# APPROPRIATIONS CONTRACT

**THIS CONTRACT** is executed on __________________, by the City of Pompano Beach ("City") and FLORIDA INDEPENDENCE, TRAINING & EDUCATION CENTER, 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 Five Thousand Dollars ($5,000.00) 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 Kristina DaSilva 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:**

Kristina DaSilva
CEO
5201 NW 33rd Avenue
Fort Lauderdale, FL 33309
Office: (954) 530-4686
Email: Kristina@FLITECenter.org

**If to City:**

Greg Harrison, City Manager
100 W Atlantic Blvd.
Pompano Beach, FL 33060
Office: (954) 786-4601
Email: 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**

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.

**THE REMAINDER OF THE PAGE IS INTENTIONALLY LEFT BLANK**

**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"**

FLORIDA INDEPENDENCE TRAINING & EDUCATION CENTER, INC.
(Print or type name of company here)

Witnesses:

By: Kandace Lesher

Print Name: Kandace Lesher

Title: Chairman

Kristina DaSilva

Kristina DaSilva
(Print or Type Name)

Kamilah Jones

Kamilah Jones
(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 15 day of September, 2025, by Kandace Lesher as Chairman of FLORIDA INDEPENDENCE, TRAINING & EDUCATION CENTER, INC., a Florida non for profit corporation. He is personally known to me or who has produced ________ personally known (type of identification) as identification.

NOTARY'S SEAL:

Maria Vo
Comm.: HH 677417
Expires: Aug. 10, 2029
Notary Public - State of Florida

NOTARY PUBLIC, STATE OF FLORIDA

Maria Vo
(Name of Acknowledger Typed, Printed or Stamped)

HH 677417
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$^{st}$ Quarterly Narrative & Financial Report (October/November/December) - February 1$^{st}$
2$^{nd}$ Quarterly Narrative & Financial Report (January/February/March) - May 1$^{st}$
3$^{rd}$ Quarterly Narrative & Financial Report (April/May/June) - August 1$^{st}$
4$^{th}$ Quarterly Narrative & Financial Report (July/August/September) - September 30$^{th}$

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 contact.

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: FLORIDA INDEPENDENCE TRAINING & EDUCATION CENTER, INC.

Program Funded: Youth take FLITE in Pompano Beach

Amount Funded: $5,000.00

Program Description: Youth take FLITE in Pompano Beach encompasses the delivery of our Education and Employment program pipeline, including our cornerstone You Matter peer advocacy initiative, and its FLITE University component, which work to develop youth in the areas of education, employment, housing, health, and economic self-sufficiency. Programming not only provides support with general education development, post-secondary planning, job readiness and life skills development, but also helps to build youth's interpersonal, prosocial, and leadership capacity through social emotional learning, peer coaching and advocacy. Participating youth regularly engage in psychoeducational groups, training, and mentoring that increases their knowledge, abilities, resilience, and autonomy; as a result, youth improve their adaptive behaviors to effectively manage the demands of everyday life.

| | |
|---|---|
| Form Name: | City of Pompano Beach Nonprofit Partnership Application |
| Submission Time: | May 1, 2025 12:14 pm |
| Browser: | Chrome 134.0.0.0 / OS X |
| IP Address: | 174.48.89.126 |
| Unique ID: | 1340118872 |
| Location: | 26.2134, -80.2239 |

## About Your Organization

| | |
|---|---|
| **Which Fiscal Year Is Your Organization Applying For?** | 2025-2026 |
| **Full Name of Nonprofit:** | FLorida Independence Training Education Center |
| **Mission of Nonprofit:** | Our mission at FLITE Center is to guide those aging out of foster care, and other vulnerable youth, on a successful journey to independence through education, employment, housing, health and wellness, resource navigation and system of care coordination. Our vision is that no youth travels the road to adulthood alone. |
| **Brief Overview of Nonprofit:** | Established in 2009 by the Community Foundation of Broward, United Way of Broward County and Junior League of Greater Fort Lauderdale as a collective and social impact initiative, FLITE Center provides vulnerable youth with a single, convenient point of access to a broad range of services and support systems. FLITE Center offers a centralized and seamless connection to multiple youth-based programs including education and employment; safe, affordable housing; health care; life skills development; and resource navigation. FLITE Center immediately assesses emergency needs, facilitates ongoing care coordination, and functions as the hub for managing services across the entire system of care. A true one-stop central resource center, built on an innovative multi-disciplinary service model, FLITE Center provides the comprehensive and integrated support required for transition to adulthood for approximately 2,000 youth every year. |
| **Type of Organization:** | Human Services |
| **Nonprofit Website:** | www.FLITECenter.org |
| **Federal Tax ID Number:** | 26-4155794 |
| **Which funding priority/sub pillar does your nonprofit qualify for?** | Workforce Excellence: Education |

