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, 2024 is being filed electronically with the IRS by the services of Bellows Associates, P.A..

[X] Your return was accepted by the IRS on 08/19/25 and the Submission Identification Number assigned to your return is 65512820252310022725.

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 2024, or tax year beginning , and ending

65-0080301

SOS CHILDREN'S VILLAGES FLORIDA,INC

Net Asset / Fund Balance at Beginning of Year			7,273,447
Revenue			
Contributions	5,771,687		
Program service revenue			
Investment income	148,357		
Capital gain / loss	-55,179		
Fundraising / Gaming:			
Gross revenue			
Direct expenses	281,591		
Net income	-281,591		
Other income	58,060		
Total revenue		5,641,334	
Expenses			
Program services	3,724,234		
Management and general	381,653		
Fundraising	533,839		
Total expenses		4,639,726	
Excess / (deficit)			1,001,608
Changes			13,118
Net Asset / Fund Balance at End of Year			8,288,173

Reconciliation of Revenue

Total revenue per financial statements	5,991,222
Less:	
Unrealized gains	13,118
Donated services	
Recoveries	
Other	336,770
Plus:	
Investment expenses	
Other	
Total revenue per return	5,641,334

Reconciliation of Expenses

Total expenses per financial statements	4,976,496
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	336,770
Plus:	
Investment expenses	
Other	
Total expenses per return	4,639,726

Balance Sheet

	Beginning	Ending	Differences
Assets	7,758,252	8,647,601	
Liabilities	484,805	359,428	
Net assets	7,273,447	8,288,173	1,014,726

Miscellaneous Information

Amended return	
Return / extended due date	11/17/25
Failure to file penalty	

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

August 19, 2025

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, 2024

Date Due: November 17, 2025

Remittance: None is required. Your Form 990 for the tax year ended 12/31/24 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**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning ....., 2024, and ending .....20 .....

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2024

Name of filer

SOS CHILDREN'S VILLAGES FLORIDA,INC

EIN or SSN

65-0080301

Name and title of officer or person subject to tax

JILLIAN SMATH
CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	[X]	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b 5,641,334
2a	**Form 990-EZ** check here	[ ]	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b
3a	**Form 1120-POL** check here	[ ]	b	**Total tax** (Form 1120-POL, line 22)	3b
4a	**Form 990-PF** check here	[ ]	b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b
5a	**Form 8868** check here	[ ]	b	**Balance due** (Form 8868, line 3c)	5b
6a	**Form 990-T** check here	[ ]	b	**Total tax** (Form 990-T, Part III, line 4)	6b
7a	**Form 4720** check here	[ ]	b	**Total tax** (Form 4720, Part III, line 1)	7b
8a	**Form 5227** check here	[ ]	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b
9a	**Form 5330** check here	[ ]	b	**Tax due** (Form 5330, Part II, line 19)	9b
10a	**Form 8038-CP** check here	[ ]	b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22) ..	10b

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

Under penalties of perjury, I declare that [X] 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 2024 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

[X] I authorize Bellows Associates, P.A. to enter my PIN 13307 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2024 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 2024 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 Jillian Smath Date 08/19/25

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. 65512813307

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 08/19/25

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

Form **990**

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 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): 3681 NW 59TH PLACE

Room/suite:

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 $: 5,978,104

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

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1988

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE A FAMILY-ORIENTED COMMUNITY OFFERING HEALING, HOPE, AND HOME FOR CHILDREN, YOUNG ADULTS, AND FAMILIES TO BECOME SELF-SUFFICIENT, CONTRIBUTING MEMBERS OF SOCIETY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	30
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	63
6 Total number of volunteers (estimate if necessary)	6	1000
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	4,973,943	5,771,687
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,177	93,178
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-185,948	-223,531
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,875,172	5,641,334
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,636,995	2,623,959
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 533,839		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,998,466	2,015,767
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,635,461	4,639,726
19 Revenue less expenses. Subtract line 18 from line 12	239,711	1,001,608
Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	7,758,252	8,647,601
21 Total liabilities (Part X, line 26)	484,805	359,428
22 Net assets or fund balances. Subtract line 21 from line 20	7,273,447	8,288,173

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: 8/19/25

JILLIAN SMATH CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name: Jennifer Whitelock, CPA	Preparer's signature	Date: 08/19/25	Check ☐ if self-employed	PTIN: P01272008
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	

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ **3,724,234** including grants of $) (Revenue $ **2,881**)

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 **3,724,234**

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*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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*	5		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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		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*	10		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*	11a	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*	11b	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*	11c		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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	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*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		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*	15		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*	16		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	17		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*	18	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*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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*	21		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? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	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	1a	17		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** **63**			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified 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.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30		
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

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**

COCONUT CREEK **FL 33073** **954-420-5030**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) **JILLIAN SMATH**	40.00									
CEO	0.00			X				161,868	0	6,989
(2) **DAWN SEAY**	40.00									
CHIEF DEV. OFFICER	0.00					X		132,538	0	13,710
(3) **SANDRA WALLACE**	40.00									
COO	0.00					X		118,847	0	11,089
(4) **FRANCINE WEBER-KLEIN**	40.00									
FINANCE DIRECTOR	0.00					X		115,171	0	12,748
(5) **MATHEW ABRAHAM**	1.00									
DIRECTOR	0.00	X						0	0	0
(6) **BRETT AKS**	1.00									
DIRECTOR	0.00	X						0	0	0
(7) **CAROLYN ASENCIO**	1.00									
TREASURER	0.00	X		X				0	0	0
(8) **JULIE BARNETT**	1.00									
DIRECTOR	0.00	X						0	0	0
(9) **VERONICA BAUTISTA**	1.00									
DIRECTOR	0.00	X						0	0	0
(10) **MARC BELL**	1.00									
DIRECTOR	0.00	X						0	0	0
(11) **STEVE BONNER**	1.00									
DIRECTOR	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) DAVID BOOTHE										
(12)	1.00									
DIRECTOR	0.00	X						0	0	0
(13) SIMEON BRIER										
(13)	1.00									
DIRECTOR	0.00	X						0	0	0
(14) LARRY BUCK										
(14)	1.00									
DIRECTOR	0.00	X						0	0	0
(15) JENNIFER COSTEA										
(15)	1.00									
DIRECTOR	0.00	X						0	0	0
(16) BRAD FERGUSON										
(16)	1.00									
DIRECTOR	0.00	X						0	0	0
(17) MICHAEL GREENFIELD										
(17)	1.00									
DIRECTOR	0.00	X						0	0	0
(18) WAYNE GRINER										
(18)	1.00									
DIRECTOR	0.00	X						0	0	0
(19) ERIC GUIDO										
(19)	1.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								528,424		44,536
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								528,424		44,536

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*		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*	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*		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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	836,434				
	d Related organizations	1d	20,500				
	e Government grants (contributions)	1e	2,191,247				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,723,506				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f			5,771,687			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			148,357			148,357
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b	55,179				
	c Gain or (loss)	7c	-55,179				
	d Net gain or (loss)			-55,179	-55,179		
	8a Gross income from fundraising events (not including $ 836,434 of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b	281,591				
	c Net income or (loss) from fundraising events			-281,591			-281,591
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a BENEFICIAL ASSET DISTRIBUTION		900099	55,900	55,900		
	b CASH REWARDS		900099	2,160	2,160		
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			58,060			
	12 **Total revenue.** See instructions			5,641,334	2,881	0	-133,234

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	168,857	125,601	20,260	22,996
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	2,105,304	1,565,305	246,745	293,254
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,405	28,293	18,803	7,309
9 Other employee benefits	124,595	93,615	22,983	7,997
10 Payroll taxes	170,798	127,567	19,176	24,055
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	27,117	6,712	4,913	15,492
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.)	111,339	27,559	20,174	63,606
12 Advertising and promotion	2,637	40		2,597
13 Office expenses	194,861	119,572	9,573	65,716
14 Information technology	63,347	46,920	4,246	12,181
15 Royalties				
16 Occupancy	350,583	350,583		
17 Travel	164,365	162,856	14	1,495
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,695	2,455		240
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	141,900	127,714	14,186	
23 Insurance	240,101	237,614	41	2,446
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	421,258	419,649	539	1,070
b CHILDREN SERVICES	280,259	280,259		
c CATERING & FOOD	4,116	476		3,640
d EVENT EXPENSES	2,944	103		2,841
e All other expenses	8,245	1,341		6,904
25 Total functional expenses. Add lines 1 through 24e	4,639,726	3,724,234	381,653	533,839
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	1,545,441	1	1,317,209
	2	Savings and temporary cash investments	2,064,993	2	2,549,365
	3	Pledges and grants receivable, net	684,735	3	1,729,834
	4	Accounts receivable, net	362,929	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,635	9	269,470
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 5,382,393			
	b	Less: accumulated depreciation — 10b: 3,736,635	1,483,328	10c	1,645,758
	11	Investments—publicly traded securities	1,384,268	11	750
	12	Investments—other securities. See Part IV, line 11		12	960,445
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	226,923	15	174,770
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	7,758,252	16	8,647,601
Liabilities	17	Accounts payable and accrued expenses	257,331	17	184,107
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	227,474	25	175,321
	26	**Total liabilities.** Add lines 17 through 25	484,805	26	359,428
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	5,942,308	27	6,435,418
	28	Net assets with donor restrictions	1,331,139	28	1,852,755
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	7,273,447	32	8,288,173
	33	Total liabilities and net assets/fund balances	7,758,252	33	8,647,601

