FYE: 12/31/2022

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
431	Yukon Construction	4/14/15	2,950			2,950	10 MO S/L	1,770	295
432	A/C Units - Community Center	11/04/16	6,030			6,030	10 MO S/L	3,116	603
433	Laptops (2)	12/01/16	6,694			6,694	5 MO S/L	6,694	0
434	#3610 Renovations	8/06/16	5,633			5,633	10 MO S/L	3,051	564
435	#3650 Renovations	5/26/16	22,608			22,608	10 MO S/L	12,623	2,261
436	#3630 Renovations	6/23/16	20,347			20,347	10 MO S/L	11,191	2,035
437	#3620 Renovations	2/24/16	26,156			26,156	10 MO S/L	15,258	2,615
438	#3640 Renovations	4/14/16	22,769			22,769	10 MO S/L	13,092	2,277
439	Tribute Wall	4/15/16	2,752			2,752	10 MO S/L	1,582	276
440	Distinctive Cabinets #3670	2/17/17	5,350			5,350	10 MO S/L	2,586	535
441	Shelving - Heritage Flooring #3670	2/17/17	693			693	10 MO S/L	335	69
442	Renovation #3670	2/17/17	13,808			13,808	10 MO S/L	6,674	1,381
443	Distinctive Cabinets	4/06/17	11,650			11,650	10 MO S/L	5,534	1,165
444	Heritage Flooring	4/06/17	3,518			3,518	10 MO S/L	1,671	352
445	Remodeling #3660	4/06/17	28,757			28,757	10 MO S/L	13,659	2,876
446	Appliances #3690	5/12/17	1,896			1,896	7 MO S/L	1,264	271
447	Renovation #3651	5/12/17	1,700			1,700	10 MO S/L	793	170
448	Drywall	5/12/17	2,800			2,800	10 MO S/L	1,307	280
449	Renovation #3690	5/12/17	12,777			12,777	10 MO S/L	5,963	1,277
450	Bifold Doors #3690 (Straight Line Millwork)	6/09/17	2,761			2,761	7 MO S/L	1,808	394
451	Bathrooms & Kitchen #3690 (Kunes Plumb)	6/09/17	4,725			4,725	7 MO S/L	3,094	675
452	Electrical #3690 (Mancini)	6/09/17	3,440			3,440	10 MO S/L	1,577	344
453	Shelving, Mirrors & Bathroom Accessories	6/09/17	817			817	7 MO S/L	535	116
454	Cabinets & Countertops #3690	6/09/17	5,150			5,150	7 MO S/L	3,372	736
455	Tile #3690	6/09/17	2,235			2,235	10 MO S/L	1,024	224
456	Dell Latitude & Dell e-Port	3/31/17	1,537			1,537	5 MO S/L	1,460	77
457	Bi-fold Doors & Bypass Doors	6/23/17	2,630			2,630	7 MO S/L	1,691	375
458	Renovation of bedrooms #3661	7/27/17	2,950			2,950	10 MO S/L	1,303	295
459	Renovations #3661	7/27/17	13,152			13,152	10 MO S/L	5,809	1,315
460	Electrical Work #3661	7/27/17	3,440			3,440	10 MO S/L	1,519	344
461	Kitchen & bathrooms remodel #3661	7/27/17	2,975			2,975	10 MO S/L	1,314	297
462	Toilets, sink, faucets, etc #3661	7/27/17	1,350			1,350	7 MO S/L	852	193
463	Doors and closet doors #3661	7/27/17	4,295			4,295	10 MO S/L	1,897	430
464	Cabinets & counter tops #3661	7/27/17	5,150			5,150	10 MO S/L	2,275	515
465	Tile & installation #3661	7/27/17	2,453			2,453	10 MO S/L	1,083	246