**How does your program/event(s) fit the funding priority/sub pillar?**

FLITE Center has been serving vulnerable youth and young adults who are residents of the City of Pompano Beach for more than fifteen years; ensuring that the City is a thriving community is a shared priority for our organization. For the young people we serve, having a sustainable place to call home is paramount; it's our job to help them prepare for it and maintain it, and education and employment are the key.  For vulnerable youth, education and employment go hand-in-hand; in order for them to focus on their academic and career goals, they must be able to survive independently at a very young age. With this in mind, there are several ways that FLITE Center helps youth acquire the knowledge, skills and behaviors they need to succeed in school, college and/or their chosen career, as well as gain the independent living skills they need as they enter adulthood (financial literacy, budgeting).

Our Education Team runs the College Boost program (GED), conducts placement testing, and assists with college readiness and post-secondary planning. Additionally, our team hosts enrichment activities that improve youth's life skills, as well as exposes them to social emotional learning opportunities. Collaboratively, our Employment Team provides employability skills training, internship/mentorship opportunities, industry-career certification connections, and job coaching which improves the likelihood of youth entering and navigating the workforce successfully. They also strengthen connections to the business community and increase work-based learning experiences. For these reasons, we believe FLITE Center's project, Youth take FLITE in Pompano Beach, aligns with the City's Workforce Excellence funding priority, sub pillar of Education.

| | |
|---|---|
| **Statement of Need:** | The journey to adulthood is a significant and challenging developmental phase of life for all young people; this is especially true for vulnerable youth, who must face the adult world with little to no support. Not only are they required to enter adulthood on their own, but they also lose access to the services they were offered through public systems (education, healthcare, case management, etc.). According to the Annie E. Casey Foundation, these factors (in combination with adverse childhood experiences) put vulnerable youth at a higher probability to experience behavioral, mental and physical health issues (90% have been exposed to complex trauma); housing problems and homelessness (1 in 5 between ages 17 to 19, and 1 in 4 between ages 19 to 21); employment (only 57% report being employed (full- or part-time) at age 21) and academic difficulties (only 70% have high school diploma or equivalent by age 21); early parenthood (1 in 10 between ages 17 to 19, and 1 in 4 between ages 19 to 21); incarceration (1 in 5 between ages 17 to 21); and other potentially life-long adversities.<br><br>To compound matters, their journey into adulthood is not only complicated by issues related to their individual circumstances, but also by the perplexing difficulty of the new systems of care and services into which they find themselves abruptly thrust into. This can make the already challenging tasks of young adulthood, such as independent decision-making and financial management, exponentially more difficult. Without intervention and support, national studies have shown that within two to four years of aging out of care only 1 in 6 are completely self-supporting. While the trajectories of these vulnerable young people are not guaranteed, their lives can be positively influenced by culturally responsive and trauma-informed services that help them to navigate the journey to adulthood, achieve stability and reach their full potential. |

## Program/Event Information #1

| | |
|---|---|
| **Will your organization be hosting the program/event on City property?** | No |
| **Which are you applying for? (Program/Event)** | Program |
| **Program/Event Name:** | Youth take FLITE in Pompano Beach |
| **Type of Program/Event:** | Nonprofit Program/Seminar/Workshop |

| | |
|---|---|
| **Share an executive summary of the program/event:** | Youth take FLITE in Pompano Beach encompasses the delivery of our Education and Employment program pipeline, including our cornerstone You Matter peer advocacy initiative, and its FLITE University component, which work to develop youth in the areas of education, employment, housing, health, and economic self-sufficiency. Programming not only provides support with general education development, post-secondary planning, job readiness and life skills development, but also helps to build youth's interpersonal, prosocial, and leadership capacity through social emotional learning, peer coaching and advocacy. Participating youth regularly engage in psychoeducational groups, training, and mentoring that increases their knowledge, abilities, resilience, and autonomy; as a result, youth improve their adaptive behaviors to effectively manage the demands of everyday life. |

