

# APPROPRIATIONS CONTRACT

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**THIS CONTRACT** is executed on \_\_\_\_\_, by the City of Pompano Beach (“City”) and HEALING ARTS INSTITUTE OF SOUTH FLORIDA INTERNATIONAL INC., a Not For Profit Corporation authorized to do business in the State of Florida (“Recipient”).

**WHEREAS**, the City of Pompano Beach has appropriated for its current Fiscal Year 2025-2026 (October 1st through September 30th), the sum of Seven Thousand Five Hundred Dollars (\$7,500.00) to Recipient, to conduct a program entitled or activity as described in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description” (collectively the “Work”) attached hereto and incorporated herein by reference, for the period beginning October 1, 2025 and ending September 30, 2026; and

**WHEREAS**, the City Commission finds that entering into this Contract serves a valid public purpose as Recipients shall perform or provide a service that is beneficial to the residents of the City, and that the City is currently not in a position to provide such services on its own;

**WHEREAS**, it is in the best interest of the City to enter into this contract with Recipient to provide the Work hereunder in accordance with the terms and conditions set forth herein; and

**NOW, THEREFORE**, in consideration of those mutual promises and the terms and conditions set forth hereafter, the parties agree as set forth below.

1. *Contract Documents.* This Contract consists of Exhibit “A”, Recipients Requirements, Contractual Responsibilities and Program Description; Exhibit “B”, Payment Schedule; and Exhibit “C”, Insurance Requirements attached hereto, made a part hereof and incorporated herein, and all written change orders and modifications issued and approved by the City after execution of this Contract.

2. *Term of Contract.* This Contract shall be for the period beginning October 1, 2025 and ending September 30, 2026.

3. *Renewal.* This Contract is not subject to renewal.

4. *City’s Maximum Obligation.* City agrees to pay Recipient the aforementioned sum to provide the Work. Both parties agree that unless otherwise directed by City in writing, Recipient shall continue to provide the Work during the term of this Contract.

5. *Payment of Program.* City shall pay Recipient for performance of the Work in accordance with Payment Schedule set forth in Exhibit “B”.

6. *Disputes.* Any factual disputes between City and the Recipient in regard to this Contract shall be directed to the City Manager for the City whose decision shall be final.

7. *Contract Administrators, Notices and Demands.*

A. *Contract Administrators.* During the term of this Contract, the City's Contract Administrator shall be the City Manager or his/her written designee and Recipient's Contract Administrator shall be Dr. Thelma Tennie or his/her written designee.

B. *Notices and Demands.* A notice, demand or other communication hereunder by either party to the other shall be effective if it is in writing and sent via email, facsimile, registered or certified mail, postage prepaid to the representative(s) named below or is addressed and delivered to such other authorized representative at the address as that party from time to time may designate in writing and forward to the other as provided herein.

**If to Recipient:** Dr. Thelma Tennie  
Chief Executive Officer & Founder  
4699 N. State Road 7  
Suite B - 1  
Tamarac, FL 33319  
Office: (954) 459-1473  
Email: [dr.thelmatennie@gmail.com](mailto:dr.thelmatennie@gmail.com)

**If to City:** Greg Harrison, City Manager  
100 W Atlantic Blvd.  
Pompano Beach, FL 33060  
Office: (954) 786-4601  
Email: [greg.harrison@copbfl.com](mailto:greg.harrison@copbfl.com)

8. *Ownership of Documents and Information.* All information, data, reports, plans, procedures or other proprietary rights in all items, developed, prepared, assembled or compiled by Recipient as required for the Work hereunder, whether complete or unfinished, shall be owned by City without restriction, reservation or limitation of their use and made available at any time and at no cost to City upon reasonable written request for use and/or distribution as City deems appropriate provided City has compensated Recipient in accordance with the terms set forth herein. City's re-use of Recipient's Work product shall be at its sole discretion and risk if done without Recipient's written permission. Upon completion of all Work contemplated hereunder or termination of this Contract, Recipient shall promptly provide City's Contract Administrator copies of all of the above Work documents upon written request. Recipient may not disclose, use, license or sell any Work developed, created or otherwise originated hereunder to any third party whatsoever. The rights and obligations created under this paragraph shall survive termination or expiration of this Contract.

To the extent it is necessary for Recipient to perform the Work, City shall provide any information, data and reports in its possession to Recipient free of charge.

9. *Termination.* City shall have the right to terminate this Contract, in whole or in part, for cause, default or negligence on Recipient's part, upon ten (10) business days advance written notice to Recipient. Such Notice of Termination may include City's requests for certain product documents and materials, and other provisions regarding the Program.

If there is any material breach or default in Recipient's performance of any covenant or obligation hereunder which has not been remedied within ten (10) business days after

City's written Notice of Termination, City, in its sole discretion, may terminate this Contract immediately and Recipient shall not be entitled to receive further payment from the effective date of the Notice of Termination.

In the event the City fails for any reason to appropriate funds for this Contract, it shall be deemed terminated and City shall provide Recipient with ten (10) business days written notice. Upon receipt of said notice, Recipient shall be responsible for any and all expenses and/or legal obligations made after receipt of City's written notice from the City.

10. *Force Majeure.* Neither party shall be obligated to perform any duty, requirement or obligation hereunder if such performance is prevented by fire, hurricane, earthquake, explosion, war, civil disorder, sabotage, accident, flood, acts of nature or by any reason of any other matter or condition beyond the control of either party which cannot be overcome by reasonable diligence and without unusual expense ("Force Majeure"). In no event shall economic hardship or lack of funds be considered an event of Force Majeure. Additionally, should funds not be utilized, and services or programs not provided within the specific required time period in this Contract due to circumstances outside the control of Recipient, including but not limited to, a Force Majeure event, City is under no obligation to amend or extend this Contract to provide the approved funding past the expiration of the performance period set forth in this Contract. Any amendment to this Contract for such purposes shall be at City's sole discretion, based upon its budget, available funds, and other factors it may deem relevant.

Recipient must follow all Federal, State, County, and City safety guidelines, including all CDC safety guidelines in effect during the term of the Program, including but not limited to social distancing, and personal protection equipment. Inability to conduct the Program and follow any and all required safety guidelines from the COVID-19 crisis or other similar emergency, or failure to follow such requirements, including but not limited to, social distancing, shall constitute grounds for immediate cancellation of this Agreement unilaterally by the City upon written notice, which may be provided via electronic mail.

11. *Insurance.* Recipient shall maintain insurance in accordance with Exhibit "C" throughout the term of this Contract.

12. *Indemnification.* Except as expressly provided herein, no liability shall attach to the City by reason of entering into this Contract.

A. Recipient shall at all times indemnify, hold harmless and defend the City, its officials, employees, volunteers and other authorized agents from and against any and all claims, demands, suit, damages, attorneys' fees, fines, losses, penalties, defense costs or liabilities suffered by the City arising directly or indirectly from any act, breach, omission, negligence, recklessness or misconduct of Recipient and/or any of its agents, officers, or employees hereunder, including any inaccuracy in or breach of any of the representations, warranties or covenants made by the Recipient, its agents, officers and/or employees, in the performance of Work under this Contract. Recipient agrees to investigate, handle, respond to, provide defense for, and defend any such claims at its sole expense and to bear all other costs and expenses related thereto, even if the claim(s) is/are groundless, false or fraudulent. To the extent considered necessary by City, any sums due Recipient hereunder may be retained by City until all of City's claims for indemnification hereunder have been settled or otherwise resolved, and any amount withheld shall not be subject to payment or interest by City.

B. Recipient acknowledges and agrees that City would not enter into this Contract without this indemnification of City by Recipient. The parties agree that one percent (1%) of the total compensation paid to Recipient hereunder shall constitute specific consideration to Recipient for the indemnification provided under this Paragraph and these provisions shall survive expiration or early termination of this Contract.

13. *Sovereign Immunity.* Nothing in this Contract shall be construed to affect in any way the rights, privileges and immunities of the City and its agents as set forth in §768.28, Florida Statutes. Nothing herein shall be construed as consent from either party to be sued by third parties.

14. *Non-Assignability and Subcontracting.*

A. *Non-Assignability.* This Contract is not assignable and Recipient agrees it shall not assign or otherwise transfer any of its interests, rights or obligations hereunder, in whole or in part, to any other person or entity without City's prior written consent which must be sought in writing not less than fifteen (15) days prior to the date of any proposed assignment. Any attempt by Recipient to assign or transfer any of its rights or obligations hereunder without first obtaining City's written approval shall not be binding on City and, at City's sole discretion, may result in City's immediate termination of this Contract whereby City shall be released of any of its obligations hereunder. In addition, this Contract and the rights and obligations herein shall not be assignable or transferable by any process or proceeding in court, or by judgment, execution, proceedings in insolvency, bankruptcy or receivership. In the event of Recipient's insolvency or bankruptcy, City may, at its option, terminate and cancel this Contract without any notice of any kind whatsoever, in which event all rights of Recipient hereunder shall immediately cease and terminate.

B. *Subcontracting.* Prior to subcontracting for Work to be performed hereunder, Recipient shall be required to obtain the written approval of the City's Contract Administrator. If the City's Contract Administrator, in his/her sole discretion, objects to the proposed subcontractor, Recipient shall be prohibited from allowing that subcontractor to provide any Work hereunder. Although Recipient may subcontract Work in accordance with this Paragraph, Recipient remains responsible for any and all contractual obligations hereunder and shall also be responsible to ensure that none of its proposed subcontractors are listed on the *Convicted Vendors List* in accordance with the provisions of Paragraph 26 below.

15. *Performance Under Law.* Recipient, in performance of its duties under this Contract, agrees to comply with all applicable local, state and/or federal laws and ordinances including, but not limited to, standards of licensing, conduct of business and those relating to criminal activity.

16. *Audit and Inspection Records.* Recipient shall permit authorized representatives of the City to inspect and audit all data and records of the Recipient, if any, related to the Work being funded by this Contract until three (3) years after City's final payment under this Contract. Recipient agrees that such inspections and audits may include City's authorized representatives auditing Recipient's financial affairs at any time with no advance notice by City.

Recipient further agrees to include in all subcontracts hereunder a provision to the effect that the subcontractor agrees that City or any of its duly authorized representatives shall,

until **three (3) years after City's final payment to Recipient**, have access to and the right to examine any books, documents, papers and records of such subcontractor attendant to any subcontracted Work provided hereunder.

In the event Recipient receives fifty thousand dollars (\$50,000.00) or more from the City, the City reserves the right to request a copy of a Grant Auditing Report conducted in accordance with the Government Auditing Standards issued by the United States Comptroller General and the provisions of OMB Circular A-133 issued by the Office of Management and Budget, Executive Office of the President. If such a request is made by the City, all grant funds shall be shown via explicit disclosure in the annual financial statements and/or the accompanying notes to the financial statement. Upon City's written request, this Report shall be due within one hundred and twenty (120) days of the close of the City's fiscal year.

17. *Adherence to Law.* Both parties shall adhere to all applicable laws governing their relationship with their employees including, but not limited to, laws, rules, regulations and policies concerning worker's compensation, unemployment compensation and minimum wage requirements.

18. *Independent Contractor.* Recipient shall be deemed an independent contractor for all purposes, and employees of Recipient and all its contractors, subcontractors and the employees thereof, shall not in any manner be deemed to be employees of the City. As such, the employees of Recipient, its contractors or subcontractors, shall not be subject to any withholding for tax, social security or other purposes by City, nor shall such contractor, subcontractor or employee be entitled to sick leave, pension benefits, vacation, medical benefits, life insurance, workers or unemployment compensation or the like from City. Furthermore; nothing in this Contract shall be deemed to constitute or create a joint venture, partnership, pooling arrangement or other form of business entity between Recipient and City.

19. *Mutual cooperation.* Recipient recognizes its performance of Work hereunder is essential to the provision of vital public services and the accomplishment of the stated goals and mission of City. Therefore, Recipient shall be responsible to maintain a cooperative and good faith attitude in all relations with City and the public and shall actively foster a public image of mutual benefit to both parties. Recipient shall not make any statements or take any actions detrimental to this effort.

20. *Public Records.*

A. The City of Pompano Beach is a public agency subject to Chapter 119, Florida Statutes. The Recipient shall comply with Florida's Public Records Law, as amended. Specifically, the Recipient shall:

1. Keep and maintain public records required by the City in order to perform the service.

2. Upon request from the City's custodian of public records, provide the City with a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.

3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the Contract if Recipient does not transfer the records to the City.

4. Upon completion of this Contract, transfer, at no cost to City, all public records in its possession or keep and maintain public records required by the City as required hereunder. If Recipient transfers all public records to the City upon completion of this Contract, Recipient shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Recipient keeps and maintains public records upon completion of this Contract, Recipient shall meet all applicable requirements for retaining public records. Upon request from the City's custodian of public records, all records stored electronically by Recipient must be provided to the City in a format that is compatible with the information technology systems of the City.