466	Shelving, mirrors, etc #3661	7/27/17	795			795	7 MO S/L	502	113
467	Vertical blinds #3661	7/27/17	1,089			1,089	7 MO S/L	687	156
468	Blinds #3690	8/11/17	817			817	7 MO S/L	515	117
469	Cabinets and doors #3671	8/11/17	3,714			3,714	7 MO S/L	2,344	530
470	Toilets, Sinks, Hardware & Installation #3671	8/11/17	4,175			4,175	7 MO S/L	2,634	597
471	Drywall Renovation #3671	8/11/17	2,800			2,800	10 MO S/L	1,237	280
472	Cabinets & Counter Tops #3671	8/11/17	3,826			3,826	7 MO S/L	2,414	547
473	Tile & Installation #3671	8/11/17	1,713			1,713	10 MO S/L	757	171
474	Bathroom Shelving & Accessories #3671	8/11/17	922			922	7 MO S/L	582	131
475	Blinds #3671	8/11/17	962			962	7 MO S/L	607	137
476	Electrical #3671	8/11/17	3,440			3,440	10 MO S/L	1,519	344
477	Renovation #3671	8/11/17	11,820			11,820	10 MO S/L	5,221	1,182
478	Amana 25' Refrigerator #3661	8/11/17	1,147			1,147	7 MO S/L	724	164
479	Amana 30" Glass-Top Range #3661	8/11/17	593			593	7 MO S/L	374	85
480	Amana 1.6' Microwave #3661	8/11/17	267			267	7 MO S/L	169	38
481	Amana Dishwasher #3661	8/11/17	337			337	7 MO S/L	213	48
482	Amana 3.5' Top Load Washer #3661	8/11/17	426			426	7 MO S/L	269	61
483	Amana 6.5' Dryer #3661	8/11/17	426			426	7 MO S/L	269	61
484	Renovation #3680	11/14/17	12,635			12,635	10 MO S/L	5,265	1,263
485	Renovations #3680 - Mulheron	11/14/17	3,350			3,350	10 MO S/L	1,396	335
486	Bathroom Cabinets, Shelving & Mirror #3680	11/14/17	894			894	7 MO S/L	532	128
487	Blinds #3680 - Heritage Carpet & Tile	11/14/17	828			828	7 MO S/L	493	118
488	Kitchen & Bathroom Fixtures #3680 (Kunes)	11/14/17	3,270			3,270	7 MO S/L	1,946	468
489	Closets & Doors #3680 (Straight Line)	11/14/17	3,280			3,280	7 MO S/L	1,953	468
490	Electrical Work #3680 (Mancini)	11/14/17	3,590			3,590	10 MO S/L	1,496	359
491	Cabinets & Countertops #3680 (Distinctive)	11/14/17	5,175			5,175	7 MO S/L	3,080	740
492	Lenovo Computers (2)	11/21/17	1,436			1,436	5 MO S/L	1,173	263
506	In-Kind Furniture #3610	2/28/17	8,000			8,000	7 MO S/L	5,524	1,143
507	In-Kind Furniture #3670	2/28/17	8,000			8,000	7 MO S/L	5,524	1,143
508	In-Kind Furniture #3660	4/30/17	8,000			8,000	7 MO S/L	5,333	1,143
509	In-Kind Furniture #3651	5/31/17	8,000			8,000	7 MO S/L	5,238	1,143
510	In-Kind Furniture #3690	6/30/17	8,000			8,000	7 MO S/L	5,143	1,143
511	In-Kind Furniture #3661	7/31/17	8,000			8,000	7 MO S/L	5,048	1,142
512	In-Kind Furniture #3671	8/31/17	8,000			8,000	7 MO S/L	4,952	1,143
513	In-Kind Furniture #3680	11/30/17	8,000			8,000	7 MO S/L	4,667	1,143
514	Cabinets & Counter Tops (#3600)	2/09/18	5,880			5,880	7 MO S/L	3,290	840