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

For all young people, education and employment play an integral role in their healthy transition to adulthood; yet vulnerable youth consistently report low rates of employment and educational attainment. The most recent National Youth Transition Database Report to Congress stated that nationwide vulnerable youth overwhelmingly report being unemployed/underemployed by age 21; however, young people who had access to resources and support were more likely to be connected to education and employment across all time points (age 17, 19 and 21). The report also highlighted that these youth need consistent, ongoing support through educational and employment skills, training, and resources, and concluded that increasing access to programs and services that boost educational attainment and employment can ease the transition to adulthood.

Our Education Team delivers our College Boost/GED curriculum (Monday-Thursday; in-person & virtual), conducts placement testing, provides college readiness resources and assists with post-secondary planning, including navigation of the admissions processes, implementation of tuition waivers and linkage to scholarships and other education supports. Our Employment Team cultivates internship/mentorship opportunities and work-based learning experiences, as well as connects youth with industry-career certifications and job coaching which improve their likelihood of entering and navigating the workforce successfully. In addition, employability workshops help with resume writing, hosts mock interviews, and support the development of other job-related skills. Both teams work together to deliver two of our cornerstone programs - You Matter and FLITE University.

Our You Matter peer advocacy initiative hosts activities that improve social emotional learning and life skills, as well as connects youth to resources in the community. In addition, FLITE Center staff help youth to develop the functional, interpersonal, and prosocial skills required for navigating life's everyday demands. You Matter interventions develop competencies, build confidence, and forge resilience among participating youth; ultimately, empowering them with the wisdom and tools they need for educational achievement, career development, sustained employment, economic success, housing stability, and self-sufficiency.

FLITE University, the psychoeducational component of You Matter, is a practical and experiential learning academy for vulnerable youth. FLITE University's 8-16 week curriculum encompasses goal setting and fulfillment, leadership development, healthy lifestyle practices, wellness promotion, parenting, landlord/tenant relations, money and household management, financial literacy, banking, and asset building. FLITE University's career modules include educational advancement, employability, professional etiquette, and entrepreneurship. FLITE University is offered through a hybrid format of in-person and on-line sessions.

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

These outcomes will be tracked throughout the year to ensure success of your program/event.

Vulnerable youth and young adults need a reliable connection to a myriad of resources and services. They require support that engages them where they live and congregate, offers them education that improves their independent living skills, and facilitates access to the programs that help to smooth their entry into adulthood. At FLITE Center, success means we have been able to truly create an inclusive, youth-driven and vision focused environment for the young people we serve, each of whom are unique and require an individualized care plan.

Short-term program measures and outcomes include:

Education
- Goal - Provide a minimum of 200 youth/young adults with educational support (College Boost - GED) and college readiness programming, as well as pathways to post-secondary education
- Outcome - 100% of youth/young adults will be linked with post-secondary education opportunities

Employment
- Goal - Provide employability skills training, either in group of one-on-one, to a minimum of 200 youth/young adults being connected with employment/career options
- Outcome - 100% of youth/young adults will be assisted with obtaining employment opportunities

Shared Outcome - 100% of youth/young adults will have access to FLITE University Life Skills Training

Long-term program measures and outcomes include:

Education
- Goal: Youth/young adults have the academic and financial support required to reach their educational goals
- Outcome: Enrolled youth/young adults will be on a path to achieving their educational goals

Employment
- Goal: Youth/young adults have the skills and tools required to maintain steady employment as well as achieve their career goals
- Outcome: Enrolled youth/young adults maintain steady employment
- Outcome: Enrolled youth/young adults face lower levels of underemployment
- Outcome: Enrolled youth/young adults will be on a path to achieving their career goals