B. Failure of the Recipient to provide the above described public records to the City within a reasonable time may subject Recipient to penalties under §119.10, Florida Statutes, as amended.

## **PUBLIC RECORDS CUSTODIAN**

**IF THE RECIPIENT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE RECIPIENT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:**

### **CITY CLERK**

**100 W. Atlantic Blvd., Suite 253**

**Pompano Beach, Florida 33060**

**(954) 786-4611**

**[RecordsCustodian@copbfl.com](mailto:RecordsCustodian@copbfl.com)**

21. *Governing Law; Venue.* This agreement must be interpreted and construed in accordance with and governed by the laws of the State of Florida. The exclusive venue for any lawsuit arising from, related to, or in connection with this Agreement will be in the state courts of the Seventeenth Judicial Circuit in and for Broward County, Florida. If any claim arising from, related to, or in connection with this Agreement must be litigated in federal court, the exclusive venue for any such lawsuit will be in the United States District Court or United States Bankruptcy Court for the Southern District of Florida. BY ENTERING INTO THIS AGREEMENT, THE PARTIES HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT.

22. *Waiver and Modification.*

A. No waiver made by either party with respect to performance, manner, time, or any obligation of either party or any condition hereunder shall be considered a waiver of that party's rights with respect to the particular obligation or condition beyond those expressly waived in writing or a waiver of any other rights of the party making the waiver or any other obligations of the other party.

B. No Waiver by Delay. The City shall have the right to institute such actions or proceedings as it may deem desirable for effectuating the purposes of this Contract provided that any delay by City in asserting its rights hereunder shall not operate as a waiver of such rights or limit them in any way. The intent of this provision is that City shall not be constrained to exercise such remedy at a time when it may still hope to otherwise resolve the problems created by the default or risk nor shall any waiver made by City with respect to any specific default by Recipient be considered a waiver of City's rights with respect to that default or any other default by Recipient.

C. Either party may request changes to modify certain provisions of this Contract; however, unless otherwise provided for herein, any such changes must be contained in a written amendment executed by both parties with the same formality of this Contract.

23. *No Contingent Fee.* Recipient warrants that other than a bona fide employee working solely for Recipient, Recipient has not employed or retained any person or entity, or paid or agreed to pay any person or entity, any fee, commission, gift or any other consideration to solicit or secure this Contract or contingent upon or resulting from the award or making of this Contract. In the event of Recipient's breach or violation of this provision, City shall have the right to terminate this Contract without liability and, at City's sole discretion, to deduct from the Payment Schedule set forth in Exhibit B or otherwise recover the full amount of such fee, commission, gift or other consideration.

24. *Attorneys' Fees and Costs.* In the event of any litigation involving the provisions of this Contract, both parties agree that the prevailing party in such litigation shall be entitled to recover from the non-prevailing party reasonable attorney and paraprofessional fees as well as all out-of-pocket costs and expenses incurred thereby by the prevailing party in such litigation through all appellate levels.

25. *No Third-Party Beneficiaries.* Recipient and City agree that this Contract and other contracts pertaining to Recipient's performance hereunder shall not create any obligation on Recipient or City's part to third parties. No person not a party to this Contract shall be a third-party beneficiary or acquire any rights hereunder.

26. *Public Entity Crimes Act.* As of the full execution of this Contract, Recipient certifies that in accordance with §287.133, Florida Statutes, it is not on the *Convicted Vendors List* maintained by the State of Florida, Department of General Services. If Recipient is subsequently listed on the *Convicted Vendors List* during the term of this Contract, Recipient agrees it shall immediately provide City written notice of such designation in accordance with Paragraph 7 above.

27. *Entire Contract.* This document incorporates and includes all prior negotiations, correspondence, conversations, contracts or understandings applicable to the matters contained herein, and the parties agree that there are no commitments, contracts or understandings

concerning the subject matter of this Contract that are not contained in this document. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or contracts, whether oral or written.

28. *Headings.* The headings or titles to Articles of this Contract are not part of the Contract and shall have no effect upon the construction or interpretation of any part of this Contract.

29. *Counterparts.* This Contract may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. A photocopy, email or facsimile copy of this Contract and any signatory hereon shall be considered for all purposes as original.

30. *Approvals.* Whenever City approval(s) shall be required for any action under this Contract, said approval(s) shall not be unreasonably withheld.

31. *Absence of Conflicts of Interest.* Both parties represent they presently have no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with their performance under this Contract and that no person having any conflicting interest shall be employed or engaged by either party in their performance hereunder.

32. *Binding Effect.* The benefits and obligations imposed pursuant to this Contract shall be binding and enforceable by and against the parties hereto.

33. *Employment Eligibility.* By entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility." This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than twenty (20) calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of one (1) year after the date of termination.

34. *Severability.* Should any provision of this Contract or the applications of such provisions be rendered or declared invalid by a court action or by reason of any existing or subsequently enacted legislation, the remaining parts of provisions of this Contract shall remain in full force and effect.

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**IN WITNESS WHEREOF**, the parties hereto have caused this Agreement to be executed the day and year hereinabove written.

**CITY OF POMPANO BEACH**

By: \_\_\_\_\_  
REX HARDIN, MAYOR

By: \_\_\_\_\_  
GREGORY P. HARRISON, CITY MANAGER

Attest:

\_\_\_\_\_  
KERVIN ALFRED, CITY CLERK

(SEAL)

Dated: \_\_\_\_\_

APPROVED AS TO FORM:

\_\_\_\_\_  
MARK E. BERMAN, CITY ATTORNEY

**"RECIPIENT"**

HEALING ARTS INSTITUTE OF SOUTH FLORIDA INTERNATIONAL INC  
(Print or type name of company here)

Witnesses:

[Signature]  
Tysheika L. Shaw-Williams  
(Print or Type Name)

By: Tysheika L. Shaw-Williams

Print Name: Tysheika Shaw

Title: Chairman

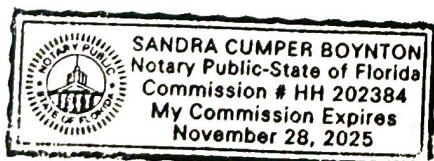
TASHA HARDING  
(Print or Type Name)

STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 3<sup>rd</sup> day of September, 2025, by Tysheika Shaw as Chairman of HEALING ARTS INSTITUTE OF SOUTH FLORIDA INTERNATIONAL INC, a Florida non for profit corporation. She is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification.

NOTARY'S SEAL:



[Signature]  
NOTARY PUBLIC, STATE OF FLORIDA  
Sandra Cumper Boynton  
(Name of Acknowledger Typed, Printed or Stamped)

# HH 202384  
Commission Number

## **Exhibit “A”**

### **Recipients Requirements, Contractual Responsibilities and Program Description**

1. RECIPIENT agrees to do as follows:

- a) To accept the funds as appropriated in accordance with the terms of this Contract; and
- b) If RECIPIENT intends on obtaining matching funds from another source at the time of the application for the CITY grant, the CITY reserves the right to request a copy of the matching fund contract along with a financial report; and
- c) Prior to the award of any CITY funds, RECIPIENT shall provide documentation substantiating that RECIPIENT’s corporation/organization falls within Section 501(c)(3) and Section 501(A) of the Internal Revenue Code and a W9 form; and
- d) To abide by Chapter 119, Florida Statutes, as from time to time amended, and to comply with all applicable federal, state, county and municipal laws, ordinances, codes and regulations. Any difference between the above federal, state, county or municipal guidelines or regulations and this Contract shall be resolved in favor of the more restrictive guidelines; and
- e) To utilize allotted funds under this Contract for the sole purpose set forth in this Contract – FRAUDULENT USE OF CITY FUNDS SHALL RESULT IN THE TERMINATION OF THIS CONTRACT AND THE RECIPIENT SHALL BE OBLIGATED TO RETURN ALL THE FUNDS AWARDED BY THIS CONTRACT. IN ADDITION, THE CITY RESERVES ANY AND ALL RIGHTS AFFORDED UNDER THE LAW INCLUDING PROSECUTION FOR SUCH FRAUDULENT USE OF CITY FUNDS IN A COURT OF COMPETENT JURISDICTION. ALL UNSPENT FUNDS MUST BE RETURNED TO THE CITY; and
- f) To return to the CITY within fifteen (15) days of demand all CITY funds paid to said RECIPIENT under the terms of this Contract upon the finding that the terms of any contract executed by the RECIPIENT of the provisions or any applicable ordinance or law have been violated by the RECIPIENT; and
- g) To return to the CITY all funds expended for disallowed expenditures as determined by the CITY which includes, but not limited to:
  - i. Personal digital assistants (PDAs), cell phones, smartphones, and similar devices
  - ii. Service costs to support PDAs, cell phones, smartphones, and similar devices such as wireless services and data plans
  - iii. Proposal preparation including the costs to develop, prepare or write the proposal

- iv. Pre-award costs
- v. Out-of-state travel; non-local travel expenses
- vi. Gift cards
- vii. Purchase/lease of facilities or vehicles (e.g., buildings, buses, vans, cars)
- viii. Rentals – one day only (written justification and approval needed for additional time)
- ix. Entertainment – exceptions shall be made for community events (written justification and approval needed prior)
- x. Land acquisition
- xi. Furniture
- xii. Honorariums for presenters/speakers and any costs associated with travel expenses
- xiii. Kitchen appliances (e.g., refrigerators, microwaves, stoves, tabletop burners)
- xiv. Tuition/Scholarships
- xv. Capital improvements and permanent renovations (e.g., playgrounds, buildings, fences, wiring)
- xvi. Clothing or uniforms (written justification and approval needed)
- xvii. Project banquets/luncheons
- xviii. Costs for items/services already covered by indirect costs allocation (supplanting)
- xix. Out of state college tours
- xx. Out of county field trips
- xxi. Alcohol
- xxii. Airfare
- xxiii. Boat rentals
- xxiv. Family incentives
- xxv. Car mileage
- xxvi. Stipends
- xxvii. Payroll taxes
- xxviii. Laboratory fees
- xxix. Computers
- xxx. Health benefits
- xxxi. Appliances and home goods (written justification and approval needed)
- xxxii. Digital Cameras
- xxxiii. Plaques
- xxxiv. Hotel Costs
- xxxv. Housing - (written justification and approval needed based on programming)

- h) To maintain books, records and documents in accordance with generally accepted accounting procedures and practices to maintain adequate internal controls which, relating to the project(s), sufficiently and properly reflect all expenditures of funds provided by the CITY under this Contract; and

- 2) RECIPIENT agrees to provide the City Manager's Office or designee with a quarterly narrative and financial progress report, if applicable, on the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description.

Such reports shall include basic statistical information relative to the program or activity and a statement of expenditures made in each budget category and line item identified in the budget which is included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description.

RECIPIENT shall receive the first wave of funding upon approval by the City Commission. A narrative and financial report shall be due on the dates listed below, as applicable.

However, following the completion of the first narrative and financial report and as indicated in Exhibit "B" Payment Schedule, the remaining distribution payment to the RECIPIENT shall be contingent upon prior receipt of the required progress narrative and financial report which is due during the preceding quarter. Narrative and financial reports for recipients receiving quarterly or monthly payments as indicated in Exhibit "B" Payment Schedule shall be due no later than the following dates:

- 1<sup>st</sup> Quarterly Narrative & Financial Report (October/November/December) - February 1<sup>st</sup>
- 2<sup>nd</sup> Quarterly Narrative & Financial Report (January/February/March) - May 1<sup>st</sup>
- 3<sup>rd</sup> Quarterly Narrative & Financial Report (April/May/June) - August 1<sup>st</sup>
- 4<sup>th</sup> Quarterly Narrative & Financial Report (July/August/September) - September 30<sup>th</sup>

If RECIPIENT receives a lump sum payment for a one-time event or an award amount of five thousand dollars (\$5,000.00) or less, then the RECIPIENT shall be required to submit their narrative and financial report on a due date above as assigned by the CITY at a later date. The due date shall occur after the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description has concluded.

However, if any of the above dates fall on a weekend, then the due date shall be extended to the next business day, thereafter, as long as it does not exceed the term of this contract.

When submitting the quarterly narrative reports, RECIPIENT shall track and report to the CITY the following:

- a. Current and final outcomes for the program based on the objectives provided in the RECIPIENT's grant application

- b. Include all available statistics and/or numbers regarding the demographics of individuals served by the program; such as the number of CITY of Pompano Beach residents served (include tracking method used)
  - i. Age
  - ii. Race
  - iii. Gender
  - iv. Zip Codes
  - v. Household income (if applicable)
- c. Describe accomplishments of the program to date
- d. Summary of the impact the program has had on its intended target audience; to include challenges faced, photographs of the project and success stories (How did the CITY's funding make a difference in a resident/recipient's life?)

Failure to provide the quarterly narrative reports shall render an organization ineligible to receive future payouts.