65-0080301

## Federal Asset Report

FYE: 12/31/2022

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
515	Tile (#3600)	2/09/18	4,930			4,930	10 MO S/L	1,931	493
516	Bathroom Fixtures (#3600)	2/09/18	866			866	7 MO S/L	484	124
517	Blinds (#3600)	2/09/18	1,306			1,306	7 MO S/L	731	186
518	Bathroom Fixtures (#3651)	2/09/18	4,170			4,170	7 MO S/L	2,333	596
519	Electrical (#3600)	2/09/18	3,590			3,590	10 MO S/L	1,406	359
520	Renovation (#3600)	2/09/18	25,578			25,578	10 MO S/L	10,018	2,558
521	Lenovo Thinkpad (Development)	3/07/18	876			876	5 MO S/L	672	175
522	Column and Countertop #3600	4/06/18	335			335	7 MO S/L	179	48
523	Renovation #3600	4/06/18	850			850	10 MO S/L	319	85
524	Water Heater	4/06/18	1,875			1,875	7 MO S/L	1,004	268
525	Toilet #3600	4/06/18	250			250	7 MO S/L	134	36
526	Toilet #3680	4/06/18	230			230	7 MO S/L	123	33
527	Amana 25' Refrigerator #3600	4/06/18	1,153			1,153	7 MO S/L	617	165
528	Amana 30" Glass Range #3600	4/06/18	596			596	7 MO S/L	319	85
529	Amana Microwave #3600	4/06/18	269			269	7 MO S/L	144	38
530	Amana Dishwasher #3600	4/06/18	339			339	7 MO S/L	182	48
531	Amana 3.5' Top Load Washer #3600	4/06/18	428			428	7 MO S/L	229	62
532	Amana 6.5' Dryer #3600	4/06/18	428			428	7 MO S/L	229	62
533	Steel Bathtub #3680	4/20/18	1,771			1,771	7 MO S/L	928	253
534	Bathroom Renovation #3680	4/20/18	896			896	10 MO S/L	329	89
535	Dell Latitude 3590	8/13/18	965			965	5 MO S/L	659	193
536	Dell Latitude 3590	8/13/18	965			965	5 MO S/L	659	193
537	Generator #1	9/06/18	2,429			2,429	5 MO S/L	1,619	486
538	Generator #2	9/06/18	2,429			2,429	5 MO S/L	1,619	486
539	Generator #3	9/06/18	2,429			2,429	5 MO S/L	1,619	486
540	Generator #4	9/06/18	2,429			2,429	5 MO S/L	1,619	486
541	Generator #5	9/06/18	2,429			2,429	5 MO S/L	1,619	486
542	Hot Water Heater #3671	9/27/18	1,475			1,475	7 MO S/L	685	211
543	Dell OptiPlex 3060 Computer	10/18/18	748			748	5 MO S/L	474	150
544	Rheem A/C 2.5 ton/14SEER #3650	12/03/18	2,720			2,720	7 MO S/L	1,198	389
545	Computer - Best Buy	2/15/19	604			604	5 MO S/L	353	120
546	Computer - Best Buy	2/15/19	604			604	5 MO S/L	353	120
547	Tile (Community Center)	4/11/19	16,350			16,350	10 MO S/L	4,496	1,635
548	Formica Countertops (3670)	4/23/19	4,500			4,500	7 MO S/L	1,714	643
549	Rheem A/C 14 SEER #3651	5/14/19	3,600			3,600	5 MO S/L	1,920	720
550	Hurricane Shutters	7/26/19	6,840			6,840	7 MO S/L	2,361	978
551	HP 156 Touchscreen Laptop	9/04/19	855			855	5 MO S/L	399	171
552	Pavers at Entrance	2/09/20	2,200			2,200	30 MO S/L	141	73
553	Air Conditioner	5/05/20	3,100			3,100	5 MO S/L	1,033	620
554	Rooms To Go Furniture	11/10/20	24,899			24,899	7 MO S/L	4,150	3,557
32000	Land	6/30/92	287,832			287,832	0 -- Land	0	0
<b>Total Other Depreciation</b>			<u>5,219,696</u>			<u>5,219,696</u>		<u>4,294,749</u>	<u>150,481</u>
<b>Total ACRS and Other Depreciation</b>			<u>5,219,696</u>			<u>5,219,696</u>		<u>4,294,749</u>	<u>150,481</u>
<b>Grand Totals</b>			5,219,696			5,219,696		4,294,749	150,481
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>5,219,696</u>			<u>5,219,696</u>		<u>4,294,749</u>	<u>150,481</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>
-------------	-------------	--------------	--------------------	------------	------------	---

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
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	27,052	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
9	Air Conditioner 3600	2/15/22	3,760	752	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	3,627	0
24	Coral-Aire A/C	8/01/21	3,480	696	0
25	Coral Aire - Fixed Grant	12/01/22	85,620	5,708	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