| | |
|---|---|
| **Share the primary methodology by which you will measure the outcomes of your program/event:** | Methodology is a system of methods and principles for doing something. Discuss how you will track data and measure your outcomes.<br><br>Programs and services for vulnerable youth can have a significant impact by increasing access to education and employment opportunities, providing essential tools to navigate challenges, improving health and well-being, fostering resilience, and ultimately contributing to a more stable and positive life trajectory. Especially when addressing issues like poverty, abuse, neglect, or mental health struggles, programs and services form an essential safety net that empowers vulnerable youth to make constructive choices in their lives. Through a tailored approach, early intervention and cross-sector collaboration, FLITE Center aims to facilitate academic attainment and professional success; improve mental/behavioral health; enhance resilience; provide social connection; and reduce risky behaviors for local vulnerable youth.<br><br>To test program efficacy, evaluation plans consist of process and impact assessments. This encompasses the collection and analysis of program and client data through quantitative and qualitative methodologies that examine project implementation, deliverables, progress, and benefit including with respect to objectives and outcomes attainment. Following a mixed methods approach, the process assessment will evaluate inputs and infrastructure; enrolled client characteristics and eligibility; and service access, provision, and fidelity. The impact assessment will measure program effectiveness, service outcomes, and client improvement. Employing a Results Based Accountability™ framework, FLITE Center will examine "how much did we do?," "how well did we do it?," and "is anyone better off?" |
| **Estimated total number of individuals expected to attend your program/event:** | 351-500 |
| **Please specify the number of City of Pompano Beach residents your organization will serve if the program/event is funded:** | 50 |

| | |
|---|---|
| **Describe the demographics of the population you are impacting with this program/event:** | Demographics: Socioeconomic characteristics of a population expressed statistically, such as age, sex, education level, income level, occupation.<br><br>FLITE Center primarily serves vulnerable youth aged 16 to 25. Vulnerable youth comprise a number of at risk populations including those who are aging out of foster care; approaching exit from child welfare services; within the dependency system; at risk of or experiencing homelessness; survivors of human trafficking (ages 10-24); and LGBTQ+ individuals (who have been forced to leave their home; cannot live safely with a parent, legal guardian, or relative; or have no other safe alternative living arrangement). Serving the socioeconomically, racially, and ethnically diverse South Florida community (Broward and Palm Beach Counties), our programming predominantly engages minority, marginalized, and underserved populations who are overrepresented among vulnerable youth and young adults.<br><br>Of participants that are residents of the City of Pompano Beach (averaging 400 per year), they are predominantly male (70%), Black (76%) or Latino (14%), between the ages of 18 to 25 (90%), with a household income of 200%, or less, of the Federal Poverty Level. |
| **Include a description of the geographic area your program/event(s) will serve and how it will impact the area:** | FLITE Center participants living in the City of Pompano Beach primarily reside within the following zip codes: 33060 (68%), 33069 (12%), 33064 (8%) and 33068 (4%). Additional zip codes of service are: 33062, 33063, 33065, 33073, and 33076. Program delivery within City limits accounts for around 22% of our overall service provision. A true collaborative community initiative, FLITE Center understands and addresses the plight of vulnerable youth in Pompano Beach, helping to prepare them for independent living, academic success and career growth. |
| **How does your organization specifically market your program/event to City of Pompano Beach residents?** | Aside from community-based referrals from one of our more than 75 local partners, recruitment activities, including e-blasts, targeted property visits, and outreach to emergency shelters, help us to engage youth throughout the community, ensuring we cover the wide variety of environments where they congregate. Our Marketing Team also posts program information on all social media platforms. |

| | |
|---|---|
| **How does a City of Pompano Beach resident access the services/program your nonprofit provides?** | The majority of youth and young adults who access our programming are referred by one of our 75+ partner organizations. One of FLITE Center's primary collaborating partners is ChildNet. Chosen by the Florida Department of Children & Families to serve as the Community Based Care (CBC) lead agency in both Broward and Palm Beach Counties, ChildNet is the single private non-profit entity responsible for managing the local system of services and supports for the communities' most vulnerable children. ChildNet's mission is to protect abused, abandoned and neglected children in the communities they serve. ChildNet's vision is to lead every child in their care to safety, permanence, and stability. To ensure access to programs and resources, all ChildNet youth that are approaching transition age (17 years old) are referred to FLITE Center. |
| **Start Date of Program/Event:** | Oct 01, 2025 |
| **End Date of Program/Event:** | Sep 30, 2026 |
| **Does your program/event have a start time/end time?** | No |
| **Name of Program/Event Venue:** | FLITE CENTER |
| **Address of Program/Event Venue Location:** | 5201 NW 33rd Avenue<br>Fort Lauderdale, FL 33309 |
| **Attire of Program/Event (select the one that best applies):** | Casual |
| **List any benefits or partnership opportunities the City of Pompano Beach receives:** | The City will not receive any direct benefits if funding is awarded; however, FLITE Center, with granted permission, intends to recognize the City as one of its funding partners. Recognition can occur across one or more of the following platforms: newsletters, press releases, social media, marketing collateral and the FLITE Center website. In addition, due to the large number of our youth that reside within City limits, at approved engagement events, the City will have the opportunity to provide access to information about local resources. |
| **Total dollar amount of the overall program/event budget:** | 109000 |
| **Total dollar amount being requested from the City:** | 10000 |