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,641,334
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,639,726
3	Revenue less expenses. Subtract line 2 from line 1	3	1,001,608
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,273,447
5	Net unrealized gains (losses) on investments	5	13,118
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,288,173

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) ELIZABETH GUIMARAES										
(12)	1.00									
DIRECTOR	0.00	X						0	0	0
(21) BROOKE HEITNER										
(13)	1.00									
DIRECTOR	0.00	X						0	0	0
(22) AMY LEE										
(14)	1.00									
CHAIR ELECT	0.00	X						0	0	0
(23) PATRICIA PIERCE										
(15)	1.00									
DIRECTOR	0.00	X						0	0	0
(24) ERNEST PIRRE-LOUIS										
(16)	1.00									
DIRECTOR	0.00	X						0	0	0
(25) FAMOUS RHODES										
(17)	1.00									
DIRECTOR	0.00	X						0	0	0
(26) ROCKI ROCKINGHAM										
(18)	1.00									
SECRETARY	0.00	X		X				0	0	0
(27) TAMISHA ROUNDTREE										
(19)	1.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

		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		
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		
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		

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) JACKSON SELF										
(12)	1.00									
DIRECTOR	0.00	X						0	0	0
(29) CHRISTINE SHAW										
(13)	1.00									
DIRECTOR	0.00	X						0	0	0
(30) JULIE SHIELL										
(14)	1.00									
DIRECTOR	0.00	X						0	0	0
(31) JOSEPHINE SMITH										
(15)	1.00									
DIRECTOR	0.00	X						0	0	0
(32) SANDY SMITH										
(16)	1.00									
DIRECTOR	0.00	X						0	0	0
(33) IVAN E. VELEZ-LEON										
(17)	1.00									
BOARD CHAIR	0.00	X						0	0	0
(34) CATHERINE WALKER										
(18)	1.00									
DIRECTOR	0.00	X						0	0	0
(35) GREG ZEIGLER										
(19)	1.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

		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		
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		
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		

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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,571,677	5,983,471	6,296,915	5,031,406	5,771,687	28,655,156
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5,571,677	5,983,471	6,296,915	5,031,406	5,771,687	28,655,156
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,112,792
6 Public support. Subtract line 5 from line 4						25,542,364

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	5,571,677	5,983,471	6,296,915	5,031,406	5,771,687	28,655,156
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,137	1,884	5,457	87,177	148,357	247,012
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			14,812	54,437	2,160	71,409
11 **Total support.** Add lines 7 through 10						28,973,577
12 Gross receipts from related activities, etc. (see instructions)					12	318,421

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	88.16 %
15	Public support percentage from 2023 Schedule A, Part II, line 14	15	90.17 %

16a **33 1/3% support test — 2024.** 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 — 2023.** 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 — 2024.** 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 — 2023.** 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2024.** 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 — 2023.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	**1**		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	**3a**		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	**3b**		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	**4b**		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	**5a**		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	**6**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	**8**		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	**9a**		
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? *If "Yes," provide detail in Part VI.*	**9b**		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	**9c**		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	**10b**		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

- a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
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? *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.*	2b		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

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

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

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

Section D – Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	**5**	
6	Other distributions (*describe in Part VI*). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	**8**	
9	Distributable amount for 2024 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E – Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI.* See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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

GAIN ON LEASE TERMINATION - 2022	**$**	**12,933**
REIMBURSEMENTS - 2022	**$**	**1,879**
REIMBURSEMENTS - 2023	**$**	**54,437**
CASH REWARDS - 2024	**$**	**2,160**

Schedule B (Form 990)
(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

SOS CHILDREN'S VILLAGES FLORIDA,INC

Employer identification number

65-0080301

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(**3**) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ . . . . . .

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

Name of organization
SOS CHILDREN'S VILLAGES FLORIDA,INC

Employer identification number
65-0080301

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WANDA & JAMES MORAN JR FOUNDATION P.O. BOX 4007 DEERFIELD BEACH FL 33442-4007	$ 1,583,173	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	CHILDNET, INC. 1100 W. MCNAB ROAD FT. LAUDERDALE FL 33309	$ 2,157,576	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)
(Rev. December 2024)
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

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

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

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

- **a** Board designated or quasi-endowment ____ %
- **b** Permanent endowment ____ %
- **c** 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:

		Yes	No
(i) Unrelated organizations?	**3a(i)**		
(ii) Related organizations?	**3a(ii)**		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		**287,832**		**287,832**
b Buildings		**3,855,216**	**2,791,080**	**1,064,136**
c Leasehold improvements				
d Equipment				
e Other		**1,239,345**	**945,555**	**293,790**
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				**1,645,758**

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 CORPORATE BONDS	960,445	Market
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	960,445	

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

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) LEASE LIABILITY - OPERATING	142,003
(3) LEASE LIABILITY - FINANCE	33,318
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	175,321

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	5,991,222
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	13,118		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	336,770		
e	Add lines 2a through 2d			2e	349,888
3	Subtract line 2e from line 1			3	5,641,334
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	5,641,334

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

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

1	Total expenses and losses per audited financial statements			1	4,976,496
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	336,770		
e	Add lines 2a through 2d			2e	336,770
3	Subtract line 2e from line 1			3	4,639,726
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	4,639,726

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	$ 281,591
LOSS ON DISPOSAL OF ASSETS	$ 55,179

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

DIRECT FUNDRAISING EXPENSE	$ 281,591
LOSS ON DISPOSAL OF ASSETS	$ 55,179

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)
(Rev. December 2024)
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* for instructions and the latest information.

OMB No. 1545-0047

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 nongovernment 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 fund-raiser have custody or control of contributions? Yes	(iii) No	**(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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

		(a) Event #1 GALA (event type)	(b) Event #2 STEPS FOR SOS (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	653,603	130,956	51,875	836,434
	2 Less: Contributions	653,603	130,956	51,875	836,434
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes		2,018	208	2,226
	5 Noncash prizes	33,495			33,495
	6 Rent/facility costs				
	7 Food and beverages	91,461	738	4,042	96,241
	8 Entertainment	12,000		800	12,800
	9 Other direct expenses	115,830	20,500	499	136,829
	10 Direct expense summary. Add lines 4 through 9 in column (d)				281,591
	11 Net income summary. Subtract line 10 from line 3, column (d)				-281,591

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	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter tha name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information.

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

SCHEDULE J
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SOS CHILDREN'S VILLAGES FLORIDA,INC

Employer identification number

65-0080301

Part I Questions Regarding Compensation

		Yes	No
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.		
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 **1b**		
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? **2**		
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.		
	☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	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? **5a**		X
b	Any related organization? **5b**		X
	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? **6a**		X
b	Any related organization? **6b**		X
	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 **7**		X
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 **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)–(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1	**JILLIAN SMATH** **CEO**	(i)	161,868	0	0	0	6,989	168,857	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)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)
(Rev. December 2024)

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* for instructions and the latest information.

OMB No. 1545-0047

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	$ 281,591
LOSS ON DISPOSAL OF ASSETS	$ 55,179
DIRECT FUNDRAISING EXPENSE	$ -281,591
LOSS ON DISPOSAL OF ASSETS	$ -55,179

SCHEDULE R (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SOS CHILDREN'S VILLAGES FLORIDA,INC

Employer identification number

65-0080301

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) SOS CHILDREN'S VILLAGES-USA INC 1620 I STREET NW 220 13-6188433 WASHINGTON DC 20006	OVERSIGHT	NY	501c3	7	SOS INTL		X
(2)							
(3)							
(4)							
(5)							

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

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

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

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		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? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return

SOS CHILDREN'S VILLAGES FLORIDA,INC

Identifying number

65-0080301

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	**1,220,000**
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	**3,050,000**
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 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 2025. 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	**141,900**

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 2024	17	**0**
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 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 2024 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	**141,900**
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