Asset	Description	Date In Service	Cost	Tax	AMT
261	Compressor	12/10/07	1,545	0	0
262	Desk - #3600	1/24/07	1,117	0	0
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	431	0
279	#3620 Improvements	12/01/08	10,321	630	0
280	#3630 Improvements	12/01/08	4,604	281	0
281	#3640 Improvements	12/01/08	7,659	468	0
282	#3650 Improvements	12/01/08	7,941	485	0
283	#3660 Improvements	12/01/08	9,515	582	0
284	#3661 Improvements	12/01/08	8,435	516	0
285	#3670 Improvements	12/01/08	10,562	645	0
286	#3671 Improvements	12/01/08	8,435	516	0
287	#3680 Improvements	12/01/08	6,315	386	0
288	#3690 Improvements	12/01/08	6,400	391	0
289	Advanced Wood Working	12/01/08	32,189	1,967	0
292	Air Conditioner	2/13/08	10,026	0	0
295	#3610 Improvements	3/31/09	2,344	157	0
296	#3620 Improvements	3/31/09	2,344	157	0
297	#3630 Improvements	3/31/09	2,344	157	0
298	#3640 Improvements	3/31/09	2,344	157	0
299	#3650 Improvements	3/31/09	2,344	157	0
300	#3660 Improvements	3/31/09	2,344	157	0
301	#3661 Improvements	3/31/09	4,883	326	0
302	#3670 Improvements	3/31/09	4,883	326	0
303	#3671 Improvements	3/31/09	4,883	326	0
304	#3680 Improvements	3/31/09	4,883	326	0
305	#3690 Improvements	3/31/09	4,883	326	0
306	#3600 Improvements	6/24/10	28,497	1,899	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	1,899	0
315	#3670 Improvements	6/24/10	5,541	370	0
316	#3671 Improvements	6/24/10	28,497	1,899	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	1,899	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	2,029	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	0	0
330	Capitalized Mold #3671 Remediation	9/30/12	5,240	349	0
331	Mold and Repair - Remediation	9/30/12	7,180	479	0
332	Mold and Repair - Remediation	9/30/12	9,555	637	0
333	Additional #3660	10/03/12	1,478	98	0
334	Additional #3630	10/03/12	1,875	125	0
335	#3660	12/18/12	800	54	0
350	Tile Roof	1/07/13	20,500	1,366	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



Asset	Description	Date In Service	Cost	Tax	AMT
357	Salesforce Software	9/24/13	17,100	0	0
358	Classroom Center Tables & Chair Rack	9/11/13	1,934	0	0
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	308	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	247	0
370	Concrete Work - #3681 Front	6/26/15	2,472	247	0
371	Recoat Roof #3641	11/19/15	14,758	1,475	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	0	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	623	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	159	0
391	Kunes Plumbing	6/12/15	175	18	0
392	Blow Fiberglass	6/12/15	927	93	0
393	Armer Protection	6/12/15	795	79	0
394	Ferguson Enterprise	6/12/15	1,316	132	0
395	Armer Protection	6/22/15	4,498	450	0
396	Alarm Installation	6/22/15	3,856	386	0
397	ASG Enterprise	6/24/15	7,036	704	0
398	ASG Enterprise	7/07/15	7,036	704	0
399	Kunes Plumbing Inc.	7/30/15	3,947	395	0
400	ASG Enterprise Inc.	7/30/15	8,796	879	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	23	0
404	Engineered Air, LLC	8/20/15	5,901	590	0
405	Distinctive Kitchen & Baths	8/19/15	4,395	439	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	79	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	924	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	399	0
420	Building Products of Miami	12/02/15	1,534	153	0
421	Armer Protection, Inc.	12/02/15	635	63	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	162	0
427	Straight Line Construction	12/21/15	9,056	906	0
428	Flooring Removal Services, Inc.	12/21/15	1,300	130	0
429	Kunes Plumbing Inc.	12/21/15	3,947	395	0