- 3) The approved budget for the RECIPIENT, included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description and any changes in the budget which would affect expenditure of funds provided under the terms of this contract, must be approved in writing by the City Manager or his/her designee prior to the expenditure of such funds; provided, that nothing herein shall authorize or allow any expenditure or obligation of funds in excess of the total sum aforesaid.

RECIPIENT shall submit financial reports with all required documentation of expenditures (including original receipts/proofs of payments and itemized list).

Failure to provide a narrative and financial report as assigned by the CITY and/or failure to utilize all of the prior allocated funds from the first six months of the contract shall render an organization ineligible to receive additional payouts and render the organization ineligible for current and future funding from the CITY.

Failure from the RECIPIENT to provide a Quarterly or Lump Sum narrative and financial report shall forfeit all outstanding project funding and shall render the RECIPIENT ineligible for additional funding from the CITY.

- 4) RECIPIENT agrees that any funds provided by the CITY for the operation of the program or activity during the current CITY's fiscal year, which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation shall be returned to the CITY.
- 5) RECIPIENT shall not use the CITY's logo, materials, or testimony for promotion of the RECIPIENT's program without written authorization from the CITY Manager or its designee.

- 6) RECIPIENTS shall attend a mandatory Orientation provided by the CITY at a date to be determined by the CITY. Failure to attend said Orientation shall be grounds for termination of the contract.
- 7) In cases where a contract is terminated by the CITY for default by RECIPIENT, the CITY reserves the right to deny RECIPIENT's future applications for new funding for a time to be determined by the City Manager, and/or his or her designee, and/or the City Commission.
- 8) For contracts awarded for multiple projects, RECIPIENT shall provide separate reports for each project as outlined under Paragraph 2 above. CITY reserves the right to withhold payment if RECIPIENT fails to provide the reports as requested.

Organization Name: HEALING ARTS INSTITUTE OF SOUTH FLORIDA INTERNATIONAL INC

Program Funded: Youth Resilience Workshop Series

Amount Funded: \$7,500.00

Program Description: The Youth Resilience Workshop Series is a trauma-informed, culturally responsive initiative developed by the Healing Arts Institute of South Florida International to address the rising mental health and behavioral challenges facing youth in the City of Pompano Beach. Targeting adolescents aged 12-18, this program empowers participants with critical tools to manage stress, build emotional intelligence, improve self-esteem, and make healthier life choices.

Delivered through a series of engaging, evidence-based workshops, the program integrates mental health education with creative expression, mindfulness, and peer interaction. Licensed clinicians and trained teaching artists guide students through structured sessions that promote coping skills, conflict resolution, and self-regulation-key protective factors linked to academic achievement and long-term personal success.

The Youth Resilience Workshop Series is aligned with the City of Pompano Beach's strategic funding priorities under the "Preferred Place to Live" pillar, specifically supporting the Education and Behavioral Health sub-pillars. The initiative improves academic engagement and behavioral outcomes while reducing risk factors such as substance use and involvement with the juvenile justice system.

With strong partnerships across schools and community organizations, the Healing Arts Institute aims to serve 100+ youth annually through this program, with measurable improvements in emotional well-being, resilience, and positive youth development. By investing in prevention and early intervention, the Youth Resilience Workshop Series contributes meaningfully to the city's vision of a safe, inclusive, and thriving community for all residents.



## About Your Organization

Which Fiscal Year Is Your Organization Applying For?	2025-2026
Full Name of Nonprofit:	Healing Arts Institute of South Florida International, Inc.
Mission of Nonprofit:	<p>The mission of the Healing Arts Institute of South Florida International, Inc. is to eliminate the stigma associated with receiving mental health services, particularly among culturally marginalized communities.</p> <p>The organization aims to promote the growth and development of children, families, adults, and the broader community through leadership, psycho-education, and evidence-based therapies.</p>

**Brief Overview of Nonprofit:**

The Healing Arts Institute of South Florida International, Inc. is a nonprofit organization based in Tamarac, Florida, dedicated to eliminating the stigma associated with mental health services, particularly among culturally marginalized communities.

Founded by Dr. Thelma Tennie, the institute offers a range of mental health services, including individual, group, and family therapy, utilizing evidence-based modalities such as Cognitive Behavioral Therapy (CBT), Trauma-Informed Care, and Motivational Interviewing.

Healing Arts Institute of South Florida provides no-cost or low-cost services to underserved populations, with programs like the Awesome Kids Program offering mental health support to youth aged 3-22 and their families. Other initiatives include grief counseling, anger management, and support groups for marginalized individuals.

In addition to therapeutic services, Healing Arts Institute offers academic programs through its Graduate School of Therapy, Clinical Sciences, and a new Master's (MS) and Doctorate (DMFT) degree in Marriage and Family Therapy. The organization also partners with local entities such as the Children's Services Council of Broward County and Broward County Public Schools to further its mission.

Operating from both Fort Lauderdale and Tamarac, the institute remains committed to fostering mental well-being through compassionate, evidence-based care, providing services throughout Broward County, Miami and Palm Beach Counties.

<b>Type of Organization:</b>	Human Services
<b>Nonprofit Website:</b>	<a href="https://http://HealingArtsSFL.org">https://http://HealingArtsSFL.org</a>
<b>Federal Tax ID Number:</b>	47-4660407
<b>Which funding priority/sub pillar does your nonprofit qualify for?</b>	Community Excellence: Behavioral Health

**How does your program/event(s) fit the funding priority/sub pillar?** Healing Arts Institute proposed program aligns closely with the City of Pompano Beach's funding priorities, particularly under the "preferred place to live" strategic focus. This initiative supports the city's goals in both the Education and Behavioral Health sub-pillars.

The program promotes cognitive and social-emotional learning, which is a key component of the city's educational objectives. By enhancing teens' resilience and coping skills, the program contributes to reducing achievement gaps and supports underperforming students in acquiring the knowledge and behaviors needed for success in school, college, or career pathways.

Our program addresses mental health and emotional well-being, aligning with the city's behavioral health priorities. It aims to improve outcomes by reducing the risk of substance use and involvement with the criminal justice system, particularly among youth and underserved groups.

The Healing Arts Institute program directly supports the City of Pompano Beach's strategic goals by enhancing educational outcomes and promoting behavioral health among youth. Its focus on resilience, mental health, and emotional well-being makes it a valuable initiative within the city's funding priorities.

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**Statement of Need:**

The Healing Arts Institute proposed Youth Resilience Workshop Series program aligns closely with the City of Pompano Beach's funding priorities, particularly under the "preferred place to live" strategic focus. This initiative supports the city's goals in both the Education and Behavioral Health sub-pillars.

The workshop series program promotes cognitive and social-emotional learning, which is a key component of the city's educational objectives. By enhancing teens' resilience and coping skills, the program contributes to reducing achievement gaps and supports underperforming students in acquiring the knowledge and behaviors needed for success in school, college, or career pathways.

The series addresses mental health and emotional well-being, aligning with the city's behavioral health priorities. It aims to improve outcomes by reducing the risk of substance use and involvement with the criminal justice system, particularly among youth and underserved groups.

Healing Arts Institute's program directly supports the City of Pompano Beach's strategic goals by enhancing educational outcomes and promoting behavioral health among youth. Its focus on resilience, mental health, and emotional well-being makes it a valuable initiative within the city's funding priorities.

The City of Pompano Beach faces persistent challenges related to youth mental health, academic underperformance, and socio-emotional well-being, particularly in underserved and historically marginalized communities. According to local and national data, rates of anxiety, depression, and behavioral issues among adolescents have risen significantly in recent years, further exacerbated by economic instability, systemic inequities, and the residual impact of the COVID-19 pandemic. These stressors not only threaten the emotional health of youth but also undermine their ability to succeed in school and life.

Healing Arts Institute, a trusted community-based organization with a proven track record in trauma-informed and culturally responsive programming, seeks to address these challenges through its Youth Resilience Workshop Series. This initiative is specifically designed to equip young people in Pompano Beach with practical tools for managing stress, building self-awareness, resolving conflict, and making healthier life choices. By integrating evidence-based mental health practices with creative expression and peer engagement, the program fosters emotional regulation, confidence, and resilience among youth aged 12-18.

This initiative is aligned with the City of Pompano Beach's

strategic funding priorities under the "Preferred Place to Live" pillar, targeting both the Education and Behavioral Health sub-pillars. The workshops support educational success by improving students' focus, emotional regulation, and school engagement, while simultaneously addressing behavioral health needs by promoting mental wellness, reducing risk behaviors, and preventing juvenile justice system involvement.

The need for such programming is critical. Schools, families, and local agencies report a growing demand for accessible, preventive mental health services tailored to youth. Yet, few culturally relevant, community-based options exist. The Healing Arts Institute workshops offer a unique, scalable model that strengthens the city's youth support infrastructure while empowering young residents to become resilient, thriving contributors to their community.

## Program/Event Information #1

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**Will your organization be hosting the program/event on City property?** Yes

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**Which are you applying for? (Program/Event)** Program

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**Program/Event Name:** Youth Resilience Workshop Series

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**Type of Program/Event:** Nonprofit Program/Seminar/Workshop

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**Share an executive summary of the program/event:**

The Youth Resilience Workshop Series is a trauma-informed, culturally responsive initiative developed by the Healing Arts Institute of South Florida International to address the rising mental health and behavioral challenges facing youth in the City of Pompano Beach. Targeting adolescents aged 12-18, this program empowers participants with critical tools to manage stress, build emotional intelligence, improve self-esteem, and make healthier life choices.

Delivered through a series of engaging, evidence-based workshops, the program integrates mental health education with creative expression, mindfulness, and peer interaction. Licensed clinicians and trained teaching artists guide students through structured sessions that promote coping skills, conflict resolution, and self-regulation-key protective factors linked to academic achievement and long-term personal success.

The Youth Resilience Workshop Series is aligned with the City of Pompano Beach's strategic funding priorities under the "Preferred Place to Live" pillar, specifically supporting the Education and Behavioral Health sub-pillars. The initiative improves academic engagement and behavioral outcomes while reducing risk factors such as substance use and involvement with the juvenile justice system.

With strong partnerships across schools and community organizations, the Healing Arts Institute aims to serve 100+ youth annually through this program, with measurable improvements in emotional well-being, resilience, and positive youth development. By investing in prevention and early intervention, the Youth Resilience Workshop Series contributes meaningfully to the city's vision of a safe, inclusive, and thriving community for all residents.

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**Elaborate on your program/event goals and objectives. How do you plan on using the funding to solve the problem?**

Over the course of the program year, the Youth Resilience Workshop Series aims to:

- ☐Serve a minimum of 100 youth aged 12-18 across Pompano Beach neighborhoods.
- ☐Conduct 8 workshop cycles (Once a week for 1.5 - 2.0 hr. per session) in partnership with local students or local youth center, depending on space and access.
- ☐Ensure 85% of participating youth demonstrate measurable improvement in at least one area of resilience (e.g., stress management, self-awareness, conflict resolution) as assessed through pre- and post-program evaluations.
- ☐Contract with a program evaluator to monitor and report outcomes aligned with city funding priorities..

Funding will directly address the critical gap in accessible, preventive behavioral health services for youth in Pompano Beach by supporting the following

- ☐Program Facilitator Fees
- ☐Workshop Materials and Supplies
- ☐Facility venue
- ☐Promotional Materials & Flyers
- ☐Parent and Family Resource Kits
- ☐Program Evaluation and Reporting
- Cover costs for workshop supplies - journals, art materials, mindfulness tools.
- ☐Host public presentations and parent engagement sessions to strengthen family and community support systems.

By investing in the Youth Resilience Workshop Series, the City of Pompano Beach will make a direct, measurable impact on youth well-being and community stability, while reinforcing its commitment to prevention, education, and equity. This initiative not only fills a vital service gap but also aligns seamlessly with the city's vision for long-term, positive youth development.

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**What are the proposed outcomes of your program/event?**

Healing Arts Institute of South Florida International, Inc. proposal of the Youth Resilience Workshop Series is designed to empower youth by enhancing their ability to navigate challenges and build emotional strength. Similar to Healing Arts Awesome Kids Program, the Youth Resilience Workshop Series aims to address issues like social anxiety, depression, suicidal thoughts, behavioral challenges, and anger management. These programs utilize evidence-based practices like Trauma Informed and Cognitive Behavioral Therapy (CBT) and teach skills such as empathy, coping strategies, problem-solving, anger management, communication, and active listening.

The Youth Resilience Workshop Series seeks to achieve outcomes such as:

- ☐ Enhanced Emotional Regulation: Helping youth manage and expressing their emotions constructively.
- ☐ Improved Coping Skills: Equipping participants with strategies to handle stress and adversity.
- ☐ Strengthened Problem-Solving Abilities: Encouraging critical thinking and effective decision-making.
- ☐ Increased Self-Esteem and Confidence: Fostering a positive self-image and belief in one's abilities.
- ☐ Better Communication Skills: Promoting active listening and clear expression of thoughts and feelings.