There are no amounts for Page 2

Federal Asset Report

Form 990, Page 1

FYE: 12/31/2024

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Building	6/30/92	1,451,357				1,451,357	27	MO	S/L	1,451,357	0
2	Building	6/30/93	72,069				72,069	27	MO	S/L	72,069	0
3	Building	6/30/96	776,277				776,277	27	MO	S/L	776,277	0
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	1,441	752
	Mass Sale: 12/31/24											
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	9,973	3,626
24	Coral-Aire A/C	8/01/21	3,480				3,480	5	MO	S/L	1,682	696
25	Coral Aire - Fixed Grant	12/01/22	85,620				85,620	15	MO	S/L	6,184	5,708
26	AC Unit-Luke's Closet	5/18/23	1,990				1,990	5	MO	S/L	232	398
27	Flooring-Existing Bldg-Fixed Capital Grant	10/18/23	10,320				10,320	10	MO	S/L	172	1,032
28	Community Center Roof-Fixed Capital Grar	12/22/23	122,500				122,500	20	MO	S/L	0	6,125
29	AC unit-Luke's Closet-Fixed Capital Grant	5/31/23	1,990				1,990	5	MO	S/L	232	398
30	Appliances (13 homes)-Fixed Capital Grant	6/01/23	69,323				69,323	5	MO	S/L	8,088	13,864
31	Flooring-Existing Bldg-Fixed Capital Grant	5/15/24	12,385				12,385	10	MO	S/L	0	826
32	Engraved Building Sign	6/12/24	1,904				1,904	10	MO	S/L	0	111
33	New Water Heater	7/19/24	6,570				6,570	5	MO	S/L	0	548
34	Admin Bldg - Blders risk insurance	9/01/24	6,755				6,755	27	MO	S/L	0	82
35	Admin Bldg - Corporate Interiors (F&F)	9/01/24	62,983				62,983	7	MO	S/L	0	2,999
36	Admin Bldg - Professional Flooring	9/01/24	28,990				28,990	7	MO	S/L	0	1,380
37	City of Coconut Creek (permit fees)	9/01/24	875				875	27	MO	S/L	0	11
38	Admin Bldg -Keith Build.(design, survey, et	9/01/24	18,238				18,238	27	MO	S/L	0	221
39	Admin Bldg - Hardware -Kinetix Solutions	9/01/24	14,059				14,059	27	MO	S/L	0	170
40	Admin Bldg - MS Architects	9/01/24	17,320				17,320	27	MO	S/L	0	210
41	Carma windows & design (shades)	9/01/24	3,140				3,140	7	MO	S/L	0	150
42	PIP (Donor Walls)	9/01/24	2,665				2,665	27	MO	S/L	0	32
43	Admin Bldg Expansion - Redman Builders	9/01/24	782,513				782,513	27	MO	S/L	0	9,485
44	Alarm Expansion	9/01/24	750				750	5	MO	S/L	0	50
45	City of Coconut Creek (site plan fees)	9/01/24	2,000				2,000	27	MO	S/L	0	24
46	Keith design survey	9/01/24	1,800				1,800	27	MO	S/L	0	22
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
	Mass Sale: 12/31/24											
75	Mitey Lite Tables/Chairs	2/18/99	2,274				2,274	10	MO	S/L	2,274	0
	Mass Sale: 12/31/24											
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
	Sold/Scrapped: 12/31/24											
157	Home Depot	6/30/94	2,968				2,968	15	MO	S/L	2,968	0
	Mass Sale: 12/31/24											
158	Green Team Ent.	3/09/95	345				345	15	MO	S/L	345	0
	Mass Sale: 12/31/24											
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
	Mass Sale: 12/31/24											
177	Tile - #3690 & #3650	5/02/00	1,471				1,471	10	MO	S/L	1,471	0
	Mass Sale: 12/31/24											

Federal Asset Report

Form 990, Page 1

FYE: 12/31/2024

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
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
	Mass Sale: 12/31/24											
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
	Mass Sale: 12/31/24											
193	Safes	6/06/01	1,380				1,380	7	MO	S/L	1,380	0
	Mass Sale: 12/31/24											
209	Econoway - Air Conditioning	10/31/03	1,450				1,450	10	MO	S/L	1,450	0
	Mass Sale: 12/31/24											
213	Flooring	9/01/04	1,214				1,214	10	MO	S/L	1,214	0
	Mass Sale: 12/31/24											
218	Telephone System	1/20/04	32,706				32,706	5	MO	S/L	32,706	0
	Mass Sale: 12/31/24											
222	Lowes - Kitchen Appliances	6/10/04	2,029				2,029	7	MO	S/L	2,029	0
	Mass Sale: 12/31/24											
226	Lowes - Kitchen Appliances	9/01/04	2,896				2,896	7	MO	S/L	2,896	0
	Mass Sale: 12/31/24											
227	Aztec Solar - Water Heater	10/27/04	1,175				1,175	7	MO	S/L	1,175	0
	Mass Sale: 12/31/24											
230	Home Depot - Trailer	5/28/04	599				599	7	MO	S/L	599	0
	Mass Sale: 12/31/24											
231	Lowes - Refrigerator	4/06/04	668				668	7	MO	S/L	668	0
	Mass Sale: 12/31/24											
232	Lowe's - Washer, Dryer, Vacuum	10/12/04	913				913	7	MO	S/L	913	0
	Mass Sale: 12/31/24											
233	Lowe's - Stove & Microwave	11/02/04	686				686	7	MO	S/L	686	0
	Mass Sale: 12/31/24											
234	Lowe's - Stoves (2) & Microwave	11/02/04	1,134				1,134	7	MO	S/L	1,134	0
	Mass Sale: 12/31/24											
239	Appliances	2/15/05	1,136				1,136	7	MO	S/L	1,136	0
	Mass Sale: 12/31/24											
241	Phone Equipment	1/24/05	773				773	5	MO	S/L	773	0
	Mass Sale: 12/31/24											
242	Observation Window	1/14/05	1,190				1,190	10	MO	S/L	1,190	0
	Mass Sale: 12/31/24											
243	AC Condensing Unit	2/17/05	795				795	10	MO	S/L	795	0
	Mass Sale: 12/31/24											
250	Air Condenser	7/05/06	2,100				2,100	5	MO	S/L	2,100	0
	Mass Sale: 12/31/24											
252	Water Heater	8/23/06	1,200				1,200	5	MO	S/L	1,200	0
	Mass Sale: 12/31/24											
256	Air Handler - Office	9/21/06	1,360				1,360	5	MO	S/L	1,360	0
	Mass Sale: 12/31/24											
257	Site Development - Football Field	9/14/06	12,343				12,343	25	MO	S/L	8,558	493
258	Barbecue Grill	10/02/06	3,850				3,850	7	MO	S/L	3,850	0
	Mass Sale: 12/31/24											
259	Air Handler - #3640 & #3651	1/18/07	2,590				2,590	5	MO	S/L	2,590	0
	Mass Sale: 12/31/24											
260	Air Handler	12/03/07	1,090				1,090	5	MO	S/L	1,090	0
	Mass Sale: 12/31/24											
261	Compressor	12/10/07	1,545				1,545	5	MO	S/L	1,545	0
	Mass Sale: 12/31/24											
262	Desk - #3600	1/24/07	1,117				1,117	7	MO	S/L	1,117	0
	Mass Sale: 12/31/24											
263	Desk & File Cabinet - J. Smath	5/23/07	1,105				1,105	7	MO	S/L	1,105	0
	Mass Sale: 12/31/24											
268	Air Conditioner	10/31/07	2,250				2,250	5	MO	S/L	2,250	0
	Mass Sale: 12/31/24											
269	Air Conditioner	10/31/07	1,350				1,350	5	MO	S/L	1,350	0
	Mass Sale: 12/31/24											
270	Air Conditioner	10/31/07	1,300				1,300	5	MO	S/L	1,300	0
	Mass Sale: 12/31/24											
271	Propane Tank	12/31/07	6,528				6,528	5	MO	S/L	6,528	0
	Mass Sale: 12/31/24											
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	7,061	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Mass Sale: 12/31/24											
279	#3620 Improvements	12/01/08	10,321				10,321	15	MO	S/L	10,321	0
	Mass Sale: 12/31/24											
280	#3630 Improvements	12/01/08	4,604				4,604	15	MO	S/L	4,604	0
	Mass Sale: 12/31/24											
281	#3640 Improvements	12/01/08	7,659				7,659	15	MO	S/L	7,659	0
	Mass Sale: 12/31/24											
282	#3650 Improvements	12/01/08	7,941				7,941	15	MO	S/L	7,941	0
	Mass Sale: 12/31/24											
283	#3660 Improvements	12/01/08	9,515				9,515	15	MO	S/L	9,515	0
	Mass Sale: 12/31/24											
284	#3661 Improvements	12/01/08	8,435				8,435	15	MO	S/L	8,435	0
	Mass Sale: 12/31/24											
285	#3670 Improvements	12/01/08	10,562				10,562	15	MO	S/L	10,562	0
	Mass Sale: 12/31/24											
286	#3671 Improvements	12/01/08	8,435				8,435	15	MO	S/L	8,435	0
	Mass Sale: 12/31/24											
287	#3680 Improvements	12/01/08	6,315				6,315	15	MO	S/L	6,315	0
	Mass Sale: 12/31/24											
288	#3690 Improvements	12/01/08	6,400				6,400	15	MO	S/L	6,400	0
	Mass Sale: 12/31/24											
289	Advanced Wood Working	12/01/08	32,189				32,189	15	MO	S/L	32,189	0
292	Air Conditioner	2/13/08	10,026				10,026	5	MO	S/L	10,026	0
	Mass Sale: 12/31/24											
295	#3610 Improvements	3/31/09	2,344				2,344	15	MO	S/L	2,305	39
	Mass Sale: 12/31/24											
296	#3620 Improvements	3/31/09	2,344				2,344	15	MO	S/L	2,305	39
	Mass Sale: 12/31/24											
297	#3630 Improvements	3/31/09	2,344				2,344	15	MO	S/L	2,305	39
	Mass Sale: 12/31/24											
298	#3640 Improvements	3/31/09	2,344				2,344	15	MO	S/L	2,305	39
	Mass Sale: 12/31/24											
299	#3650 Improvements	3/31/09	2,344				2,344	15	MO	S/L	2,305	39
	Mass Sale: 12/31/24											
300	#3660 Improvements	3/31/09	2,344				2,344	15	MO	S/L	2,305	39
	Mass Sale: 12/31/24											
301	#3661 Improvements	3/31/09	4,883				4,883	15	MO	S/L	4,802	81
	Mass Sale: 12/31/24											
302	#3670 Improvements	3/31/09	4,883				4,883	15	MO	S/L	4,802	81
	Mass Sale: 12/31/24											
303	#3671 Improvements	3/31/09	4,883				4,883	15	MO	S/L	4,802	81
	Mass Sale: 12/31/24											
304	#3680 Improvements	3/31/09	4,883				4,883	15	MO	S/L	4,802	81
	Mass Sale: 12/31/24											
305	#3690 Improvements	3/31/09	4,883				4,883	15	MO	S/L	4,802	81
	Mass Sale: 12/31/24											
306	#3600 Improvements	6/24/10	28,497				28,497	15	MO	S/L	25,647	1,900
	Mass Sale: 12/31/24											
307	#3610 Improvements	6/24/10	29,821				29,821	15	MO	S/L	26,839	1,988
	Mass Sale: 12/31/24											
308	#3620 Improvements	6/24/10	5,146				5,146	15	MO	S/L	4,631	343
	Mass Sale: 12/31/24											
309	#3630 Improvements	6/24/10	3,822				3,822	15	MO	S/L	3,440	254
	Mass Sale: 12/31/24											
310	#3640 Improvements	6/24/10	5,146				5,146	15	MO	S/L	4,631	343
	Mass Sale: 12/31/24											
311	#3650 Improvements	6/24/10	3,822				3,822	15	MO	S/L	3,440	254
	Mass Sale: 12/31/24											
312	#3651 Improvements	6/24/10	3,822				3,822	15	MO	S/L	3,440	254
	Mass Sale: 12/31/24											
313	#3660 Improvements	6/24/10	5,146				5,146	15	MO	S/L	4,631	343
	Mass Sale: 12/31/24											
314	#3661 Improvements	6/24/10	28,497				28,497	15	MO	S/L	25,647	1,900
	Mass Sale: 12/31/24											
315	#3670 Improvements	6/24/10	5,541				5,541	15	MO	S/L	4,987	369
	Mass Sale: 12/31/24											
316	#3671 Improvements	6/24/10	28,497				28,497	15	MO	S/L	25,647	1,900
	Mass Sale: 12/31/24											
317	#3680 Improvements	6/24/10	29,821				29,821	15	MO	S/L	26,839	1,988
	Mass Sale: 12/31/24											
318	#3681 Improvements	6/24/10	4,319				4,319	15	MO	S/L	3,887	288