Asset	Description	Date In Service	Cost	Tax	AMT
430	Cheeky Monkey Cleaning Services, Inc.	12/21/15	390	39	0
431	Yukon Construction	4/14/15	2,950	295	0
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	563	0
435	#3650 Renovations	5/26/16	22,608	2,260	0
436	#3630 Renovations	6/23/16	20,347	2,034	0
437	#3620 Renovations	2/24/16	26,156	2,616	0
438	#3640 Renovations	4/14/16	22,769	2,277	0
439	Tribute Wall	4/15/16	2,752	275	0
440	Distinctive Cabinets #3670	2/17/17	5,350	535	0
441	Shelving - Heritage Flooring #3670	2/17/17	693	70	0
442	Renovation #3670	2/17/17	13,808	1,380	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	1,278	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	117	0
454	Cabinets & Countertops #3690	6/09/17	5,150	735	0
455	Tile #3690	6/09/17	2,235	223	0
456	Dell Latitude & Dell e-Port	3/31/17	1,537	0	0
457	Bi-fold Doors & Bypass Doors	6/23/17	2,630	376	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	298	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	429	0
464	Cabinets & counter tops #3661	7/27/17	5,150	515	0
465	Tile & installation #3661	7/27/17	2,453	245	0
466	Shelving, mirrors, etc #3661	7/27/17	795	114	0
467	Vertical blinds #3661	7/27/17	1,089	155	0
468	Blinds #3690	8/11/17	817	117	0
469	Cabineets and doors #3671	8/11/17	3,714	531	0
470	Toilets, Sinks, Hardware & Installation #3671	8/11/17	4,175	596	0
471	Drywall Renovation #3671	8/11/17	2,800	280	0
472	Cabinets & Counter Tops #3671	8/11/17	3,826	546	0
473	Tile & Installation #3671	8/11/17	1,713	171	0
474	Bathroom Shelving & Accessories #3671	8/11/17	922	132	0
475	Blinds #3671	8/11/17	962	138	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	84	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	1,264	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	467	0
489	Closets & Doors #3680 (Straight Line)	11/14/17	3,280	469	0
490	Electrical Work #3680 (Mancini)	11/14/17	3,590	359	0
491	Cabinets & Countertops #3680 (Distinctive)	11/14/17	5,175	739	0
492	Lenovo Computers (2)	11/21/17	1,436	0	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	1,143	0
512	In-Kind Furniture #3671	8/31/17	8,000	1,143	0
513	In-Kind Furniture #3680	11/30/17	8,000	1,142	0

Asset	Description	Date In Service	Cost	Tax	AMT
514	Cabinets & Counter Tops (#3600)	2/09/18	5,880	840	0
515	Tile (#3600)	2/09/18	4,930	493	0
516	Bathroom Fixtures (#3600)	2/09/18	866	124	0
517	Blinds (#3600)	2/09/18	1,306	187	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	29	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	35	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	39	0
530	Amana Dishwasher #3600	4/06/18	339	48	0
531	Amana 3.5' Top Load Washer #3600	4/06/18	428	61	0
532	Amana 6.5' Dryer #3600	4/06/18	428	61	0
533	Steel Bathtub #3680	4/20/18	1,771	253	0
534	Bathroom Renovation #3680	4/20/18	896	90	0
535	Dell Latitude 3590	8/13/18	965	113	0
536	Dell Latitude 3590	8/13/18	965	113	0
537	Generator #1	9/06/18	2,429	324	0
538	Generator #2	9/06/18	2,429	324	0
539	Generator #3	9/06/18	2,429	324	0
540	Generator #4	9/06/18	2,429	324	0
541	Generator #5	9/06/18	2,429	324	0
542	Hot Water Heater #3671	9/27/18	1,475	210	0
543	Dell OptiPlex 3060 Computer	10/18/18	748	124	0
544	Rheem A/C 2.5 ton/14SEER #3650	12/03/18	2,720	388	0
545	Computer - Best Buy	2/15/19	604	121	0
546	Computer - Best Buy	2/15/19	604	121	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	977	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
	<b>Total Other Depreciation</b>		<u>5,219,696</u>	<u>149,289</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>5,219,696</u>	<u>149,289</u>	<u>0</u>
	<b>Grand Totals</b>		<u>5,219,696</u>	<u>149,289</u>	<u>0</u>

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2022</b>
	Description <b>GALA</b>	

Name <b>SOS CHILDREN'S VILLAGES FLORIDA, INC</b>	Taxpayer Identification Number <b>65-0080301</b>
---	---

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.	<b>553,153</b>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>553,153</b>
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.	<b>228,193</b>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>228,193</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>324,960</b>

**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	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

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

**Expense Details - Fundraising Expense:**

Cash prizes	<b>1,072</b>
Non-cash prizes	<b>6,544</b>
Rent and facility costs	
Food & beverages (Part II only)	<b>114,439</b>
Entertainment (Part II only)	<b>11,910</b>
Other direct expenses	<b>94,228</b>
<b>Total Fundraising Expense</b>	<b>228,193</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