| | |
|---|---|
| **How will your organization use the City of Pompano Beach funding?** | Grant funding would be used to help FLITE Center deliver our Education and Employment program pipeline (including our Life Skills programming). Specifically, funding would be used for program staff (who are critical to service delivery in the City of Pompano Beach) and program supplies (that allow for the delivery of high quality TIL programs and initiatives in the City of Pompano Beach). |
| **Are you applying for a second program/event?** | No |

## 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…)** | No |

## Additional Information

| | |
|---|---|
| **What are your organization's credentials? Tell us why your organization does it better than anyone else.** | Serving South Florida since 2009, FLITE Center represents an aligned provider network that houses critical resources, interventions, and support for vulnerable youth. FLITE Center facilitates multi-agency information sharing and synchronization, documents rising trends for transitional youth as well as gaps in services and forges new partnerships that impact the entire system of care. Our dedicated team engages transitional youth, leads staffing's, coordinates programming, facilitates provider collaboration, and continuously evaluates outcomes that highlight the need for system-wide improvements. FLITE Center is uniquely positioned to meet the educational and employment needs of vulnerable youth residing within City limits. |

| | |
|---|---|
| **Other than the program/event you are applying for, how is your organization serving the residents of the City of Pompano Beach?** | FLITE Center's sole purpose is to aid youth with preparing for and succeeding in independent living and community integration. In addition to our Education and Employment programming, FLITE Center delivers the following evidence-based services to vulnerable youth residing in the City of Pompano Beach:<br><br>Housing - Our Housing Team acts as a liaison between landlords and our young adults to ensure placement in quality housing. FLITE Center's housing portfolio is a mixed model of housing properties and our Safe Landing Spaces provide temporary stabilization; we currently work with 95 landlords and housing partners to bridge the gap to safe, affordable housing for our youth.<br><br>Health & Wellness - Our Health and Wellness Team delivers preventative healthcare services (primary, mental/behavioral and telehealth), as well as trauma-informed wellness programs and education through our Healthy Connections initiative and Wellness Center (located next door to FLITE Center - 5231 NW33rd Avenue, Fort Lauderdale, FL 33309). Our Team also provides targeted case management (emergency stabilization, individualized wellness plans, advocacy and ongoing support).<br><br>Resource Navigation - Our Resource Specialists assist youth with resource acquisition and navigation, including public benefits, quality childcare, monthly bus passes, referrals to community partners, and linkage to emergency services and supports.<br><br>System of Care Coordination - FLITE convenes community partners and coordinates a comprehensive system of care to track data and metrics, identify gaps in services and respond to rising trends, for and with system collaborators. Providing care coordination for our young adults not only expedites service access but also mitigates service duplication across the entire system of care. |

| | |
|---|---|
| **Any other information you wish to share?** | Designed to decrease disparities and increase equity, FLITE Center programs and initiatives appropriately target and address youth needs in regard to socioeconomic, gender, cultural and environmental factors. Every member of the FLITE Center team works diligently to understand the needs of vulnerable youth, deliver relevant and inclusive programming, and offer meaningful interventions that promote their overall well-being. When looking at our impact between October 1, 2023, and September 30, 2024, we are incredibly proud of the 2,382 Youth and Young Adults we served (which accounted for 47,116 touch points):<br><br>Education<br>- Youth served by Education Team - 307 (1,311 touch points)<br>- Youth Served via College Boost /Youth who Obtained GED - 179/46 (754 touch points)<br>- Youth who Completed FLITE University Life Skills Training - 832 (4,160 touch points)<br>- Youth who Gained Positive Educational Outcomes - 100%<br><br>Employment<br>- Youth served by Employment Team - 185 (754 touch points)<br>- Youth who Remain Employed - 80%<br><br>Housing<br>- Youth served by Housing Team - 492 (17,407 touch points)<br>- Youth with Stable Housing - 95%<br>- Landlords and Housing Partners - 95<br><br>Health & Wellness<br>- Youth served by Health & Wellness Team - 402 (2,816 touch points)<br><br>Resource Navigation<br>- Youth served by Resource Navigation Team - 2,382<br><br>- Youth served by Keys to Independence Program - 1,381 (5,885 touch points) |