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Mass Sale: 12/31/24											
319	#3690 Improvements	6/24/10	28,497				28,497	15	MO	S/L	25,647	1,900
	Mass Sale: 12/31/24											
320	#3601 A/C Unit Rebuild	12/22/10	1,085				1,085	10	MO	S/L	1,085	0
	Mass Sale: 12/31/24											
321	#3660 A/C Unit Rebuild	12/22/10	1,085				1,085	10	MO	S/L	1,085	0
	Mass Sale: 12/31/24											
322	#3600 A/C Unit Mass Sale: 12/31/24	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
	Mass Sale: 12/31/24											
325	A/C for #3690	2/11/11	1,240				1,240	5	MO	S/L	1,240	0
	Mass Sale: 12/31/24											
326	Renovations #3600, Roof Repair	10/25/11	30,437				30,437	15	MO	S/L	24,688	2,029
327	Appliances for Hollywood Apartment	10/28/11	8,553				8,553	7	MO	S/L	8,553	0
	Mass Sale: 12/31/24											
328	#3600 Kitchen Remodel	6/01/12	5,638				5,638	15	MO	S/L	4,354	376
329	#3620 A/C Replacement	6/30/12	2,980				2,980	10	MO	S/L	2,980	0
	Mass Sale: 12/31/24											
330	Capitalized Mold #3671 Remediation	9/30/12	5,240				5,240	15	MO	S/L	3,930	349
	Mass Sale: 12/31/24											
331	Mold and Repair - Remediation	9/30/12	7,180				7,180	15	MO	S/L	5,385	479
	Mass Sale: 12/31/24											
332	Mold and Repair - Remediation	9/30/12	9,555				9,555	15	MO	S/L	7,166	637
	Mass Sale: 12/31/24											
333	Additional #3660	10/03/12	1,478				1,478	15	MO	S/L	1,108	99
	Mass Sale: 12/31/24											
334	Additional #3630	10/03/12	1,875				1,875	15	MO	S/L	1,406	125
	Mass Sale: 12/31/24											
335	#3660	12/18/12	800				800	15	MO	S/L	587	53
	Mass Sale: 12/31/24											
350	Tile Roof	1/07/13	20,500				20,500	15	MO	S/L	15,033	1,367
351	A/C Units (23)	4/30/13	38,444				38,444	15	MO	S/L	27,338	2,563
	Mass Sale: 12/31/24											
352	Roof Repair	6/28/13	1,500				1,500	5	MO	S/L	1,500	0
	Mass Sale: 12/31/24											
353	A/C Units (23) - Credit	8/31/13	-5,026				-5,026	5	MO	S/L	-5,026	0
	Mass Sale: 12/31/24											
354	Playground	11/01/13	10,746				10,746	7	MO	S/L	10,746	0
	Mass Sale: 12/31/24											
355	Sprinkler Pump	3/28/13	1,900				1,900	5	MO	S/L	1,900	0
	Mass Sale: 12/31/24											
356	A/C Replacement	4/04/13	3,321				3,321	5	MO	S/L	3,321	0
	Mass Sale: 12/31/24											
357	Salesforce Software	9/24/13	17,100				17,100	5	MO	S/L	17,100	0
	Mass Sale: 12/31/24											
358	Classroom Center Tables & Chair Rack	9/11/13	1,934				1,934	7	MO	S/L	1,934	0
	Mass Sale: 12/31/24											
359	Office Construction #3670	7/14/14	1,150				1,150	5	MO	S/L	1,150	0
	Mass Sale: 12/31/24											
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
	Mass Sale: 12/31/24											
362	Shed - Danny's Working Shed	9/30/14	6,020				6,020	10	MO	S/L	5,569	451
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	2,819	256
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
	Mass Sale: 12/31/24											
368	Roof Repairs - 2 Sheds	1/29/15	1,200				1,200	10	MO	S/L	1,070	120
369	Removal of Tree Roots - Sidewalk	4/24/15	2,476				2,476	10	MO	S/L	2,145	248
	Mass Sale: 12/31/24											
370	Concrete Work - #3681 Front	6/26/15	2,472				2,472	10	MO	S/L	2,101	247
	Mass Sale: 12/31/24											
371	Recoat Roof #3641	11/19/15	14,758				14,758	10	MO	S/L	11,929	1,476
372	Surface Computer - CEO	4/30/15	1,129				1,129	5	MO	S/L	1,129	0
	Mass Sale: 12/31/24											
373	Case Manager Computers (6)	4/30/15	1,254				1,254	3	MO	S/L	1,254	0
	Mass Sale: 12/31/24											
374	Workstations & Installation - #1383	3/16/15	2,230				2,230	5	MO	S/L	2,230	0
	Mass Sale: 12/31/24											
375	Hutch & Cabinets - Installation	10/08/15	3,145				3,145	5	MO	S/L	3,145	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Mass Sale: 12/31/24											
376	Furniture for Homes	12/15/15	23,000				23,000	7	MO	S/L	23,000	0
	Mass Sale: 12/31/24											
377	AC Quality Electric	4/14/15	10,300				10,300	5	MO	S/L	10,300	0
	Mass Sale: 12/31/24											
378	Pulled CAT 5 to Offices	4/14/15	1,815				1,815	5	MO	S/L	1,815	0
	Mass Sale: 12/31/24											
379	Heritage Carpet & Tile	4/14/15	14,385				14,385	5	MO	S/L	14,385	0
	Mass Sale: 12/31/24											
380	Ridgeway Plumbing	4/14/15	1,230				1,230	5	MO	S/L	1,230	0
	Mass Sale: 12/31/24											
381	Exclusive Trim	4/14/15	2,200				2,200	5	MO	S/L	2,200	0
	Mass Sale: 12/31/24											
382	GEE Drywall Company	4/14/15	8,000				8,000	5	MO	S/L	8,000	0
	Mass Sale: 12/31/24											
383	Engineered Air	4/14/15	250				250	5	MO	S/L	250	0
	Mass Sale: 12/31/24											
384	Distinctive Kitchens & Baths	4/14/15	3,140				3,140	5	MO	S/L	3,140	0
	Mass Sale: 12/31/24											
385	ASG Enterprise	4/14/15	11,050				11,050	10	MO	S/L	8,840	1,105
	Mass Sale: 12/31/24											
386	Heritage Carpet and Tile	6/12/15	6,234				6,234	10	MO	S/L	4,987	624
	Mass Sale: 12/31/24											
387	Falcone Vendor	6/12/15	400				400	10	MO	S/L	320	40
	Mass Sale: 12/31/24											
388	ASG Enterprise	6/12/15	1,150				1,150	10	MO	S/L	920	115
	Mass Sale: 12/31/24											
389	All Star Painting	6/12/15	802				802	10	MO	S/L	641	80
	Mass Sale: 12/31/24											
390	Distinctive Kitchen & Baths	6/12/15	1,595				1,595	10	MO	S/L	1,276	160
	Mass Sale: 12/31/24											
391	Kunes Plumbing	6/12/15	175				175	10	MO	S/L	140	17
	Mass Sale: 12/31/24											
392	Blow Fiberglass	6/12/15	927				927	10	MO	S/L	742	92
	Mass Sale: 12/31/24											
393	Armer Protection	6/12/15	795				795	10	MO	S/L	636	80
	Mass Sale: 12/31/24											
394	Ferguson Enterprise	6/12/15	1,316				1,316	10	MO	S/L	1,053	131
	Mass Sale: 12/31/24											
395	Armer Protection	6/22/15	4,498				4,498	10	MO	S/L	3,598	450
	Mass Sale: 12/31/24											
396	Alarm Installation	6/22/15	3,856				3,856	10	MO	S/L	3,085	385
	Mass Sale: 12/31/24											
397	ASG Enterprise	6/24/15	7,036				7,036	10	MO	S/L	5,629	704
	Mass Sale: 12/31/24											
398	ASG Enterprise	7/07/15	7,036				7,036	10	MO	S/L	5,629	704
	Mass Sale: 12/31/24											
399	Kunes Plumbing Inc.	7/30/15	3,947				3,947	10	MO	S/L	3,158	394
	Mass Sale: 12/31/24											
400	ASG Enterprise Inc.	7/30/15	8,796				8,796	10	MO	S/L	7,036	880
	Mass Sale: 12/31/24											
401	Mancini Electric	7/30/15	2,750				2,750	10	MO	S/L	2,200	275
	Mass Sale: 12/31/24											
402	Kunes Plumbing Inc.	8/10/15	3,947				3,947	10	MO	S/L	3,158	394
	Mass Sale: 12/31/24											
403	Allied Doors South Florida LLC	8/11/15	235				235	10	MO	S/L	188	24
	Mass Sale: 12/31/24											
404	Engineered Air, LLC	8/20/15	5,901				5,901	10	MO	S/L	4,721	590
	Mass Sale: 12/31/24											
405	Distinctive Kitchen & Baths	8/19/15	4,395				4,395	10	MO	S/L	3,516	440
	Mass Sale: 12/31/24											
406	Sony Construction, Inc.	8/20/15	3,750				3,750	10	MO	S/L	3,000	375
	Mass Sale: 12/31/24											
407	The Tamara Peacock Company	8/20/15	991				991	10	MO	S/L	793	99
	Mass Sale: 12/31/24											
408	Sony Construction, Inc.	9/01/15	3,750				3,750	10	MO	S/L	3,000	375
	Mass Sale: 12/31/24											
409	Armer Protection	9/01/15	794				794	10	MO	S/L	635	79
	Mass Sale: 12/31/24											
410	Glass Doctor of Broward	9/02/15	360				360	10	MO	S/L	288	36
	Mass Sale: 12/31/24											