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

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

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

Schedule A, UBIT Activity Code		Seq #		
Part V, Debt Financing				
Part VI, Controlled Org Income				
Part VII, Investments for C(7)(9)(17)				
Part VIII, Exploited Activities				
Part IX, Advertising Income				

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2022</b>
	Description <b>STEPS FOR SOS</b>	

Name <b>SOS CHILDREN'S VILLAGES FLORIDA, INC</b>	Taxpayer Identification Number <b>65-0080301</b>
---	---

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.	<b>125,899</b>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>125,899</b>
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.	<b>23,993</b>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>23,993</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>101,906</b>

**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	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Exempt Activity Expense:**

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

**Expense Details - Employment Expense:**

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

**Expense Details - Fundraising Expense:**

Cash prizes	<b>1,592</b>
Non-cash prizes	
Rent and facility costs	<b>2,763</b>
Food & beverages (Part II only)	<b>1,647</b>
Entertainment (Part II only)	<b>250</b>
Other direct expenses	<b>17,741</b>
<b>Total Fundraising Expense</b>	<b>23,993</b>

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**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	

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2022</b>
	Description <b>WONDERLAND TEA</b>	

Name <b>SOS CHILDREN'S VILLAGES FLORIDA, INC</b>	Taxpayer Identification Number <b>65-0080301</b>
---	---

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.	<b>24,586</b>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>24,586</b>
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.	<b>6,037</b>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>6,037</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>18,549</b>

**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	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Exempt Activity Expense:**

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

**Expense Details - Employment Expense:**

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

**Expense Details - Fundraising Expense:**

Cash prizes	<b>26</b>
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	<b>4,058</b>
Entertainment (Part II only)	<b>150</b>
Other direct expenses	<b>1,803</b>
<b>Total Fundraising Expense</b>	<b>6,037</b>

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**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 <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2022</b>
Name <b>SOS CHILDREN'S VILLAGES FLORIDA, INC</b>		Taxpayer Identification Number <b>65-0080301</b>
Description <b>LIGHT-UP VILLAGE</b>		

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.	<b>22,257</b>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>22,257</b>
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.	<b>1,840</b>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>1,840</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>20,417</b>

**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	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Cost of Goods Sold:**

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

**Expense Details - Exempt Activity Expense:**

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

**Expense Details - Employment Expense:**

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

**Expense Details - Fundraising Expense:**

Cash prizes	<b>114</b>
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	<b>233</b>
Entertainment (Part II only)	<b>575</b>
Other direct expenses	<b>918</b>
<b>Total Fundraising Expense</b>	<b>1,840</b>

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**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	_____

<b>SCHEDULE G</b>		<b>Fundraising Other Events</b>			<b>2022</b>
<b>(Form 990 or 990-EZ)</b>		For calendar year 2022, or tax year beginning _____, and ending _____			
Name <b>SOS CHILDREN'S VILLAGES FLORIDA, INC</b>				Employer Identification Number <b>65-0080301</b>	
		(a) Other event <u>WONDERLAND TEA</u> (event type)	(b) Other event <u>LIGHT-UP VILLAG</u> (event type)	(c) Other event _____ (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	1	Gross receipts	<b>24,586</b>	<b>22,257</b>	<b>46,843</b>
	2	Less: Charitable contributions	<b>24,586</b>	<b>22,257</b>	<b>46,843</b>
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes	<b>26</b>	<b>114</b>	<b>140</b>
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food/beverages	<b>4,058</b>	<b>233</b>	<b>4,291</b>
	8	Entertainment	<b>150</b>	<b>575</b>	<b>725</b>
	9	Other expenses	<b>1,803</b>	<b>918</b>	<b>2,721</b>