These outcomes collectively aim to support youth in building resilience, thereby enhancing their overall mental well-being and preparing them to face life's challenges with greater confidence and capability.

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**Share the primary methodology by which you will measure the outcomes of your program/event:**

The primary methodology for measuring the outcomes of the Youth Resilience Workshop Series include a combination of quantitative and qualitative evaluation tools grounded in evidence-based practices. Approaches include:

**1. Pre- and Post-Program Assessments**

Standardized mental health assessment tools (e.g., Strengths and Difficulties Questionnaire) administered before and after the series.

These instruments measure changes in emotional well-being, behavior, and resilience.

**2. Behavioral Observations**

Facilitators track and record observable behavioral changes in areas like participation, emotional regulation, and peer interaction throughout the program.

**3. Self-Reports and Journals**

Youth participants may complete reflective journals or self-assessment forms to gauge their own perception of personal growth, emotional understanding, and problem-solving abilities.

**4. Facilitator Evaluations**

Facilitators document engagement, skill acquisition, and individual progress during sessions, using structured evaluation rubrics.

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**Estimated total number of individuals expected to attend your program/event:**

151-250

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**Please specify the number of City of Pompano Beach residents your organization will serve if the program/event is funded:**

250

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**Describe the demographics of the population you are impacting with this program/event:**

The Youth Resilience Workshop Series by the Healing Arts Institute of South Florida International, Inc. is designed to impact youth from culturally marginalized and underserved communities in South Florida. The targeted demographics of the population to be impacted include:

1. Age Group

Children and adolescents typically range from ages 8 to 18 attending middle and high schools.

2. Socioeconomic Background

Youth from low-income or economically disadvantaged families who may have limited access to quality mental health services.

3. Ethnic and Cultural Background

Primarily Black, Hispanic/Latino, Caribbean, and other minority populations, who are often underserved and face significant stigma surrounding mental health care.

4. Geographic Location

Residents of Pompano Beach and surrounding South Florida areas, with partnerships in place with Broward County Public Schools and local community centers.

5. Psychosocial Characteristics

Youth experiencing or at risk for:

Emotional and behavioral challenges, Anxiety, depression, trauma, family instability or community violence, school difficulties and social isolation

This program specifically seeks to build resilience and coping mechanisms among these groups to promote mental well-being and academic/social success.

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**Include a description of the geographic area your program/event(s) will serve and how it will impact the area:**

Pompano Beach is in northeastern Broward County, and home to approximately 113,600 residents. The city has a poverty rate of 15.9%, which is notably higher than both the state and national averages. Among youth under 18, the poverty rate escalates to 23.2%, and for children aged 5 to 17, it reaches 26.1%.

Demographically, Pompano Beach is diverse, with 28.3% Black or African American residents, 24.9% Hispanic or Latino, and 39.8% non-Hispanic White. A significant portion of the population, approximately 32.3%, is foreign-born, contributing to the city's rich cultural tapestry.

**Program Impact**

The Youth Resilience Workshop Series aims to address the mental health needs of this community by providing culturally sensitive, evidence-based therapeutic services. By focusing on building resilience, emotional regulation, and coping strategies.

Furthermore, the program seeks to:

- Enhance Emotional Well-being: Equip youth with tools to manage stress, anxiety, and depression.
  - Improve Academic and Social Outcomes: Foster skills that contribute to better school performance and healthier peer relationships.
  - Strengthen Community Bonds: Engage families and local organizations in supporting youth development.
- Through these initiatives, the program aspires to create a positive ripple effect, contributing to a more resilient and thriving Pompano Beach community.
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**How does your organization specifically market your program/event to City of Pompano Beach residents?**

To reach residents of Pompano Beach, the Healing Arts Institute will use a community-first, approachable marketing strategy that meets families where they are.

Outreach strategy will include:

- Partnering with local schools to share the program with students and families through counselors and teachers.
- Working with churches, youth groups, and community centers that already support families in the area.
- Using social media and messaging apps to post flyers, videos, and updates that speak directly to parents and teens.
- Collaborating with the City of Pompano Beach to share the program in newsletters, community events, and on official channels.

The goal is simple, to make sure families know support is available and that their children have a safe, welcoming space to grow and thrive.

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**How does a City of Pompano Beach resident access the services/program your nonprofit provides?**

The goal is simple, to make sure families know support is available and that their children have a safe, welcoming space to grow and thrive.

Residents of Pompano Beach can access this program:

- Reach out to their School or Community youth groups
- Visit the Healing Arts Website
- Go to [www.healingartssfl.org](http://www.healingartssfl.org) to learn about programs and sign up online.
- Call or Email the Healing Arts Institute office
- Reach out directly with any questions or to schedule services.

Families may be referred by school staff, churches, or local youth programs the Institute partners with.

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**Start Date of Program/Event:** Sep 01, 2025

**End Date of Program/Event:** Nov 30, 2025

**Does your program/event have a start time/end time?** No

**Name of Program/Event Venue:** Pompano Beach Park & Recreation Dept Facility

**Address of Program/Event Venue Location:** Park & Recreation Department Facility  
Pompano Beach, FL 33060

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**Attire of Program/Event (select the one that best applies):** Active Wear

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**List any benefits or partnership opportunities the City of Pompano Beach receives:**

The Youth Resilience Workshop Series is more than just a program, it is a lifeline for young people and families in Pompano Beach who are navigating stress, trauma, and the risks of substance use and mental health challenges. By combining education, support, and real-life skill-building, this 8-week series gives youth and caregivers the tools they need to grow stronger together and build a safer, healthier community for everyone.

We believe this program directly supports Pompano Beach's goals in three key areas:

**1. Supporting Residents with Substance Use, Mental Health, or Co-Occurring Disorders**

This series helps prevent problems before they start and offers support for those already struggling.

- **Raising Awareness Early:** Youth and caregivers learn to recognize early warning signs of mental health or substance use issues and are encouraged to seek help without shame.
- **Building Everyday Skills for Healing:** Workshops teach breathing techniques, journaling, conflict de-escalation, and other practical tools that support recovery and emotional well-being.
- **Bringing Families Together:** Sessions designed for caregivers help bridge generational gaps, reduce stigma at home, and improve communication between youth and adults.
- **Connecting to Real Resources:** We actively link participants to trusted local providers-counselors, peer mentors, crisis lines, and treatment centers, so no one feels alone.

**2. Improving Behavioral Health Outcomes.** By equipping youth with tools and support systems, we reduce the likelihood of crisis and help them build healthier paths forward:

- **Promoting Resilience:** Activities build confidence, emotional regulation, and healthy decision-making, factors proven to reduce substance use and mental health struggles.
- **Empowering Youth:** The curriculum emphasizes leadership and self-advocacy so young people are more likely to seek support early and avoid emergency interventions.
- **Preventing Escalation:** Youth learn how to manage stress and conflict before it turns into a crisis, helping reduce school suspensions, ER visits, or police involvement.

**3. Preventing and Reducing Community Violence: Violence**

prevention starts with listening, support, and giving youth better ways to deal with life's challenges. This program helps by:

- **Teaching Peaceful Conflict Resolution:** Through roleplaying and peer mediation, youth learn to resolve disputes without violence and become leaders in their communities.
- **Healing from Trauma:** We recognize how past harm can shape behavior. Sessions offer safe, creative ways (like art, storytelling, and movement) to begin healing.
- **Creating Safe Spaces to Speak Up:** Many youth, especially from underserved or minority communities, don't feel heard. This program gives them a voice and a space where they belong.
- **Partnering for Impact:** We work with violence prevention programs, schools, and community mentors to expand youth access to safe, prosocial activities and ongoing support.

**What Makes This Program Work** - To make sure the series is as effective as possible; we've built in key features:

- **Culturally Grounded:** Materials and facilitators reflect the cultural and linguistic diversity of Pompano Beach.
- **Sustained Support:** We follow up with families, offer ongoing referrals, and connect youth to local programs for lasting engagement.
- **Responsive Design:** We listen. Youth and caregivers help shape the program through feedback, and we adapt based on their needs.

The Youth Resilience Workshop Series fills a critical gap in Pompano Beach by blending prevention, healing, and empowerment. It gives young people and families the knowledge, confidence, and connections they need to thrive, while also reducing the community's reliance on crisis systems. With the right support, we can make lasting change where it's needed most.

**Total dollar amount of the overall program/event budget:** 15000

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**Total dollar amount being requested from the City:** 15000

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**How will your organization use the City of Pompano Beach funding?**

The Healing Arts Institute of South Florida International, Inc. will use the City of Pompano Beach funding to enhance and expand our Youth Resilience Workshop Series and other mental health services for the local community. Specifically, the funds will be used in the following ways:

**1. Expanding Program Reach**

Increase outreach efforts to ensure more youth and families in Pompano Beach are aware of and can access the workshops. This includes marketing, flyers, and social media campaigns targeted at local residents.

**2. Staffing and Training**

Fee for qualified therapists and program facilitators to ensure we can serve more youth, especially in underserved areas.

Provide training for staff to ensure culturally competent and trauma-informed care for the diverse populations in Pompano Beach.

**3. Program Materials and Resources**

Create and distribute program materials such as worksheets, journals, and educational tools that participants can take home to continue their development.

Purchase necessary supplies for activities that help build emotional regulation and resilience, such as art supplies for therapeutic exercises.

**4. Operational Costs**

Support operational expenses like transportation, technology, and venue rental for hosting workshops in safe, accessible locations throughout Pompano Beach.

This funding will allow us to expand our services, reach more young people, and ensure that residents of Pompano Beach have the support they need to thrive.

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**Are you applying for a second program/event?**

No

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## Additional Activities

**Are there any additional activities associated with the primary sponsorship event (Examples include VIP event, Kickoff event, Awards Ceremony, Thank You/Recognition Party, etc...)**

Yes

**Name of Event:**

Parent/Caregiver & Student Thank you/Recognition Party

**Description of Event:**

We have reached the end of our youth resilience workshop series and that's something to celebrate! This event is a way of saying "thank you" to the young people who showed up, tried new things, and grew stronger... and to the parents and caregivers who supported them along the way.

The goal is to bridge the gap between what youth learn in the workshop and their real-life application at home and in the community. Parents and caregivers play a key role in reinforcing resilience skills, offering consistent emotional support, and modeling positive behaviors.

It's a chance to have fun, reflect, share a few proud moments, and enjoy some well-earned recognition. We want everyone to leave feeling appreciated, connected, and inspired. Involving parents and caregivers in the final session of a youth resilience workshop significantly enhances the program's effectiveness. It solidifies learning, strengthens relationships, and creates a support system that extends far beyond the workshop. When youth and caregivers grow together, resilience becomes a shared, lived experience-one that empowers entire families.

**Date of Event:**

Nov 14, 2025

**Start Time of Event:**

12:00 PM

**End Time of Event:**

02:00 PM

**Name of Event Venue:**

COPB Park & Recreation Department Facility

**Address of Event Venue Location:**

COPB Park & Recreation Department Facility  
Pompano Beach, FL 33060

**Attire of Program/Event (select the one that best applies)**

Casual

**Additional Information**

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**What are your organization's credentials? Tell us why your organization does it better than anyone else.**

The Healing Arts Institute of South Florida International, Inc. (HAISF) is a Florida-based nonprofit organization dedicated to mental health services, education, and research. Established in 2015 and headquartered in Tamarac, FL, HAISF offers a range of services including trauma-informed counseling, mindfulness practices, and higher education programs.

**Credentials and Recognitions**

Florida Department of Education License: In January 2020, HAISF received a provisional education license from the Florida Department of Education to offer a Ph.D. program and a Certificate in Clinical Sexology, making it one of the few institutions in the state authorized to provide these advanced degrees.

National Provider Identifier (NPI): HAISF is registered as a community/behavioral health agency under NPI number 1962937888. This designation allows the organization to provide a variety of mental health services, including outpatient counseling, crisis intervention, and therapeutic support.

**Leadership**

Dr. Thelma Tennie serves as the Registered Agent and CEO of HAISF, guiding the organization with a vision to eliminate the stigma associated with mental health services and empower communities through evidence-based therapies and education.

Healing Arts Institute counseling programs are specially designed for at-risk, low income, vulnerable, and high-need children, and families within minority households. Healing Arts Institute programming, such as Healing Trauma Program and Amazing Families, employ evidence-based, trauma-informed, and recovery-based interventions delivered by credentialed and licensed staff.

Healing Arts Institute interventions address childhood development, healing trauma, developing coping skills, behavioral management; family strengthening; and healthy sexuality. Educational series cover understanding and managing mental and behavioral health and productive stress and anger management. Specialized support groups deal with racial trauma, grief, women's and girls' empowerment, LGBT+ and gender identity/expression, immigration issues and self-care. These counseling services are offered during and out-of-school time, and are provided to participants through grants, insurer payment, community donations and on a sliding fee scale.