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
411	Kunes Plumbing Inc. Mass Sale: 12/31/24	9/09/15	1,400				1,400	10	MO	S/L	1,120	140
412	Mancini Electric Mass Sale: 12/31/24	9/11/15	6,000				6,000	10	MO	S/L	4,800	600
413	ASG Enterprise Inc. Mass Sale: 12/31/24	9/14/15	9,246				9,246	10	MO	S/L	7,396	925
414	Magnum Land Development Mass Sale: 12/31/24	9/14/15	1,080				1,080	10	MO	S/L	864	108
415	Armer Protection, Inc. Mass Sale: 12/31/24	9/14/15	4,234				4,234	10	MO	S/L	3,387	424
416	Kunes Plumbing Inc. Mass Sale: 12/31/24	10/20/15	3,947				3,947	10	MO	S/L	3,158	394
417	Engineered Air, LLC Mass Sale: 12/31/24	12/02/15	2,069				2,069	10	MO	S/L	1,655	207
418	Silva & Silva Services Mass Sale: 12/31/24	12/02/15	1,850				1,850	10	MO	S/L	1,480	185
419	ASG Enterprise Inc. Mass Sale: 12/31/24	12/02/15	3,998				3,998	10	MO	S/L	3,198	400
420	Building Products of Miami Mass Sale: 12/31/24	12/02/15	1,534				1,534	10	MO	S/L	1,227	154
421	Armer Protection, Inc. Mass Sale: 12/31/24	12/02/15	635				635	10	MO	S/L	508	64
423	Mancini Electric Mass Sale: 12/31/24	12/21/15	5,000				5,000	10	MO	S/L	4,000	500
424	Armer Protection, Inc. Mass Sale: 12/31/24	12/21/15	528				528	10	MO	S/L	423	52
425	Silva & Silva Services Mass Sale: 12/31/24	12/21/15	3,160				3,160	10	MO	S/L	2,528	316
426	Heritage Carpet and Tile Mass Sale: 12/31/24	12/21/15	1,624				1,624	10	MO	S/L	1,299	163
427	Straight Line Construction Mass Sale: 12/31/24	12/21/15	9,056				9,056	10	MO	S/L	7,245	906
428	Flooring Removal Services, Inc. Mass Sale: 12/31/24	12/21/15	1,300				1,300	10	MO	S/L	1,040	130
429	Kunes Plumbing Inc. Mass Sale: 12/31/24	12/21/15	3,947				3,947	10	MO	S/L	3,158	394
430	Cheeky Monkey Cleaning Services, Inc. Mass Sale: 12/31/24	12/21/15	390				390	10	MO	S/L	312	39
431	Yukon Construction Mass Sale: 12/31/24	4/14/15	2,950				2,950	10	MO	S/L	2,360	295
432	A/C Units - Community Center Mass Sale: 12/31/24	11/04/16	6,030				6,030	10	MO	S/L	4,322	603
433	Laptops (2) Mass Sale: 12/31/24	12/01/16	6,694				6,694	5	MO	S/L	6,694	0
434	#3610 Renovations Mass Sale: 12/31/24	8/06/16	5,633				5,633	10	MO	S/L	4,178	563
435	#3650 Renovations Mass Sale: 12/31/24	5/26/16	22,608				22,608	10	MO	S/L	17,144	2,261
436	#3630 Renovations Mass Sale: 12/31/24	6/23/16	20,347				20,347	10	MO	S/L	15,260	2,035
437	#3620 Renovations Mass Sale: 12/31/24	2/24/16	26,156				26,156	10	MO	S/L	20,489	2,615
438	#3640 Renovations Mass Sale: 12/31/24	4/14/16	22,769				22,769	10	MO	S/L	17,646	2,277
439	Tribute Wall Mass Sale: 12/31/24	4/15/16	2,752				2,752	10	MO	S/L	2,133	275
440	Distinctive Cabinets #3670	2/17/17	5,350				5,350	10	MO	S/L	3,656	535
441	Shelving - Heritage Flooring #3670	2/17/17	693				693	10	MO	S/L	474	69
442	Renovation #3670	2/17/17	13,808				13,808	10	MO	S/L	9,435	1,381
443	Distinctive Cabinets	4/06/17	11,650				11,650	10	MO	S/L	7,864	1,165
444	Heritage Flooring	4/06/17	3,518				3,518	10	MO	S/L	2,375	351
445	Remodeling #3660	4/06/17	28,757				28,757	10	MO	S/L	19,411	2,875
446	Appliances #3690 Mass Sale: 12/31/24	5/12/17	1,896				1,896	7	MO	S/L	1,806	90
447	Renovation #3651	5/12/17	1,700				1,700	10	MO	S/L	1,133	170
448	Drywall	5/12/17	2,800				2,800	10	MO	S/L	1,867	280
449	Renovation #3690	5/12/17	12,777				12,777	10	MO	S/L	8,518	1,278
450	Bifold Doors #3690 (Straight Line Millwork Mass Sale: 12/31/24	6/09/17	2,761				2,761	7	MO	S/L	2,596	165
451	Bathrooms & Kitchen #3690 (Kunes Plumb Mass Sale: 12/31/24	6/09/17	4,725				4,725	7	MO	S/L	4,444	281