Form <b>990</b>		<b>Two Year Comparison Report</b>		<b>2021 &amp; 2022</b>	
Name		For calendar year 2022, or tax year beginning		, ending	
Name		Taxpayer Identification Number			
<b>SOS CHILDREN'S VILLAGES FLORIDA, INC</b>				<b>65-0080301</b>	
			<b>2021</b>	<b>2022</b>	<b>Differences</b>
<b>Revenue</b>	1. Contributions, gifts, grants	1.	<b>3,089,078</b>	<b>3,448,427</b>	<b>359,349</b>
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	<b>2,839,374</b>	<b>2,791,235</b>	<b>-48,139</b>
	4. Program service revenue	4.			
	5. Investment income	5.	<b>1,884</b>	<b>5,457</b>	<b>3,573</b>
	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.	<b>-144,275</b>	<b>-260,063</b>	<b>-115,788</b>
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	<b>55,019</b>	<b>72,065</b>	<b>17,046</b>
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12.</b>	<b>5,841,080</b>	<b>6,057,121</b>	<b>216,041</b>
<b>Expenses</b>	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	<b>172,654</b>	<b>182,696</b>	<b>10,042</b>
	16. Salaries, other compensation, and employee benefits	16.	<b>2,585,671</b>	<b>2,476,491</b>	<b>-109,180</b>
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	<b>97,876</b>	<b>122,159</b>	<b>24,283</b>
	19. Occupancy, rent, utilities, and maintenance	19.	<b>180,797</b>	<b>258,403</b>	<b>77,606</b>
	20. Depreciation and Depletion	20.	<b>150,157</b>	<b>150,477</b>	<b>320</b>
	21. Other expenses	21.	<b>1,071,470</b>	<b>1,227,686</b>	<b>156,216</b>
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b>	<b>4,258,625</b>	<b>4,417,912</b>	<b>159,287</b>
<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b>	<b>1,582,455</b>	<b>1,639,209</b>	<b>56,754</b>	
<b>Other Information</b>	24. Total exempt revenue	24.	<b>5,841,080</b>	<b>6,057,121</b>	<b>216,041</b>
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	<b>-87,372</b>	<b>-182,541</b>	<b>-95,169</b>
	27. Total assets	27.	<b>5,627,775</b>	<b>7,437,299</b>	<b>1,809,524</b>
	28. Total liabilities	28.	<b>233,248</b>	<b>403,563</b>	<b>170,315</b>
	29. Retained earnings	29.	<b>5,394,527</b>	<b>7,033,736</b>	<b>1,639,209</b>
	30. Number of voting members of governing body	30.	<b>28</b>	<b>28</b>	
	31. Number of independent voting members of governing body	31.	<b>28</b>	<b>28</b>	
	32. Number of employees	32.	<b>63</b>	<b>61</b>	
	33. Number of volunteers	33.	<b>100</b>	<b>1000</b>	

Form <b>990</b>	<b>Tax Return History</b>	<b>2022</b>
-----------------	---------------------------	-------------

Name <b>SOS CHILDREN'S VILLAGES FLORIDA, INC</b>	Employer Identification Number <b>65-0080301</b>
---	---

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	4,134,934	5,141,419	5,518,114	5,928,452	6,239,662	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income	682	427	4,137	1,884	5,457	
Fundraising revenue (income/loss)	-234,377	-193,056	-43,196	-144,275	-260,063	
Gaming revenue (income/loss)						
Other revenue	52,196	62,406	53,563	55,019	72,065	
<b>Total revenue</b>	<b>3,953,435</b>	<b>5,011,196</b>	<b>5,532,618</b>	<b>5,841,080</b>	<b>6,057,121</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	139,500	149,275	150,128	172,654	182,696	
Other compensation	2,026,032	2,452,072	2,581,271	2,585,671	2,476,491	
Professional fees	132,662	153,427	86,405	97,876	122,159	
Occupancy costs	198,848	141,123	175,624	180,797	258,403	
Depreciation and depletion	213,276	176,886	150,104	150,157	150,477	
Other expenses	1,248,637	1,181,075	996,967	1,071,470	1,227,686	
<b>Total expenses</b>	<b>3,958,955</b>	<b>4,253,858</b>	<b>4,140,499</b>	<b>4,258,625</b>	<b>4,417,912</b>	
<b>Excess or (Deficit)</b>	<b>-5,520</b>	<b>757,338</b>	<b>1,392,119</b>	<b>1,582,455</b>	<b>1,639,209</b>	
<b>Total exempt revenue</b>	<b>3,953,435</b>	<b>5,011,196</b>	<b>5,532,618</b>	<b>5,841,080</b>	<b>6,057,121</b>	
Total unrelated revenue						
Total excludable revenue	-181,499	-130,223	14,504	-87,372	-182,541	
Total Assets	1,855,351	2,624,812	4,012,267	5,627,775	7,437,299	
Total Liabilities	192,736	204,859	200,195	233,248	403,563	
Net Fund Balances	1,662,615	2,419,953	3,812,072	5,394,527	7,033,736	