**Other than the program/event you are applying for, how is your organization serving the residents of the City of Pompano Beach?**

The Healing Arts Institute of South Florida International, Inc. (HAISF) serves the residents of Pompano Beach through a variety of accessible, trauma-informed mental health programs and community initiatives. While their main office is located in Lauderdale Lakes, HAISF extends its services to Pompano Beach and surrounding areas, ensuring that residents have access to comprehensive support.

Services Available to Pompano Beach Residents

1. Free and Low-Cost Mental Health Services

HAISF offers no-cost counseling for children aged 3-22 and their families, focusing on issues such as anxiety, depression, anger management, and behavioral challenges. These services are designed to be accessible to those who are uninsured or underinsured. Additionally, adults can access services through a sliding fee scale, making mental health support more affordable for the community.

2. Specialized Therapeutic Programs

Awesome Kids Program (AKP): Utilizes the evidence-based Thinking for a Change (T4C) model to teach youth empathy, coping skills, problem-solving, and anger management.

R.I.S.E. Support Groups: Provides ongoing support for marginalized individuals, including groups for women, gender identity, race and ethnicity, and sexual orientation.

Anger Management Program: A 12-week course addressing the underlying causes of anger through cognitive restructuring, empathy development, and conflict resolution.

Controlling Sexual Behavior Program: A 20-week program focusing on self-awareness, empathy, coping skills, and healthy relationships to address inappropriate sexual behaviors.

3. Community Engagement and Family Support

Through the H.E.A.L. (Healing and Empowering All Living with Trauma) initiative, HAISF works in Fort Lauderdale, Lauderdale Lakes, and Lauderhill to provide family-strengthening resources. This includes supporting self-advocacy, building alliances between families and service providers, and hosting events that foster community connections.

4. Educational Workshops and Events

HAISF conducts mental and behavioral health education through community events and workshops. These sessions offer clinical definitions of various mental health diagnoses, behavioral challenges, and health conditions, providing participants with literature on self-care and healthy mental and physical health practices.

5. Advocacy and Partnerships

HAISF collaborates with local organizations such as the Children's Services Council of Broward County, Broward County Public Schools, Florida Department of Juvenile Justice, and CareerSource Broward to promote mental health awareness and provide comprehensive support to the community.

#### Contact Information

For more details or to access services, residents can contact Healing Arts Institute of South Florida at:

Phone: (954) 459-1473

Email: [info@healingartssfl.org](mailto:info@healingartssfl.org)

Website: [healingartssfl.org](http://healingartssfl.org)

HAISF's commitment to providing accessible, culturally competent, and trauma-informed care ensures that Pompano Beach residents have the support they need to achieve mental and emotional well-being.

**Any other information you wish to share?**

At Healing Arts Institute, we have over six years of experience working with diverse populations. Our team is committed to breaking barriers and reaching marginalized youth of various ethnic backgrounds, including those of Color, Hispanic, Caribbean, Haitian, Turkish, and Caucasian descent, who can benefit from access to mental health services, therapeutic alliances, collaborative support, and clinical interventions. We are uniquely equipped to connect with these youths because we share similar cultural backgrounds, language, and experiences.

Our evidence-based counseling and support services address daily stressors, resolve trauma, build emotional intelligence, enhance coping skills, and empower participants to achieve success. Services are offered in multiple languages, including English, Creole, Turkish, and Spanish.

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## **City of Pompano Beach Funding History**

**Has your organization been funded before by City of Pompano Beach?**

No

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## **Requested Budget Information**

**What is your organization's operational budget?**

202525

**What is the total value your nonprofit is applying for?**

15000

**If you are not awarded the full funding requested for your program/event(s), will you be able to complete your project?**

No

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## **About Your Staff and Leadership**

**Total Number of Employees:**

22

**Full Name of President/CEO/Executive Director:**

Dr. Thelma Tennie

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**Include your  
President/CEO/Executive  
Director's biography:**

Dr. Thelma Tennie is a Licensed Marriage and Family Therapist (LMFT) and Certified Clinical Sexologist. Born in Washington, DC, she is of Jamaican descent on her father's side and Native American heritage on her mother's side. Dr. Tennie is the founding CEO of Healing Arts, a 501(c)(3) non-profit organization, where, since 2015, she has supervised and mentored master's and PhD-level therapists.

In 2018, Dr. Tennie launched a wellness spa, Dr. Thelma Tennie and Associates, LLC, where she offers life coaching and promotes positive self-care.

Expanding her commitment to education, in 2020 she founded Healing Arts Institute's Graduate School of Therapy and Clinical Sciences. The institute's programs, approved by the Florida Department of Education, provide affordable doctoral degrees in Clinical Sexology and Marriage and Family Therapy, a master's degree in Marriage and Family Therapy, and a Certificate in Clinical Sexology. These residential programs aim to make advanced training more accessible for bachelor's and master's-level therapists nationwide.

Dr. Tennie holds a Bachelor's in Psychology, a Master of Science in Marriage and Family Therapy, a PhD in Clinical Sexology, and has completed all coursework (ABD) for a second PhD in Marriage and Family Therapy. With over fourteen years of experience in trauma therapy and more than ten years in autism research, she focuses on early diagnosis, treatment, and psychoeducation for autism. Her interests extend to Cognitive Behavioral Therapy, Early Childhood Sexual Education, and she previously served as a certified schoolteacher in Social Science in Broward County.

Dr. Tennie has presented internationally, including at The Normal University in Beijing, China, on autism prevalence, and at the National Sex Conference in Munich, Germany, on polyamorous systems. Recognized as a Qualified Supervisor in Florida for Licensed Marriage and Family Therapist Interns and Licensed Mental Health Counselor Interns, she is an active professional member and approved supervisor with the American Association of Marriage and Family Therapists (AAMFT), the Association of Black Sexologists and Clinicians, the International Society for Sexual Medicine (ISSM), and the American Board of Sexology (ABS).

Recently, Dr. Tennie authored A Mindfulness Daily Reflection Journal and Our Relationship Business Plan: A Complete Workbook to Learn About Yourself and Your Partner, and co-authored Our Marriage Business Plan: A Complete Workbook to Learn About Yourself and Your Partner, a premarital counseling guide. All three

are available on Amazon.



**About Your Board of Directors**

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Total Board Members:	5
How many board members contribute financially to the organization?	5
Is there a formal give/get policy for board members?	Yes
If so, what is the required amount?	2000

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**About Your Partnerships and Contributors**

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**Does your organization have any programmatic collaborations with other community partners? If so, please list them and provide a brief description of their involvement with your organization.**

Healing Arts Institute of South Florida International, Inc. collaborates with several community partners to enhance its mental health services and outreach efforts. These partnerships enable us to provide comprehensive support to underserved populations across Broward County, including Pompano Beach.

#### Community Partners and Their Involvement

##### Children's Services Council of Broward County (CSC)

Role: Provides funding for the H.E.A.L. (Healing and Empowering All Living with Trauma) program.

Impact: Supports family-strengthening resources and community engagement activities in Fort Lauderdale, Lauderdale Lakes, and Lauderhill.

##### Broward County Government

Role: Funds the Awesome Kids Program (AKP), which offers no-cost mental health services to youth aged 3-22 and their families.

Impact: Addresses social anxieties, depression, suicidal thoughts, behavioral challenges, and anger management in children.

##### Broward Sheriff's Office (BSO)

Role: Collaborates with us to support the Awesome Kids Program (AKP).

Impact: Contributes to the provision of mental health services for youth and families in Broward County.

##### Broward County Public Schools

Role: Partners with us to provide mental health services and support to students and families.

Impact: Enhances access to counseling and therapeutic services within the school system.

##### Florida Department of Juvenile Justice (DJJ)

Role: Collaborates with us to offer therapeutic programs for youth involved in the juvenile justice system.

Impact: Provides interventions aimed at reducing recidivism and promoting positive behavioral outcomes.

##### CareerSource Broward

Role: Partners with us to provide career development and employment support services.

Impact: Assists individuals in gaining employment and developing skills for career advancement.

##### HandsOn Broward

Role: Collaborates with us to offer volunteer opportunities and

community engagement initiatives.

Impact: Enhances community involvement and support through volunteerism.

These partnerships enable Healing Arts Institute of South Florida International, Inc to deliver a range of services, including trauma-informed counseling, support groups, educational workshops, and community events, all aimed at promoting mental health and well-being in the community.

**What other funders have supported your organization within the past year? Please include their levels of contribution.**

Children's Services Council of Broward County (CSC) - \$537,663

Broward County Adults - \$179,891

Broward County Children - \$575,000

Broward Sheriff's Office (BSO) - \$10,000

Broward Behavioral Health Coalition - \$150,000

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## Financial Information

**How does your nonprofit organization currently undergo financial scrutiny and assurance? Please select from one of the applicable options:**

External Financial Audit conducted by an professional auditing firm

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**Upload your documents: All items in this section are mandatory.**

**Itemized Program/Event Budget - Please provide a budget ONLY for the program/event you are applying for.**

<https://www.formstack.com/admin/download/file/17948681898>

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**Agency Operational Budget**

<https://www.formstack.com/admin/download/file/17948681899>

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**Agency External or Internal Audit and/or a combined PDF with your organization's Balance Sheet and P&L.**

<https://www.formstack.com/admin/download/file/17948681900>

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**W9**

<https://www.formstack.com/admin/download/file/17948681901>

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**IRS 501(c)(3) Determination Letter**

<https://www.formstack.com/admin/download/file/17948681902>

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**Articles of Incorporation**

<https://www.formstack.com/admin/download/file/17948681903>

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**Most Recent 990 Form**

<https://www.formstack.com/admin/download/file/17948681904>

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**List of Board of Directors**

<https://www.formstack.com/admin/download/file/17948681905>

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## Matching Gift Documentation

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**Does Your Organization Receive Matching Funds?** Yes

**Please indicate one or more matching gift options below:** One or more donors match general contributions to our organization.

**Matching Gift Documentation Supporting Your Organization** <https://www.formstack.com/admin/download/file/17948681908>

**Is your matching gift supporting your organization \$1/\$1 or capped at a specific amount? If capped, please include the cap amount.** Capped Amt \$33,336  
- pg 3 attached

## President/CEO/Executive Director Contact Information

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**Name** Dr. Thelma Tennie

**Title** Chief Executive Officer & Founder

**Email** [dr.thelmatennie@gmail.com](mailto:dr.thelmatennie@gmail.com)

**Phone Number** (954) 459-1473

**Mailing Address** 4699 N. State Road 7  
Suite B - 1  
Tamarac, FL 33319

## Primary Nonprofit Contact

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**Name** Dr. Sandra Cumper Boynton

**Title** Chief Operating Officer

**Email** [Sandra@healingartssfl.org](mailto:Sandra@healingartssfl.org)

**Phone Number** (954) 459-1473

## Certification and Authorization

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**I HEREBY CERTIFY BY READING  
AND SELECTING EACH  
STATEMENT LISTED BELOW THAT  
THE:**

Applicant certifies that information contained in this application is complete and accurate. = Select to Agree

Applicant certifies that their organization is a Not For Profit Corporation authorized to do business in the State of Florida. = Select to Agree

Applicant has read and understands the application instructions and requirements of the program. = Select to Agree

Applicant agrees that if recommended for funding, the nonprofit will attend the Mandatory Nonprofit Orientation Workshop and that they will participate in a Nonprofit Program Services Fair as required by the City. = Select to Agree

Applicant certifies that the awarded program/event(s) will serve City of Pompano Beach residents. = Select to Agree

Applicant acknowledges that a recommended award letter is subject to commission approval. = Select to Agree

Applicant acknowledges that only an executed contract with the City authorizes the initiation of program/event services or activities and incurring expenditures. = Select to Agree

Applicant acknowledges that narrative and financial reporting will be required and the organization will meet the assigned deadlines as set forth by the City. = Select to Agree

Applicant acknowledges that the program/event(s) will be completed by the end of the contract term. = Select to Agree

Applicant certifies that the organization has the capacity to comply with all requirements of the program/event(s). = Select to Agree

Applicant will not use funds for disallowed expenditures as set forth by the City. = Select to Agree

Applicant confirms that the organization has an anti-discrimination policy. = Select to Agree

Applicant acknowledges that the program/event(s) submitted will not be eligible to receive funding for if the program/event(s) receives a separate grant from the City for the same program. = Select to Agree

Applicant acknowledges that current policies for general liability, sexual molestation, automobile and workers compensation insurance are required to contract with the City. = Select to Agree

Applicant understands that the submission of their funding request does not guarantee the organization will be selected to receive funding. = Select to Agree

Applicant acknowledges that all information submitted in the partnership application along with any email or correspondence you provide to the City of Pompano Beach becomes a public record and may be subject to disclosure to anyone who requests it under the State's Public Records Laws, to another government agency as required by state or federal law; and/or in response to a court or administrative order, subpoena or search warrant. Your application may be subject to inspection and copying by the public, unless an exception in law exists. = Select to Agree



## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 01/18

85-8017066665C-6	07/31/2021	07/31/2026	ORG BENEFITTING MINORS
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

HEALING ARTS INSTITUTE OF SOUTH FLORIDA  
INTERNATIONAL INC.  
4699 N STATE ROAD 7 STE B1  
LAUDERDALE LAKES FL 33319-5870

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Healing Arts Institute of South Florida International, Inc.</b>
	<b>2</b> Business name/disregarded entity name, if different from above.
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>501c3</b> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) (Applies to accounts maintained outside the United States.)
<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>4699 N State Road 7 Suite B1</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Tamarac, Florida, 33319</b>	
<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
			-				-			
<b>or</b>										
<b>Employer identification number</b>										
4	7		-	4	6	6	0	4	0	7

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of  
U.S. person



Date

08/01/2024

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



# *State of Florida*

## *Department of State*

I certify from the records of this office that HEALING ARTS INSTITUTE OF SOUTH FLORIDA INTERNATIONAL INC is a corporation organized under the laws of the State of Florida, filed on July 16, 2015, effective July 11, 2015.