Federal Asset Report

Form 990, Page 1

FYE: 12/31/2024

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
452	Electrical #3690 (Mancini)	6/09/17	3,440				3,440	10	MO	S/L	2,265	344
453	Shelving, Mirrors & Bathroom Accessories Mass Sale: 12/31/24	6/09/17	817				817	7	MO	S/L	768	49
454	Cabinets & Counertops #3690 Mass Sale: 12/31/24	6/09/17	5,150				5,150	7	MO	S/L	4,843	307
455	Tile #3690	6/09/17	2,235				2,235	10	MO	S/L	1,471	224
456	Dell Latitude & Dell e-Port Mass Sale: 12/31/24	3/31/17	1,537				1,537	5	MO	S/L	1,537	0
457	Bi-fold Doors & Bypass Doors Mass Sale: 12/31/24	6/23/17	2,630				2,630	7	MO	S/L	2,442	188
458	Renovation of bedrooms #3661	7/27/17	2,950				2,950	10	MO	S/L	1,893	295
459	Renovations #3661	7/27/17	13,152				13,152	10	MO	S/L	8,439	1,315
460	Electrical Work #3661	7/27/17	3,440				3,440	10	MO	S/L	2,207	344
461	Kitchen & bathrooms remodel #3661	7/27/17	2,975				2,975	10	MO	S/L	1,909	297
462	Toilets, sink, faucets, etc $3661 Mass Sale: 12/31/24	7/27/17	1,350				1,350	7	MO	S/L	1,238	112
463	Doors and closet doors #3661 Mass Sale: 12/31/24	7/27/17	4,295				4,295	10	MO	S/L	2,756	430
464	Cabinets & counter tops #3661 Mass Sale: 12/31/24	7/27/17	5,150				5,150	10	MO	S/L	3,305	515
465	Tile & installation #3661	7/27/17	2,453				2,453	10	MO	S/L	1,574	245
466	Shelving, mirrors, etc #3661 Mass Sale: 12/31/24	7/27/17	795				795	7	MO	S/L	729	66
467	Vertical blinds #3661 Mass Sale: 12/31/24	7/27/17	1,089				1,089	7	MO	S/L	998	91
468	Blinds #3690 Mass Sale: 12/31/24	8/11/17	817				817	7	MO	S/L	749	68
469	Cabineets and doors #3671 Mass Sale: 12/31/24	8/11/17	3,714				3,714	7	MO	S/L	3,405	309
470	Toilets, Sinks, Hardware & Installation #36 Mass Sale: 12/31/24	8/11/17	4,175				4,175	7	MO	S/L	3,827	348
471	Drywall Renovation #3671	8/11/17	2,800				2,800	10	MO	S/L	1,797	280
472	Cabinets & Counter Tops #3671 Mass Sale: 12/31/24	8/11/17	3,826				3,826	7	MO	S/L	3,507	319
473	Tile & Installation #3671	8/11/17	1,713				1,713	10	MO	S/L	1,099	171
474	Bathroom Shelving & Accessories #3671 Mass Sale: 12/31/24	8/11/17	922				922	7	MO	S/L	845	77
475	Blinds #3671 Mass Sale: 12/31/24	8/11/17	962				962	7	MO	S/L	882	80
476	Electrical #3671	8/11/17	3,440				3,440	10	MO	S/L	2,207	344
477	Renovation #3671	8/11/17	11,820				11,820	10	MO	S/L	7,585	1,182
478	Amana 25' Refrigerator #3661 Mass Sale: 12/31/24	8/11/17	1,147				1,147	7	MO	S/L	1,052	95
479	Amana 30" Glass-Top Range #3661 Mass Sale: 12/31/24	8/11/17	593				593	7	MO	S/L	543	50
480	Amana 1.6' Microwave #3661 Mass Sale: 12/31/24	8/11/17	267				267	7	MO	S/L	245	22
481	Amana Dishwasher #3661 Mass Sale: 12/31/24	8/11/17	337				337	7	MO	S/L	309	28
482	Amana 3.5' Top Load Washer #3661 Mass Sale: 12/31/24	8/11/17	426				426	7	MO	S/L	391	35
483	Amana 6.5' Dryer #3661 Mass Sale: 12/31/24	8/11/17	426				426	7	MO	S/L	391	35
484	Renovation #3680	11/14/17	12,635				12,635	10	MO	S/L	7,792	1,263
485	Renovations #3680 - Mulheron	11/14/17	3,350				3,350	10	MO	S/L	2,066	335
486	Bathroom Cabinets, Shelving & Mirror #36 Mass Sale: 12/31/24	11/14/17	894				894	7	MO	S/L	788	106
487	Blinds #3680 - Heritage Carpet & Tile Mass Sale: 12/31/24	11/14/17	828				828	7	MO	S/L	729	99
488	Kitchen & Bathroom Fixtures #3680 (Kune Mass Sale: 12/31/24	11/14/17	3,270				3,270	7	MO	S/L	2,881	389
489	Closets & Doors #3680 (Straight Line) Mass Sale: 12/31/24	11/14/17	3,280				3,280	7	MO	S/L	2,890	390
490	Electrical Work #3680 (Mancini)	11/14/17	3,590				3,590	10	MO	S/L	2,214	359
491	Cabinets & Countertops #3680 (Distinctive) Mass Sale: 12/31/24	11/14/17	5,175				5,175	7	MO	S/L	4,559	616
492	Lenovo Computers (2) Mass Sale: 12/31/24	11/21/17	1,436				1,436	5	MO	S/L	1,436	0
506	In-Kind Furniture #3610 Mass Sale: 12/31/24	2/28/17	8,000				8,000	7	MO	S/L	7,810	190
507	In-Kind Furniture #3670	2/28/17	8,000				8,000	7	MO	S/L	7,810	190

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Mass Sale: 12/31/24											
508	In-Kind Furniture #3660	4/30/17	8,000				8,000	7	MO	S/L	7,619	381
	Mass Sale: 12/31/24											
509	In-Kind Furniture #3651	5/31/17	8,000				8,000	7	MO	S/L	7,524	476
	Mass Sale: 12/31/24											
510	In-Kind Furniture #3690	6/30/17	8,000				8,000	7	MO	S/L	7,429	571
	Mass Sale: 12/31/24											
511	In-Kind Furniture #3661	7/31/17	8,000				8,000	7	MO	S/L	7,333	667
	Mass Sale: 12/31/24											
512	In-Kind Furniture #3671	8/31/17	8,000				8,000	7	MO	S/L	7,238	762
	Mass Sale: 12/31/24											
513	In-Kind Furniture #3680	11/30/17	8,000				8,000	7	MO	S/L	6,952	1,048
	Mass Sale: 12/31/24											
514	Cabinets & Counter Tops (#3600)	2/09/18	5,880				5,880	7	MO	S/L	4,970	840
515	Tile (#3600)	2/09/18	4,930				4,930	10	MO	S/L	2,917	493
516	Bathroom Fixtures (#3600)	2/09/18	866				866	7	MO	S/L	732	123
517	Blinds (#3600)	2/09/18	1,306				1,306	7	MO	S/L	1,104	186
	Mass Sale: 12/31/24											
518	Bathroom Fixtures (#3651)	2/09/18	4,170				4,170	7	MO	S/L	3,525	595
	Mass Sale: 12/31/24											
519	Electrical (#3600)	2/09/18	3,590				3,590	10	MO	S/L	2,124	359
520	Renovation (#3600)	2/09/18	25,578				25,578	10	MO	S/L	15,134	2,557
521	Lenovo Thinkpad (Development)	3/07/18	876				876	5	MO	S/L	876	0
	Mass Sale: 12/31/24											
522	Column and Countertop #3600	4/06/18	335				335	7	MO	S/L	275	48
523	Renovation #3600	4/06/18	850				850	10	MO	S/L	489	85
524	Water Heater	4/06/18	1,875				1,875	7	MO	S/L	1,540	268
	Mass Sale: 12/31/24											
525	Toilet #3600	4/06/18	250				250	7	MO	S/L	205	36
	Mass Sale: 12/31/24											
526	Toilet #3680	4/06/18	230				230	7	MO	S/L	189	33
	Mass Sale: 12/31/24											
527	Amana 25' Refrigerator #3600	4/06/18	1,153				1,153	7	MO	S/L	947	164
	Mass Sale: 12/31/24											
528	Amana 30" Glass Range #3600	4/06/18	596				596	7	MO	S/L	489	85
	Mass Sale: 12/31/24											
529	Amana Microwave #3600	4/06/18	269				269	7	MO	S/L	221	38
	Mass Sale: 12/31/24											
530	Amana Dishwasher #3600	4/06/18	339				339	7	MO	S/L	278	49
	Mass Sale: 12/31/24											
531	Amana 3.5' Top Load Washer #3600	4/06/18	428				428	7	MO	S/L	352	61
	Mass Sale: 12/31/24											
532	Amana 6.5' Dryer #3600	4/06/18	428				428	7	MO	S/L	352	61
	Mass Sale: 12/31/24											
533	Steel Bathtub #3680	4/20/18	1,771				1,771	7	MO	S/L	1,434	253
	Mass Sale: 12/31/24											
534	Bathroom Renovation #3680	4/20/18	896				896	10	MO	S/L	508	90
535	Dell Latitude 3590	8/13/18	965				965	5	MO	S/L	965	0
	Mass Sale: 12/31/24											
536	Dell Latitude 3590	8/13/18	965				965	5	MO	S/L	965	0
	Mass Sale: 12/31/24											
537	Generator #1	9/06/18	2,429				2,429	5	MO	S/L	2,429	0
538	Generator #2	9/06/18	2,429				2,429	5	MO	S/L	2,429	0
539	Generator #3	9/06/18	2,429				2,429	5	MO	S/L	2,429	0
540	Generator #4	9/06/18	2,429				2,429	5	MO	S/L	2,429	0
541	Generator #5	9/06/18	2,429				2,429	5	MO	S/L	2,429	0
542	Hot Water Heater #3671	9/27/18	1,475				1,475	7	MO	S/L	1,106	211
	Mass Sale: 12/31/24											
543	Dell OptiPlex 3060 Computer	10/18/18	748				748	5	MO	S/L	748	0
	Mass Sale: 12/31/24											
544	Rheem A/C 2.5 ton/14SEER #3650	12/03/18	2,720				2,720	7	MO	S/L	1,975	389
	Mass Sale: 12/31/24											
545	Computer - Best Buy	2/15/19	604				604	5	MO	S/L	594	10
	Mass Sale: 12/31/24											
546	Computer - Best Buy	2/15/19	604				604	5	MO	S/L	594	10
	Mass Sale: 12/31/24											
547	Tile (Community Center)	4/11/19	16,350				16,350	10	MO	S/L	7,766	1,635
548	Formica Countertops (3670)	4/23/19	4,500				4,500	7	MO	S/L	3,000	643
549	Rheem A/C 14 SEER #3651	5/14/19	3,600				3,600	5	MO	S/L	3,360	240
	Mass Sale: 12/31/24											
550	Hurricane Shutters	7/26/19	6,840				6,840	7	MO	S/L	4,316	977