**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	\$ 5,457			14		
Total	<u>\$ 5,457</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	\$ 101,108	\$ 21,228	\$ 25,238	\$ 54,642
Total	\$ <u>101,108</u>	\$ <u>21,228</u>	\$ <u>25,238</u>	\$ <u>54,642</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MEALS & ENTERTAINMENT	\$ 1,716	\$ 441	\$ 87	\$ 1,188
PROMOTIONAL MATERIALS	1,320			1,320
PRIZES AND AWARDS	608			608
DECORATION	20			20
Total	\$ <u>3,664</u>	\$ <u>441</u>	\$ <u>87</u>	\$ <u>3,136</u>

65-0080301

**Federal Statements**

FYE: 12/31/2022

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
FREDERICK A. DELUCA FOUNDATION	\$ 560,000	\$ 14,592
WANDA & JAMES MORAN JR FOUNDATION	1,982,413	1,437,005
JOHN O. ULBRICH ESTATE	1,008,943	463,535
JIM MORAN FOUNDATION	800,000	254,592
MARTIN AND LISA PECHTER	386,550	
DELUCA FOUNDATION	921,591	376,183
LIBRA FOUNDATION	105,000	
BOCA WEST CHILDREN'S FOUNDATION	86,800	
MARION WELLS FOUNDATION	75,000	
MOSS FOUNDATION	50,000	
SEMINOLE CASINO	90,705	
BOCA WEST COMMUNITY CHARITABLE FOUND	28,700	
M BELL	25,000	
PRUITT FOUNDATION	25,000	
ASOFSKY FAMILY FOUNDATION	25,400	
BATCHELOR FOUNDATION	23,800	
ESSENFELD CHARITABLE FUND	20,000	
HARRY T MANGURIAN JR FOUNDATION	20,000	
INGLIS GIVING FUND	23,500	
PAUL PALANK MEMORIAL FOUNDATION	20,000	
RICHARD PARKER	20,000	
RVR FINANCIAL SERVICES	25,000	
SEMINOLE REGION CHARITY	17,000	
RISK INSURANCE MGMT SOCIETY	13,796	
FRITCH FOUNDATION	12,000	
FLEET ADVANTAGE FOUNDATION	10,000	
PECHTER FAMILY FOUNDATION	5,000	
GLORIA ESTEFAN FOUNDATION	10,000	
HI FOUNDATION	10,000	
BALLASK ROCK FOUNDATION	5,000	
BERNIE BRENNER	5,000	
BUTTERFLY CHILDREN CHARITY	8,000	
FLORIDA BAR	5,000	
HOLLMAN CORP	10,000	
HOLMAN AUTO	5,000	
JWC DISASTER SOLUTIONS	7,500	
KRUPNICK FAMILY FUND	5,000	
WILLIAM WATTS FOUNDATION	10,000	
UNITED CHARITABLE WICKED AWESOME	5,000	
SEAWOOD BUILDERS	10,000	
LANDEGGER CHARITABLE FOUNDATION	10,000	
ORANGE THEORY	5,000	
ORANGE THEORY	10,000	
RICHARD & JOAN STARK	10,000	
FL DEPARTMENT OF CHILDREN & FAMILIES	149,785	
Total	<u>\$ 6,661,483</u>	<u>\$ 2,545,907</u>

## Federal Statements

### Schedule A, Part II, Line 8(e)

Description	Amount
INVESTMENT INCOME	\$ 5,457
Total	\$ 5,457

**Federal Statements****GALA****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
OTHER EXPENSES	\$ <u>94,228</u>
Total	\$ <u><u>94,228</u></u>

65-0080301

**Federal Statements**

FYE: 12/31/2022

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

<u>Description</u>	<u>Amount</u>
OTHER EVENT EXPENSES	\$ <u>17,741</u>
Total	\$ <u><u>17,741</u></u>



**Federal Statements****WONDERLAND TEA****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
OTHER EVENT EXPENSES	\$ <u>1,803</u>
Total	\$ <u><u>1,803</u></u>

65-0080301

**Federal Statements**

FYE: 12/31/2022

**LIGHT-UP VILLAGE****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
OTHER EXPENSE	\$ <u>918</u>
Total	\$ <u><u>918</u></u>