The document number of this corporation is N15000007106.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on March 3, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Third day of March, 2025*



  
*Secretary of State*

Tracking Number: 8956019019CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

	HEALING ARTS INSTITUTE BOARD OF DIRECTORS					
NAME	PHONE NUMBER	ROLE	ADDRESS	EMAIL	BIRTHDAY	Company & Position
Tysheika Shaw	305-332-8142	Chair	18641 NW 11 <sup>th</sup> Rd Miami, FI 33169	<a href="mailto:Tshaw@miramarpd.org">Tshaw@miramarpd.org</a> <a href="mailto:Ty@Healingartssfl.org">Ty@Healingartssfl.org</a>	Sept. 21	Marimar PD Police officer
Seneca Smith	510-541-0793	Vice Chair	10001 W Atlantic Blvd Coral Springs FI 33065	<a href="mailto:senecalilaccitylegends@gmail.com">senecalilaccitylegends@gmail.com</a> <a href="mailto:Seneca@healingartssfl.org">Seneca@healingartssfl.org</a>	Sept. 18	Dryland Farms Farmer
Dr. Howard Jones	954-263-1561	Treasurer	11390 N.W. 1st PL Coral Springs, FI 33071	<a href="mailto:Hojo2000_79@yahoo.com">Hojo2000_79@yahoo.com</a> <a href="mailto:Howard@healingartssfl.org">Howard@healingartssfl.org</a>	March 16	Broward County Schools Principal
Eddie Tennie	954-605-7573	Secretary	2460 NW 114 <sup>th</sup> Ave Coral Springs FI 33065	<a href="mailto:eddietennie@bellsouth.net">eddietennie@bellsouth.net</a> <a href="mailto:eddie@healingartssfl.org">eddie@healingartssfl.org</a>	Jan. 15	BK Technologies Designer
Laura Dolin, Esq.	954-764-9433	Officer	12401 Orange Drive #100B Davie, FI 33330	<a href="mailto:Laura@dolinlaw.net">Laura@dolinlaw.net</a> <a href="mailto:laura@healingartssfl.org">laura@healingartssfl.org</a>	Jan 16	Dolin Law Attorney

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

<b>A</b> For the 2023 calendar year, or tax year beginning 10-01, 2023, and ending 09-30, 2024	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HEALING ARTS INSTITUTE OF SOUTH FLORIDA</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4699 NORTH STATE ROAD 7 B1</b> City or town, state or province, country, and ZIP or foreign postal code <b>Fort Lauderdale, FL 33319</b> <b>F</b> Name and address of principal officer: <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>D</b> Employer identification number <b>47-4660407</b>	<b>E</b> Telephone number <b>(954) 644-9567</b>
<b>G</b> Gross receipts \$ <b>1,190,796</b>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: <b>N/A</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: <b>2015</b> <b>M</b> State of legal domicile: <b>FL</b>

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ELIMINATE THE STIGMA ATTACHED TO RECEIVING MENTAL HEALTH SERVICES BY WAY OF PROVIDING CULTURALLY COMPETENT LOW COST OR NO COST MENTAL HEALTH SERVICES</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>3</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>5</b> <b>24</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>43</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b> <b>0</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>8</b> <b>71,528</b> <b>70,105</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>9</b> <b>949,170</b> <b>1,086,389</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>10</b> <b>87</b> <b>102</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>11</b> <b>34,200</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>12</b> <b>1,020,785</b> <b>1,190,796</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>13</b> <b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>14</b> <b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>15</b> <b>822,850</b> <b>651,613</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>16a</b> <b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>23,842</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>17</b> <b>373,892</b> <b>533,427</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>18</b> <b>1,196,742</b> <b>1,185,040</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>19</b> <b>(175,957)</b> <b>5,756</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) <b>20</b> <b>506,897</b> <b>379,404</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>21</b> <b>648,411</b> <b>515,162</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>22</b> <b>(141,514)</b> <b>(135,758)</b>

## Part II Signature Block

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

Sign Here	<b>DR THELMA TENNIE</b>				
	Signature of officer	Date			
	<b>DR THELMA TENNIE, CEO</b>				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>Audley Porter</b>	<b>Audley Porter</b>	<b>02-20-2025</b>		<b>P01614049</b>
	Firm's name	<b>BAS PARTNERS LLC</b>			Firm's EIN
	Firm's address	<b>15800 PINES BLVD</b> <b>Pompano Beach FL 33076</b>			Phone no. <b>954-288-8450</b>

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

**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 ELIMINATE THE STIGMA ATTACHED TO RECEIVING MENTAL HEALTH SERVICES BY WAY OF PROVIDING CULTURALLY COMPETENT LOW COST OR NO COST MENTAL HEALTH SERVICES**

**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 \$ **655,722** including grants of \$ ) (Revenue \$ )  
**BROWARD COUNTY GRANT - SERVED 122 CLIENTS. PROVIDED SOUND FAMILY COUNCILING, TRAUMA THERAPY AND OTHER COUNSELLING SERVICES.**

**4b** (Code: ) (Expenses \$ **408,941** including grants of \$ ) (Revenue \$ )  
**CSC PROGRAM - SERVED 50 CLIENTS UNDER AGE OF 18, AND THEIR PARENTS AND BROTHERS AND SISTERS. PROVIDED SOUND FAMILY COUNCILING AND OTHER COUNCILING SERVICES.**

**4c** (Code: ) (Expenses \$ **34,866** including grants of \$ ) (Revenue \$ )  
**IN HOUSE PROGRAM - TO ELIMINATE THE STIGMA ATTACHED TO RECEIVING MENTAL HEALTH SERVICES BY WAY OF PROVIDING CULTURALLY COMPETENT LOW COST OR NO COST MENTAL HEALTH SERVICES. PROVIDED SERVICE TO 263 FAMILIES AT LOW COST OR NO COST.**

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

**4e** Total program service expenses **1,099,529**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> 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 . . . . .	<b>3</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .	<b>4</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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. . . . .	<b>5</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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 . . . . .	<b>6</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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 . . . . .	<b>7</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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. . . . .	<b>9</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> 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 . . . . .	<b>10</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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 . . . . .	<b>11b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . .	<b>11c</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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 . . . . .	<b>11d</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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. . . . .	<b>11f</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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 . . . . .	<b>12b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	<b>13</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>14b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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. . . . .	<b>15</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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. . . . .	<b>16</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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 . . . . .	<b>17</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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. . . . .	<b>18</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> 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. . . . .	<b>19</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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 . . . . .	<b>21</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)				Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	<b>24</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. . . . .	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>			

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

### Section A. Governing Body and Management

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

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

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

### Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed \_\_\_\_\_
- 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.

DR THELMA TENNIE (954)644-9567, 4699 NORTH STATE ROAD 7, Fort Lauderdale, FL 33319



**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 the 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 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)DR. THELMA TENNIE PRESIDENT/CEO	70.00	X			X			104,090	0	0	
(2)EDDIE TENNIE TREASURER	25.00	X		X				34,615	0	0	
(3)LAURA DOLIN VICE CHAIR	2.00	X						0	0	0	
(4)DR. CARLA FARRELL DIRECTOR	2.00	X						0	0	0	
(5)DR. HOWARD JONES SECRETARY	2.00	X						0	0	0	
(6)SENECA SMITH DIRECTOR	10.00	X						0	0	0	
(7)TYSHEIKA SHAW CHAIR	4.00	X						0	0	0	
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											

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				
(15) -----	-----										
(16) -----	-----										
(17) -----	-----										
(18) -----	-----										
(19) -----	-----										
(20) -----	-----										
(21) -----	-----										
(22) -----	-----										
(23) -----	-----										
(24) -----	-----										
(25) -----	-----										
1b Subtotal . . . . .											
c Total from continuation sheets to Part VII, Section A . . . . .											
d Total (add lines 1b and 1c) . . . . .									138,705	0	0

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		

**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				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	70,105			
	g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$			
	h	<b>Total.</b> Add lines 1a-1f . . . . .		70,105			
Program Service Revenue			Business Code				
	2a	<b>PROGRAM SERVICE INCOME</b>	900099	1,086,389	1,086,389		
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . .		1,086,389			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		102	102		
	4	Income from investment of tax-exempt bond proceeds . . . .					
	5	Royalties . . . . .					
	6a	Gross rents . . . . .	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses . .	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss) . . . . .					
	7a	Gross amount from sales of assets other than inventory . .	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses . .	7b				
	c	Gain or (loss) . . . . .	7c				
	d	Net gain or (loss) . . . . .					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a				
	b	Less: direct expenses . . . . .	8b				
	c	Net income or (loss) from fundraising events . . . . .					
	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	<b>OTHER INCOME</b>	900099	2,700	2,700		
	b	<b>IN-KIND</b>	900099	31,500	31,500		
	c						
	d	All other revenue . . . . .					
	e	<b>Total.</b> Add lines 11a-11d . . . . .		34,200			
12	<b>Total revenue.</b> See instructions . . . . .			1,190,796	1,120,691	0	0

**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 ☒ X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	651,613	598,158	53,455	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17. .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . .	50,796	25,002	1,952	23,842
<b>12</b> Advertising and promotion . . . . .	12,383	12,383		
<b>13</b> Office expenses . . . . .	783	500	283	
<b>14</b> Information technology . . . . .	557		557	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	24,282	23,564	718	
<b>17</b> Travel . . . . .	3,125	2,952	173	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	7,551	7,551		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	22,958	22,958		
<b>23</b> Insurance . . . . .	1,220	1,220		
<b>24</b> 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.)				
<b>a</b> BANK CHARGES	5,702	1,774	3,928	
<b>b</b> SUPPLIES	8,153	7,550	603	
<b>c</b> DUES AND SUBSCRIPTION	1,259	1,259		
<b>d</b> AUTO EXPENSE	4,102	4,102		
<b>e</b> All other expenses	390,556	390,556		
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e. .	1,185,040	1,099,529	61,669	23,842
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	6,680	<b>1</b>	13,528
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	423,940	<b>3</b>	319,557
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	11,000	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 108,870		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 87,551	44,277	<b>10c</b> 21,319
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	21,000	<b>15</b>	25,000
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	506,897	<b>16</b>	379,404	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	124,596	<b>17</b>	11,886
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	523,815	<b>24</b>	503,276
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	648,411	<b>26</b>	515,162
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	(141,514)	<b>27</b>	(135,758)
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b>	(141,514)	<b>32</b>	(135,758)
	<b>33</b> <b>Total liabilities and net assets/fund balances</b>	506,897	<b>33</b>	379,404

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,190,796
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,185,040
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,756
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	(141,514)
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	(135,758)

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	x	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .		x
<b>b</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 . . . . .		

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

HEALING ARTS INSTITUTE OF SOUTH FLORIDA

47-4660407

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

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

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

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2023

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	100,061	220,243	217,187	1,097,385	1,190,796	2,825,672
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	100,061	220,243	217,187	1,097,385	1,190,796	2,825,672
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						2,825,672

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	100,061	220,243	217,187	1,097,385	1,190,796	2,825,672
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						2,825,672
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	100.00 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b>		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
<b>2a</b>		
<b>b</b>		Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .
<b>3a</b>		
<b>b</b>		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.
<b>3b</b>		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
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) - <i>provide details in Part VI</i>	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018 . . . . .		
b	From 2019 . . . . .		
c	From 2020 . . . . .		
d	From 2021 . . . . .		
e	From 2022 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019 . . . .		
b	Excess from 2020 . . . .		
c	Excess from 2021 . . . .		
d	Excess from 2022 . . . .		
e	Excess from 2023 . . . .		