Federal Asset Report

Form 990, Page 1

FYE: 12/31/2024

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
551	HP 156 Touchscreen Laptop	9/04/19	855				855	5	MO	S/L	741	114
	Mass Sale: 12/31/24											
552	Pavers at Entrance	2/09/20	2,200				2,200	30	MO	S/L	287	74
553	Air Conditioner	5/05/20	3,100				3,100	5	MO	S/L	2,273	620
	Mass Sale: 12/31/24											
554	Rooms To Go Furniture	11/10/20	24,899				24,899	7	MO	S/L	11,264	3,557
32000	Land	6/30/92	287,832				287,832	0	--	Land	0	0
	Total Other Depreciation		6,388,766				6,388,766				4,603,243	140,275
	Total ACRS and Other Depreciation		6,388,766				6,388,766				4,603,243	140,275
	Grand Totals		6,388,766				6,388,766				4,603,243	140,275
	Less: Dispositions and Transfers		1,062,066				1,062,066				947,925	58,956
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		5,326,700				5,326,700				3,655,318	81,319

Depreciation Adjustment Report

All Business Activities

FYE: 12/31/2024

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Building	6/30/92	1,451,357	0	0
2	Building	6/30/93	72,069	0	0
3	Building	6/30/96	776,277	0	0
4	Site Development - Underground	6/30/92	105,000	0	0
5	Site - Shenandoah	1/14/93	873	0	0
6	Site - Robert Hill	2/23/93	74	0	0
7	Site - Truly Nolan	2/28/93	450	0	0
8	Site - T.P. Trucking	2/28/93	315	0	0
10	Site - A.F. Dozer, Inc.	3/04/93	438	0	0
11	Site - Southern Fence	3/08/93	580	0	0
12	Site - Griffin Bros.	3/19/93	9,540	0	0
13	Site - Griffin Bros. Village	3/26/93	925	0	0
14	Site - Jon Scott Rogers	3/01/93	213	0	0
15	Site - A.F. Dozer, Inc.	4/06/93	798	0	0
16	Site - A.F. Dozer, Inc.	4/06/93	1,600	0	0
17	Site - Griffin Bros.	4/20/93	11,400	0	0
18	Site - Summary	6/30/93	520	0	0
19	A.F. Dozer, Inc.	6/30/94	1,952	0	0
20	Reines	6/30/94	450	0	0
21	Griffin Bros.	2/08/95	1,895	0	0
22	Green Tam Ent.	3/03/95	518	0	0
23	Community Center	4/01/21	36,265	3,627	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
26	AC Unit-Luke's Closet	5/18/23	1,990	398	0
27	Flooring-Existing Bldg-Fixed Capital Grant	10/18/23	10,320	1,032	0
28	Community Center Roof-Fixed Capital Grant	12/22/23	122,500	6,125	0
29	AC unit-Luke's Closet-Fixed Capital Grant	5/31/23	1,990	398	0
30	Appliances (13 homes)-Fixed Capital Grant	6/01/23	69,323	13,865	0
31	Flooring-Existing Bldg-Fixed Capital Grant	5/15/24	12,385	1,238	0
32	Engraved Building Sign	6/12/24	1,904	190	0
33	New Water Heater	7/19/24	6,570	1,314	0
34	Admin Bldg - Blders risk insurance	9/01/24	6,755	246	0
35	Admin Bldg - Corporate Interiors (F&F)	9/01/24	62,983	8,998	0
36	Admin Bldg - Professional Flooring	9/01/24	28,990	4,142	0
37	City of Coconut Creek (permit fees)	9/01/24	875	31	0
38	Admin Bldg -Keith Build.(design, survey, etc)	9/01/24	18,238	663	0
39	Admin Bldg - Hardware -Kinetix Solutions (IT)	9/01/24	14,059	512	0
40	Admin Bldg - MS Architects	9/01/24	17,320	630	0
41	Carma windows & design (shades)	9/01/24	3,140	448	0
42	PIP (Donor Walls)	9/01/24	2,665	97	0
43	Admin Bldg Expansion - Redman Builders	9/01/24	782,513	28,455	0
44	Alarm Expansion	9/01/24	750	150	0
45	City of Coconut Creek (site plan fees)	9/01/24	2,000	73	0
46	Keith design survey	9/01/24	1,800	65	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
155	Southern Fence Company	6/30/94	3,853	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
178	Skylights	6/19/00	3,968	0	0
179	Lighting	9/17/01	16,985	0	0
181	Underground Cabling	9/20/01	5,235	0	0
257	Site Development - Football Field	9/14/06	12,343	494	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
289	Advanced Wood Working	12/01/08	32,189	0	0
326	Renovations #3600, Roof Repair	10/25/11	30,437	2,029	0
328	#3600 Kitchen Remodel	6/01/12	5,638	376	0
350	Tile Roof	1/07/13	20,500	1,367	0
360	French Door #3670	7/22/14	1,282	0	0
362	Shed - Danny's Working Shed	9/30/14	6,020	0	0
364	Office Sidewalk	10/14/14	1,816	0	0

65-0080301

Future Depreciation Report FYE: 12/31/25

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
365	Shed - Electric Wiring	10/30/14	3,075	0	0
366	Furniture Lease - BC Leasing	9/30/14	30,018	0	0
368	Roof Repairs - 2 Sheds	1/29/15	1,200	10	0
371	Recoat Roof #3641	11/19/15	14,758	1,353	0
440	Distinctive Cabinets #3670	2/17/17	5,350	535	0
441	Shelving - Heritage Flooring #3670	2/17/17	693	69	0
442	Renovation #3670	2/17/17	13,808	1,381	0
443	Distinctive Cabinets	4/06/17	11,650	1,165	0
444	Heritage Flooring	4/06/17	3,518	352	0
445	Remodeling #3660	4/06/17	28,757	2,876	0
447	Renovation #3651	5/12/17	1,700	170	0
448	Drywall	5/12/17	2,800	280	0
449	Renovation #3690	5/12/17	12,777	1,277	0
452	Electrical #3690 (Mancini)	6/09/17	3,440	344	0
455	Tile #3690	6/09/17	2,235	223	0
458	Renovation of bedrooms #3661	7/27/17	2,950	295	0
459	Renovations #3661	7/27/17	13,152	1,316	0
460	Electrical Work #3661	7/27/17	3,440	344	0
461	Kitchen & bathrooms remodel #3661	7/27/17	2,975	298	0
465	Tile & installation #3661	7/27/17	2,453	246	0
471	Drywall Renovation #3671	8/11/17	2,800	280	0
473	Tile & Installation #3671	8/11/17	1,713	172	0
476	Electrical #3671	8/11/17	3,440	344	0
477	Renovation #3671	8/11/17	11,820	1,182	0
484	Renovation #3680	11/14/17	12,635	1,264	0
485	Renovations #3680 - Mulheron	11/14/17	3,350	335	0
490	Electrical Work #3680 (Mancini)	11/14/17	3,590	359	0
514	Cabinets & Counter Tops (#3600)	2/09/18	5,880	70	0
515	Tile (#3600)	2/09/18	4,930	493	0
516	Bathroom Fixtures (#3600)	2/09/18	866	11	0
519	Electrical (#3600)	2/09/18	3,590	359	0
520	Renovation (#3600)	2/09/18	25,578	2,558	0
522	Column and Countertop #3600	4/06/18	335	12	0
523	Renovation #3600	4/06/18	850	85	0
534	Bathroom Renovation #3680	4/20/18	896	89	0
537	Generator #1	9/06/18	2,429	0	0
538	Generator #2	9/06/18	2,429	0	0
539	Generator #3	9/06/18	2,429	0	0
540	Generator #4	9/06/18	2,429	0	0
541	Generator #5	9/06/18	2,429	0	0
547	Tile (Community Center)	4/11/19	16,350	1,635	0
548	Formica Countertops (3670)	4/23/19	4,500	643	0
550	Hurricane Shutters	7/26/19	6,840	977	0
552	Pavers at Entrance	2/09/20	2,200	73	0
554	Rooms To Go Furniture	11/10/20	24,899	3,557	0
32000	Land	6/30/92	287,832	0	0
	Total Other Depreciation		5,326,700	110,399	0
	Total ACRS and Other Depreciation		5,326,700	110,399	0
	Grand Totals		5,326,700	110,399	0