## 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.)

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

Employer identification number

HEALING ARTS INSTITUTE OF SOUTH FLORIDA

47-4660407

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
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.	
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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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 . . . . .	\$ _____

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

Schedule D (Form 990) 2023

**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 on Part XIII ☐

**Part V Endowment Funds**

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

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

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

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment \_\_\_\_\_ %

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

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

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		52,190		52,190
e Other		56,680	87,551	(30,871)
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B).)				21,319



**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, 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) OTHER ASSETS	25,000
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15 col. (B)). . . . .	25,000

**Part X Other Liabilities**

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

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

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

<b>Part XI</b>	<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	<b>11,190,796</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	<b>11,190,796</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.). . . . .		<b>5</b>	<b>11,190,796</b>

<b>Part XII</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	<b>1,185,040</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	<b>1,185,040</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	<b>1,185,040</b>

<b>Part XIII</b>	<b>Supplemental Information</b>
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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.

Name of the organization  
HEALING ARTS INSTITUTE OF SOUTH FLORIDA

Employer identification number  
47-4660407

01. Governing body decisions (Part VI, line 7b)

THE GOVERNING BODY MEETS MONTHLY TO MAKE KEY DECISIONS OF THE ORGANIZATION

02. Form 990 governing body review (Part VI, line 11)

THE GOVERNING BODY REVIEWS FORM 990 BEFORE FILING.

03. Governing documents, etc, available to public (Part VI, line 19)

THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

04. List of other expenses (Part IX, line 24e)

.

("Contract Amount"), which is a total of \$512,663 for the program allocation and \$25,000 for Fiscal Sponsor fees.

B. The PROVIDER agrees to provide a CSC-required Match in the amount of \$33,336 for the period of October 1, 2024, through September 30, 2025.

C. The CSC agrees to pay for units of service or other deliverables actually provided, invoiced and documented as specified in Exhibit A, Scope of Work. An original invoice, in the format prescribed by the CSC, is due from the FISCAL SPONSOR on or before the tenth (10th) day of the month following the month in which services were rendered. CSC agrees to reimburse FISCAL SPONSOR on a monthly billing basis.

In order to be deemed proper as defined by the Florida Prompt Payment Act, all invoices must comply with the requirements set forth in this Agreement and must be submitted on the forms as prescribed by CSC. Invoices and/or documentation returned to FISCAL SPONSOR for corrections may be cause for delay in receipt of payment. Late submission may result in delay in receipt of payment. CSC shall pay FISCAL SPONSOR within thirty (30) calendar days of receipt of FISCAL SPONSOR'S properly submitted invoice.

D. The FISCAL SPONSOR, on behalf of the PROVIDER shall submit the invoice for the end of the CSC'S fiscal year, for payment to the CSC no more than fifteen (15) days after the last day of the month the contract is terminated. If the FISCAL SPONSOR fails to do so, all rights to payment are forfeited and the CSC will not honor any requests submitted after the aforesaid time period for any service provided by either FISCAL SPONSOR and/or PROVIDER. Any payment due under the terms of this contract may be withheld until all reports due from the FISCAL SPONSOR on behalf of the PROVIDER are received by the CSC and any necessary adjustments thereto have been approved by the CSC.

E. In the event this Agreement provides for more than one service or program, the CSC

Programs Manager may shift funding between services and/or program(s) components, at any time, upon written notice to FISCAL SPONSOR and PROVIDER; however, the Programs Manager may not increase funding in excess of the Contract Amount and the total of these adjustments shall not exceed twenty percent (20%) of the total Contract Amount. It is the responsibility of the FISCAL SPONSOR to keep PROVIDER advised of any changes to this agreement

F. Submission of accurate, timely documentation and other requested information as required by CSC shall be considered a factor in evaluating future funding requests. Invoices and/or documentation returned to FISCAL SPONSOR and/or PROVIDER for corrections may not be considered as submitted and shall be cause for delay in receipt of reimbursement.

G. FISCAL SPONSOR attests to CSC that no other reimbursement is available or used for invoiced services unless expressly authorized by CSC. This Agreement specifically excludes Medicaid covered services provided to Medicaid certified clients. FISCAL SPONSOR shall bill and pursue collection of third-party and client payments (where applicable) for services rendered under this Agreement. In the event CSC pays

Page 3 of 39

Healing Arts Institute of South Florida International, Inc./KID, Inc.

HEAL Trauma

Contract #: 23-2217

Renewal FY 24/25

**ORGANIZATION: Healing Arts Institute of South Florida**  
**2025 ANNUAL BUDGET**

LINE ITEM	NARRATIVE DESCRIPTION	AGENCY TOTAL AMOUNT
<b>Revenue</b>		
Grant: BSO	Fee for service	20,000
Grant: BROWARD Children's	Fee for service	575,000
Grant: BROWARD Adults	Fee for service	179,891
Grant: CSC	Cost Reimb.	537,663
BBHC	Fee for service	150,000
Private pay Clients	Cash /Credit	51,100
Board Member Contributions		12,500
Corporate Donors & Sponsors		0
Fundraising Events - Gala		11,000
Other: Fundraising		0
Tuition Income		2,500
Insurance Payments		0
<b>TOTAL REVENUE</b>		<b>1,539,654</b>
<b>Expenses</b>		
<b>Personnel</b>		
Position: CEO/ Clinical Director/Faculty		126,000
Position: CFO		70,000
Position: COO		70,000
Position: Clinical Director		40,000
Position: Exexutive Assistant - Admission -BRO		35,000
Position: Business Development Marketing Team	2 members	80,000
Position: Faculty		0
Position: Librarian		30,000
Position: Program Supervisor - AKP- BRO	Open	0
Position: Comminuty Outreaach -Therapist		67,000
Position: Therapist Program Supervisor- BBHC		67,000
Position: Therapist - 1		60,000
Position: Therapist - 2		60,000
Position: Therapist - 3		60,000
Position: Therapist - 4		60,000
Position: Therapist - 5		30,000
Position: Therapist - 6		30,000
Position: Therapist - Program Supervisor - CSC		70,000
Position: Therapist - Lead CMHW		51,000
Position: Therapist - HEAL Admin Assistant		35,000
Position: Therapist - CMHW		41,000
Position: Therapist - CMHW		41,000
Position: Therapist - CMHW		41,000
Position: Therapist - CMHW		41,000
Health Insurance		50,000
<b>Total Personnel</b>		<b>1,255,000</b>
<b>Operating</b>		
Occupancy Rent		21,000
Occupancy Utilities		9000

Telecommunications		8400
Technology: Counsol, Adobe, Microsoft, Ect		4000
Auto		7200
Key Ex Insurance		18000
SBA Loan		24000
Office Consumabkes and Siftware		8520
Supplies		4500
Printing and Copying		3,600
Marketing and Advertising		20,000
Travel: Commission meetings, conferences		2,000
Staff Training and Professional Development		11,105
Professional memberships		8,400
Insurance		9,800
Accounting and Audit- CPA		18,000
Legal		5,000
Contracted and Professional Services		20,000
Other: Gala		0
Other: Fundraising		0
<b>Total Operating</b>		<b>202,525</b>
<b>TOTAL EXPENSES</b>		<b>1,457,525</b>
<b>Surplus/Reserve</b>		<b>82,129</b>

Healing Arts Institute Of South Florida International, Inc.

Youth Resilience Workshop Series -

City of Pompano Beach, Florida

Category	Item	Rate	Quantity	Total	Workshop Details:
Personnel	Lead Facilitator 1	\$500/session	8 youth sessions	\$ 4,000.00	Facilitators: 2 per session, \$500 per session (per facilitator)
Personnel	Lead Facilitator 2	\$500/session	8 youth sessions	\$ 4,000.00	
Personnel Subtotal				\$ 8,000.00	8 weeks - Sessions Length 2 hours per week for youth
Materials & Supplies & Evaluations	Prog. Materials (workbooks, handouts, Pre/Post Surveys)	\$10/participant	200	\$ 2,000.00	Participants - 200 youth
Workshop Kits	(journals, stress-relief tools)	\$5/participant	200	\$ 1,000.00	Participants - 200 youth
Caregiver Event Materials (badges, forms, signage)	Flat Rate	-	200/participants	\$ 1,000.00	Additional Event: 1-hour parent/caregiver session/wrap up
Materials Subtotal				\$ 4,000.00	
Marketing & Outreach	Flyers, social media ads, school outreach	Lump Sum	-	\$ 1,000.00	8-Week Youth Resilience Workshop (200 Participants) Marketing & Outreach
Total Marketing Subtotal				\$ 1,000.00	
				\$ 15,000.00	
COPB - Venue Rental	Comm center or classroom		8/sessions	\$ 500.00	Community center or classroom
Total Rental				\$ 500.00	
Administrative Cost	10% Admin costs	~10% of total		\$ 1,500.00	Registration, communication, etc.
			Grand Total: \$15,000	\$ 15,000.00	



Healing Arts Institute Of South Florida International, Inc.  
Youth Resilience Workshop Series -  
City of Pompano Beach, Florida


## **Exhibit “B” Payment Schedule**

### **A. AWARD DISBURSEMENTS**

The awards disbursement process will begin in October, 1 and end in September, 30 for the fiscal year that this contract is approved.

### **B. PAYMENT SCHEDULE**

The total amount awarded for the HEALING ARTS INSTITUTE OF SOUTH FLORIDA INTERNATIONAL INC for Youth Resilience Workshop Series for the current fiscal year is: Seven Thousand Five Hundred Dollars (\$7,500.00).

There will be four (4) payout/s during the period (depending on the amount awarded to each organization):

1. The first (1<sup>st</sup>) will equal twenty-five percent (25 %) of the total allocation or One Thousand Eight Hundred and Seventy Five Dollars (\$1,875.00); be issued in advance. For any funds advanced the RECIPIENT agrees to provide the CITY with an itemization of how funds advanced were spent, along with invoices and proof of payment. Such an accounting must be provided to the CITY in the quarterly narrative and financial report as indicated in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description. Failure to comply with this requirement may result in the denial of the future requests for payments.
2. The second (2<sup>nd</sup>) will equal twenty-five percent ( 25%) of the total allocation or One Thousand Eight Hundred and Seventy Five Dollars (\$1,875.00); will be issued upon receipt AND approval of the second quarterly narrative and financial report (including any additional requested documents);
3. The third (3<sup>rd</sup>) payout will equal twenty-five percent (25%) of the total allocation or One Thousand Eight Hundred and Seventy Five Dollars (\$1,875.00); will be issued upon receipt AND approval of the third quarterly narrative and financial report (including any additional requested documents);
4. The fourth (4<sup>th</sup>) payout will be the final twenty-five percent ( 25%) of the total allocation or One Thousand Eight Hundred and Seventy Five Dollars (\$1,875.00) and will be issued in upon receipt AND approval of the final quarterly narrative and financial report (including any additional requested documents).

All payments and reporting requirements apply for each project which is a part of the awarded contract. Payments and reports shall be handled separately for each project.

## **EXHIBIT C**

### **INSURANCE REQUIREMENTS: NON PROFIT ORGANIZATION**

ORGANIZATION shall not commence services under the terms of this Agreement until certification or proof of insurance detailing terms and provisions has been received and approved in writing by the CITY's Risk Manager. If you have questions regarding the insurance requirements hereunder, please contact the City's Purchasing Department at (954) 786-4098. If the contract has already been awarded, please direct any queries and proof of the requisite insurance coverage to City staff responsible for oversight of the subject project/contract.

ORGANIZATION is responsible to deliver to the CITY for timely review and written approval/disapproval Certificates of Insurance which evidence that all insurance required hereunder is in full force and effect and which name on a primary basis, the CITY as an additional insured on all such coverage. Such policy or policies shall be issued by United States Treasury approved companies authorized to do business in the State of Florida. The policies shall be written on forms acceptable to the City's Risk Manager, meet a minimum financial A.M. Best and Company rating of no less than Excellent, and be part of the Florida Insurance Guarantee Association Act. No changes are to be made to these specifications without prior written approval of the City's Risk Manager.

Throughout the term of this Agreement, CITY, by and through its Risk Manager, reserve the right to review, modify, reject or accept any insurance policies required by this Agreement, including limits, coverages or endorsements. CITY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of poor financial condition or failure to operate legally.

Failure to maintain the required insurance shall be considered an event of default. The requirements herein, as well as CITY's review or acceptance of insurance maintained by ORGANIZATION, are not intended to and shall not in any way limit or qualify the liabilities and obligations assumed by ORGANIZATION under this Agreement.

Throughout the term of this Agreement, ORGANIZATION and all subcontractors or other agents hereunder, shall, at their sole expense, maintain in full force and effect, the following insurance coverages and limits described herein, including endorsements.

A. Worker's Compensation Insurance covering all employees and providing benefits as required by Florida Statute, Chapter 440, regardless of the size of the company (number of employees) or the state in which the work is to be performed or of the state in which the ORGANIZATION is obligated to pay compensation to employees engaged in the performance of the work. ORGANIZATION further agrees to be responsible for employment, control and conduct of its employees and for any injury sustained by such employees in the course of their employment.

B. Liability Insurance.

(1) Naming the City of Pompano Beach as an additional insured as City's interests may appear, on General Liability Insurance only, relative to claims which arise from

ORGANIZATION'S negligent acts or omissions in connection with Contractor's performance under this Agreement.