Form **990**

Event Income and Deduction Worksheet

Description **GALA**

2024

Name
SOS CHILDREN'S VILLAGES FLORIDA,INC

Taxpayer Identification Number
65-0080301

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

Income & Expense Summary:

1. Gross receipts or sales	**1.**	
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	**653,603**
7. Total revenue. Add lines 1 through 6	**7.**	**653,603**
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.**	**252,786**
15. Total expenses. Add lines 8 through 14	**15.**	**252,786**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**400,817**

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	**33,495**
Rent and facility costs	
Food & beverages (Part II only)	**91,461**
Entertainment (Part II only)	**12,000**
Other direct expenses	**115,830**
Total Fundraising Expense	**252,786**

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 **990**

Event Income and Deduction Worksheet

Description **STEPS FOR SOS**

2024

Name
SOS CHILDREN'S VILLAGES FLORIDA,INC

Taxpayer Identification Number
65-0080301

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

Income & Expense Summary:

1. Gross receipts or sales	**1.**	
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	**130,956**
7. Total revenue. Add lines 1 through 6	**7.**	**130,956**
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.**	**23,256**
15. Total expenses. Add lines 8 through 14	**15.**	**23,256**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**107,700**

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	**2,018**
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	**738**
Entertainment (Part II only)	
Other direct expenses	**20,500**
Total Fundraising Expense	**23,256**

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 **990**

Event Income and Deduction Worksheet

Description **VOICES OF FOSTER CARE**

2024

Name
SOS CHILDREN'S VILLAGES FLORIDA,INC

Taxpayer Identification Number
65-0080301

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

Income & Expense Summary:

1. Gross receipts or sales	**1.**	
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	**29,375**
7. Total revenue. Add lines 1 through 6	**7.**	**29,375**
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.**	**4,350**
15. Total expenses. Add lines 8 through 14	**15.**	**4,350**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**25,025**

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	**4,042**
Entertainment (Part II only)	
Other direct expenses	**308**
Total Fundraising Expense	**4,350**

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 **990**

Event Income and Deduction Worksheet

Description **LIGHT-UP VILLAGE**

2024

Name
SOS CHILDREN'S VILLAGES FLORIDA,INC

Taxpayer Identification Number
65-0080301

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

Income & Expense Summary:

1. Gross receipts or sales	**1.**	
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	**22,500**
7. Total revenue. Add lines 1 through 6	**7.**	**22,500**
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.**	**1,199**
15. Total expenses. Add lines 8 through 14	**15.**	**1,199**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**21,301**

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	**208**
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	**800**
Other direct expenses	**191**
Total Fundraising Expense	**1,199**

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	

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

2024

For calendar year 2024, or tax year beginning , and ending

Name

SOS CHILDREN'S VILLAGES FLORIDA,INC

Employer Identification Number

65-0080301

		(a) Other event VOICES OF FOSTE (event type)	(b) Other event LIGHT-UP VILLAG (event type)	(c) Other event (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	1 Gross receipts	29,375	22,500		51,875
	2 Less: Charitable contributions	29,375	22,500		51,875
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes		208		208
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages	4,042			4,042
	8 Entertainment		800		800
	9 Other expenses	308	191		499

Form **990**

Two Year Comparison Report

For calendar year 2024, or tax year beginning , ending

2023 & 2024

Name

SOS CHILDREN'S VILLAGES FLORIDA,INC

Taxpayer Identification Number

65-0080301

			2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1.	1,939,311	3,580,440	1,641,129
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	3,034,632	2,191,247	-843,385
	4. Program service revenue	4.			
	5. Investment income	5.	87,177	148,357	61,180
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.		-55,179	-55,179
	8. Net income or (loss) from fundraising events	8.	-297,848	-281,591	16,257
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	111,900	58,060	-53,840
	12. **Total revenue.** Add lines 1 through 11	12.	4,875,172	5,641,334	766,162
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	714,603	168,857	-545,746
	16. Salaries, other compensation, and employee benefits	16.	1,922,392	2,455,102	532,710
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	125,832	138,456	12,624
	19. Occupancy, rent, utilities, and maintenance	19.	392,933	350,583	-42,350
	20. Depreciation and Depletion	20.	156,400	141,900	-14,500
	21. Other expenses	21.	1,323,301	1,384,828	61,527
	22. **Total expenses.** Add lines 13 through 21	22.	4,635,461	4,639,726	4,265
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	239,711	1,001,608	761,897
Other Information	24. Total exempt revenue	24.	4,875,172	5,641,334	766,162
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	-98,771	-130,353	-31,582
	27. Total assets	27.	7,758,252	8,647,601	889,349
	28. Total liabilities	28.	484,805	359,428	-125,377
	29. Retained earnings	29.	7,273,447	8,288,173	1,014,726
	30. Number of voting members of governing body	30.	28	30	
	31. Number of independent voting members of governing body	31.	28	30	
	32. Number of employees	32.	63	63	
	33. Number of volunteers	33.	1000	1000	

Form **990**

Tax Return History

2024

Name

SOS CHILDREN'S VILLAGES FLORIDA,INC

Employer Identification Number

65-0080301

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	5,518,114	5,928,452	6,239,662	4,973,943	5,771,687	
Membership dues						
Program service revenue						
Capital gain or loss					-55,179	
Investment income	4,137	1,884	5,457	87,177	148,357	
Fundraising revenue (income/loss)	-43,196	-144,275	-260,063	-297,848	-281,591	
Gaming revenue (income/loss)						
Other revenue	53,563	55,019	72,065	111,900	58,060	
Total revenue	5,532,618	5,841,080	6,057,121	4,875,172	5,641,334	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	150,128	172,654	182,696	714,603	168,857	
Other compensation	2,581,271	2,585,671	2,476,491	1,922,392	2,455,102	
Professional fees	86,405	97,876	122,159	125,832	138,456	
Occupancy costs	175,624	180,797	258,403	392,933	350,583	
Depreciation and depletion	150,104	150,157	150,477	156,400	141,900	
Other expenses	996,967	1,071,470	1,227,686	1,323,301	1,384,828	
Total expenses	4,140,499	4,258,625	4,417,912	4,635,461	4,639,726	
Excess or (Deficit)	1,392,119	1,582,455	1,639,209	239,711	1,001,608	
Total exempt revenue	5,532,618	5,841,080	6,057,121	4,875,172	5,641,334	
Total unrelated revenue						
Total excludable revenue	14,504	-87,372	-182,541	-98,771	-130,353	
Total Assets	4,012,267	5,627,775	7,437,299	7,758,252	8,647,601	
Total Liabilities	200,195	233,248	403,563	484,805	359,428	
Net Fund Balances	3,812,072	5,394,527	7,033,736	7,273,447	8,288,173	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INVESTMENT INCOME	$ 148,357		14			
Total	$ 148,357					

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	$ 111,339	$ 27,559	$ 20,174	$ 63,606
Total	$ 111,339	$ 27,559	$ 20,174	$ 63,606

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MEALS & ENTERTAINMENT	$ 2,493	$ 630	$	$ 1,863
MISCELLANEOUS EXPENSES (D	1,526	23		1,503
TORTUGA EXPENSES	1,506	23		1,483
PLAQUE EXPENSES	1,330	20		1,310
PHOTOGRAPHY, VIDEO, AUDIO	990	148		842
REIMBURSEMENTS	399	6		393
PRIZES AND AWARDS	1	11		-10
DECORATION		243		-243
AUCTION COSTS		78		-78
AUCTION ITEM COST		159		-159
Total	$ 8,245	$ 1,341	$ 0	$ 6,904

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
	$ 20,500
GOVERNMENT GRANTS OR CONTRIBUTIONS	33,671
OTHER GRANTS OR CONTRIBUTIONS	1,140,333
WANDA & JAMES MORAN JR FOUNDATION	
Cash Contribution	1,583,173
CHILDNET, INC.	
Cash Contribution	2,157,576
GALA	
Cash Contribution	653,603
STEPS FOR SOS	
Cash Contribution	130,956
VOICES OF FOSTER CARE	
Cash Contribution	29,375
LIGHT-UP VILLAGE	
Cash Contribution	22,500
Total	$ 5,771,687

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
WANDA & JAMES MORAN JR FOUNDATION	$ 2,783,173	$ 2,203,701
JIM MORAN FOUNDATION	977,571	398,099
DELUCA FOUNDATION	1,090,464	510,992
Total	$ 4,851,208	$ 3,112,792

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
INVESTMENT INCOME	$ 148,357
Total	$ 148,357

Federal Statements

GALA

Other Direct Fundraising or Gaming Expenses

Description	Amount
OTHER EXPENSES	$ 115,830
Total	$ 115,830

Federal Statements

STEPS FOR SOS

Other Direct Fundraising or Gaming Expenses

Description	Amount
OTHER EXPENSES	$ 20,500
Total	$ 20,500

Federal Statements

VOICES OF FOSTER CARE

Other Direct Fundraising or Gaming Expenses

Description	Amount
OTHER EXPENSES	$ 308
Total	$ 308

Federal Statements

LIGHT-UP VILLAGE

Other Direct Fundraising or Gaming Expenses

Description	Amount
OTHER EXPENSE	$ 191
Total	$ 191