(2) Such Liability insurance shall include the following checked types of insurance and indicated minimum policy limits.

**Type of Insurance**

**Limits of Liability**

**GENERAL LIABILITY:**

Minimum \$1,000,000 Per Occurrence and  
\$2,000,000 Per Aggregate

\* Policy to be written on a claims incurred basis

XX	comprehensive form	bodily injury and property damage
XX	premises - operations	bodily injury and property damage
—	explosion & collapse hazard	
—	underground hazard	
XX	products/completed operations hazard	bodily injury and property damage combined
XX	contractual insurance	bodily injury and property damage combined
XX	broad form property damage	bodily injury and property damage combined
XX	independent contractors	personal injury
XX	personal injury	
XX	sexual abuse/molestation	Minimum \$1,000,000 Per Occurrence and Aggregate
—	liquor legal liability	Minimum \$1,000,000 Per Occurrence and Aggregate

**AUTOMOBILE LIABILITY:**

Minimum \$10,000/\$20,000/\$10,000

XX comprehensive form  
XX owned  
XX hired  
XX non-owned

**REAL & PERSONAL PROPERTY**

— comprehensive form Agent must show proof they have this coverage.

**EXCESS LIABILITY**

Per Occurrence Aggregate

—	other than umbrella	bodily injury and property damage combined	\$1,000,000	\$1,000,000
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**PROFESSIONAL LIABILITY**

Per Occurrence Aggregate

— \* Policy to be written on a claims made basis \$1,000,000 \$1,000,000

(3) If Professional Liability insurance is required, Contractor agrees the indemnification and hold harmless provisions of Section 12 of the Agreement shall survive the termination or expiration of the Agreement for a period of three (3) years unless terminated sooner by the applicable statute of limitations.

C. Employer's Liability. ORGANIZATION and all subcontractors shall, for the benefit of their employees, provide, carry, maintain and pay for Employer's Liability Insurance in the minimum amount of One Hundred Thousand Dollars (\$100,000.00) per employee, Five Hundred Thousand Dollars (\$500,000) per aggregate.

D. Policies. Whenever, under the provisions of this Agreement, insurance is required of the ORGANIZATION, the ORGANIZATION shall promptly provide the following:

- (1) Certificates of Insurance evidencing the required coverage;
- (2) Names and addresses of companies providing coverage;
- (3) Effective and expiration dates of policies; and
- (4) A provision in all policies affording CITY thirty (30) days written notice by a carrier of any cancellation or material change in any policy.

E. Insurance Cancellation or Modification. Should any of the required insurance policies be canceled before the expiration date, or modified or substantially modified, the issuing company shall provide thirty (30) days written notice to the CITY.

F. Waiver of Subrogation. ORGANIZATION hereby waives any and all right of subrogation against the CITY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then ORGANIZATION shall notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy which includes a condition to the policy not specifically prohibiting such an endorsement, or voids coverage should ORGANIZATION enter into such an agreement on a pre-loss basis.



THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

August 13, 2025

City of Pompano Beach  
100 W ATLANTIC BLVD  
POMPANO BEACH FL 33060-6099

#### Account Information:

<b>Policy Holder Details :</b>	<b>Healing Arts Institute of South Florida International and Dr. Thelma Tennie and Associates. LLC</b>
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#### Contact Us

##### Need Help?

Chat online or call us at  
(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,  
Your Hartford Service Team



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/13/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> NUTMEG INS AGENCY INC/PHS 76210775 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	<b>CONTACT NAME:</b> <b>PHONE</b> (888) 925-3137 <b>(A/C, No, Ext):</b> <b>FAX</b> <b>(A/C, No):</b> <b>E-MAIL ADDRESS:</b>
<b>INSURED</b> Healing Arts Institute of South Florida International and Dr. Thelma Tennie and Associates. LLC 4699 N STATE ROAD 7 STE B1 LAUDERDALE LAKES FL 33319-5870	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hartford Underwriters Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**APPROVED**Daniel Beecher  
By Daniel Beecher at 2:34 pm, Aug 19, 2025**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY	X		76 SBW BA9E2K	10/16/2024	10/16/2025	EACH OCCURRENCE	\$1,000,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person)	\$10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000	
	OTHER:						PRODUCTS - COMP/OP AGG	\$2,000,000	
A	AUTOMOBILE LIABILITY			76 SBW BA9E2K	10/16/2024	10/16/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						SCHEDULED AUTOS	BODILY INJURY (Per accident)	
	HIRE AUTOS						NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	
	<input checked="" type="checkbox"/> HIRE AUTOS						<input checked="" type="checkbox"/> NON-OWNED AUTOS		
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE		
	DED	RETENTION \$					AGGREGATE		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT		
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE		
A	Employment Practices Liability Insurance			76 SBW BA9E2K	10/16/2024	10/16/2025	Each Claim Limit	\$25,000	
							Annual Aggregate Limit	\$25,000	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Those usual to the Insured's Operations. City of Pompano Beach but only as required by a valid written contract, agreement, or permit is an additional insured as provided by Blanket Additional Insured By Contract Endorsement, Form SL 30 32 attached to this policy.

**CERTIFICATE HOLDER**

City of Pompano Beach  
100 W ATLANTIC BLVD  
POMPANO BEACH FL 33060-6099

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

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1100 Virginia Drive, Suite 250  
Fort Washington, PA 19034-3278  
Phone: 1-888-288-3534 Fax: 1-847-953-0134  
Website: www.hpso.com

06/10/25

Healing Arts Institute of South Florida Internat  
4699 N State Rd 7 B1  
Fort Lauderdale, FL 33319

Dear Thelma Tennie:

Enclosed is a revised certificate of insurance that reflects the name and/or address change that you requested.

If you have any questions or need assistance, please call us toll free at 1-888-288-3534 . Our Customer Service Representatives are available weekdays from 8:00 a.m. to 6:00 p.m., EST.

Sincerely,

Customer Service

Enclosure

Q034

*Dedicated To Serving The Insurance Needs of Healthcare Providers*

Healthcare Providers Service Organization is a registered trade name of Affinity Insurance Services, Inc.; (AR 244489); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services Inc.; in CA, Aon Affinity Insurance Services, Inc., (0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.

**APPROVED**

*Daniel Beecher*

**By Daniel Beecher at 2:35 pm, Aug 19, 2025**





HEALTHCARE PROVIDERS SERVICE  
ORGANIZATION PURCHASING GROUP  
Certificate of Insurance



Print Date : 6/10/2025

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD
018098	970	HPG	0831946303	From: 06/10/25 to 06/10/26 at 12:01 AM Standard Time
<b>Named Insured and Address:</b> Healing Arts Institute of South Florida Internat 4699 N State Rd 7 B1 Fort Lauderdale, FL 33319			<b>Program Administered by:</b> Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034-3278 1-888-288-3534   www.hpsso.com	<b>Insurance Provided by:</b> American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606
<b>Medical Specialty:</b> Marriage/Family Counselor Firm			<b>Code:</b> 80723	

Excludes Cosmetic Procedures

**Professional Liability ("PL"):** ☒ **Occurrence** ☐ **Claims Made and Reported**

Limits of Liability

\$1,000,000 each claim / \$3,000,000 aggregate

PL Limits of Liability above include the following:

\*Healthcare Providers Services Liability \*Placement Services Liability \*Formal Review Board Activities Liability \*Good Samaritan Services Liability

**Abuse and Molestation Sublimits of Liability:**

Damages (included within PL Limits of Liability shown above)

\$25,000 aggregate

Defense Costs (included within PL Limits of Liability shown above)

\$100,000 aggregate

**PL Supplementary Benefits**

Licensure Defense Expenses

Up to \$200 per hour / \$25,000 aggregate

Licensure Proceeding Supplemental Costs

\$500 each insured / \$500 aggregate

Subpoena Assistance Costs

\$10,000 each subpoena / \$10,000 aggregate

Assault (includes workplace violence counseling)

\$25,000 each assault incident / \$25,000 aggregate

Patient First Aid Medical Expenses

\$10,000 aggregate

Services to Animals Property Damage

\$10,000 aggregate

Media Expense

\$25,000 aggregate

Cyber Liability and First Party Loss (Including Privacy) – Claims Made and Reported

\$25,000 aggregate

Defense Costs within limits

Retroactive Date: 06/10/2025

**Workplace Liability: Occurrence**

Workplace Liability Aggregate Limit of Liability

\$1,000,000 aggregate

(included within PL Aggregate Limit of Liability, above)

Bodily Injury and Property Damage

\$1,000,000 each occurrence

(included within Workplace Aggregate, above)

Personal and Advertising Injury

\$1,000,000 any one person or entity

(included within Workplace Aggregate, above)

Fire and Water Sublimit of Liability

\$150,000 aggregate

(included within Bodily Injury and Property Damage each occurrence Limit, above)

**Workplace Liability Supplementary Benefit**

Non-Patient Medical Expenses

\$25,000 each person

**PL and GL/WPL (as applicable) Supplementary Benefit:**

Proceeding Expense Reimbursement

\$1,000 each insured per day / \$25,000 each insured per proceeding

**Employment Practices Liability ("EPL"): Claims Made and Reported**

\$25,000 each claim / \$25,000 aggregate

Defense only

Retroactive Date: 06/10/2025

Total \$6,276.14

Base Premium \$ 6214.00 FIGA Emergency \$ 62.14

Policy Forms and Endorsements (Please see attached list)

Doug Worman, Chief Executive Officer

Stathy Darcy, Secretary

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:

Endorsement Date:

Master Policy: 188711433

CNA101440 (07-23)



Your professional liability insurance contains insuring agreements that may be written on an occurrence or a claims made and reported basis. With respect to any claims made and reported coverage such coverage applies only to claims first made against the insureds and reported to the Insurer during the policy period or any applicable extended reporting period in accordance with the provisions of this policy. Please discuss with your Program Administrator.

**DEFENSE WITHIN LIMITS: WHERE DEFENSE WITHIN LIMITS IS INDICATED BELOW OR BY ENDORSEMENT, THE AMOUNT OF MONEY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS AGAINST YOU UNDER SUCH SPECIFIED COVERAGE PART WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, INCLUDING BUT NOT LIMITED TO FEES PAID TO ATTORNEYS TO DEFEND YOU.**

The application for the policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the policy as if physically attached.

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability policy.

FORM #	FORM DESCRIPTION
CNA101429 (07-23)	General Terms and Conditions
CNA101432 (07-23)	Healthcare Providers Professional Liability Coverage Part (Occurrence)
CNA101436 (07-23)	Workplace Liability Coverage Part
CNA81753 (03-15)	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758FL (01-21)	Notice - Offer of Terrorism Coverage & Disclosure of Premium
CNA101455 (07-23)	Business Owner Coverage Extension Endorsement
CNA101519 (07-23)	Entity Endorsement (Including Specified Procedures and Services and Office Sharing Exclusions)
CNA101553 (07-23)	Table of Contents - General Terms and Conditions
CNA101557 (07-23)	Table of Contents- Coverage Part Occurrence Form
CNA101559 (07-23)	Table of Contents - Employment Practices Liability Defense Only
CNA101563 (07-23)	Table of Contents - Workplace
CNA101577 (07-23)	Biometric Privacy Exclusion Endorsement
CNA101512FL (07-23)	Cancellation and Non Renewal Amendatory Endorsement - Florida
CNA101521FL (07-23)	Amendatory Endorsement (General Terms & Conditions) - FL
CNA62825FL (09-12)	Policyholder Notice - Florida
CNA62832FL (09-12)	Policyholder Notice - FL
CNA77863FL (02-14)	Policyholder Notice - Electronic policy transmission
CNA101441 (07-23)	Cosmetic Procedures Exclusion Endorsement
CNA101443 (07-23)	Media Event Expenses Supplementary Benefits Endorsement
CNA101444 (07-23)	Employment Practices Liability Coverage Part (Defense Costs only)
CNA101479 (07-23)	Cyber Liability and First Party Loss (Including Privacy) Endorsement

**PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.**

For FL residents: The surcharge shown on the Certificate of Insurance is the FL Insurance Guaranty Association Emergency Assessment



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/15/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Automatic Data Processing Insurance Agency, Inc.  1 Adp Boulevard Roseland NJ 07068		<b>CONTACT NAME:</b> Automatic Data Processing Insurance Agency, Inc. <b>PHONE (A/C, No, Ext):</b> 1-800-524-7024 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Healing Arts Institute Of South Florida  4699 N State Road 7ste B1  Fort Lauderdale FL 33319		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Technology Insurance Company, Inc. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 42376	

**APPROVED**

Daniel Beecher

By Daniel Beecher at 2:34 pm, Aug 19, 2025

**COVERAGES****CERTIFICATE NUMBER:** 4487355**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	N	TWC4630647	07/11/2025	07/11/2026 E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

City Of Pompano Beach 100 W Atlantic Blvd  Pompano Beach FL 33060	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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