## City of Pompano Beach Funding History

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

| | |
|---|---|
| **If yes, when was the most recent year?** | 2024 |
| **What was the name of program/event funded?** | Youth take FLITE in Pompano Beach |
| **How much was the funding for this program/event?** | 7500 |

## Requested Budget Information

| | |
|---|---|
| **What is your organization's operational budget?** | 8806750 |
| **What is the total value your nonprofit is applying for?** | 10000 |
| **If you are not awarded the full funding requested for your program/event(s), will you be able to complete your project?** | Yes |

## About Your Staff and Leadership

| | |
|---|---|
| **Total Number of Employees:** | 63 |
| **Full Name of President/CEO/Executive Director:** | Christine Frederick |

| | |
|---|---|
| **Include your President/CEO/Executive Director's biography:** | Christine Frederick, MSW is a Puerto Rican born, New York native who has always had a passion for helping youth who are facing the difficult transitioning years to adulthood. At the University of Dayton, where she received her Bachelor's in Psychology, she served as a Resident Assistant for 3 years which kicked off a long future in providing guidance, support and encouragement to young people struggling to make the next steps toward independence.<br><br>Christine's path led her to South Florida where she attended Barry University to pursue her Master's in Clinical Social Work, followed by an Executive Certification in Nonprofit Management from FAU. After having worked in agencies like Children's Home Society, Memorial Regional Healthcare Systems and Covenant House, Christine spent more than a decade, both on the front lines and on the Executive Management Team, as the Chief Program Officer of HANDY, Inc. At HANDY she had the distinct opportunity of leading an elite team in program development, assisting with the agency's capacity building efforts through grant writing and grant management and maintaining both quality services and outcomes with youth in foster, relative and nonrelative care.<br><br>In 2017, Christine took on the role of CEO at FLITE Center, where she has continued the important mission of coordinating the TIL System of Care in collaboration with a wide array of community partners who contribute to South Florida's success in serving youth aging out of care. During her tenure at FLITE Center, Christine has facilitated the explosive growth and impact of the organization, both locally and now, throughout the state of Florida. Christine's vision and leadership has led her to be appointed as the Co-Chair of the Independent Living Services Advisory Council (ILSAC) by the Secretary of the Florida Department of Children and Families. |

## About Your Board of Directors

| | |
|---|---|
| **Total Board Members:** | 20 |
| **How many board members contribute financially to the organization?** | 20 |
| **Is there a formal give/get policy for board members?** | No |

## About Your Partnerships and Contributors

| | |
|---|---|
| **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.** | At FLITE Center, we understand that effective support systems require collaboration between various agencies, including schools, social service providers, healthcare organizations, and community groups. As a lead agency in South Florida, FLITE partners with more than 75 local community organizations; some notable partners are 211 Broward, 4Kids, AVDA (Aid to Victims of Domestic Abuse), Big Brothers Big Sisters, Broward Human Trafficking Coalition, CareerSource Broward, Children's Diagnostic & Treatment Centers (CDTC), Children's Services Council (TIL - Healthy Youth Transitions (HYT) providers), Covenant House, Department of Children & Families, Family Central, HANDY/HOMES, Henderson Behavioral Health, Legal Aid, Memorial Health Systems, PACE Center for Girls, SOS Children's Village, SunServe, and the Urban League of Broward County. |
| **What other funders have supported your organization within the past year? Please include their levels of contribution.** | Children's Services Council = $500,000<br>Frederick A. DeLuca Foundation = $300,000<br>Jim Moran Foundation = $260,000<br>Our Fund Foundation = $250,000<br>TD Bank = $175,000 |

## 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 |

## 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/17944696854 |
| **Agency Operational Budget** | https://www.formstack.com/admin/download/file/17944696855 |
| **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/17944696857 |

| | |
|---|---|
| **W9** | https://www.formstack.com/admin/download/file/17944696859 |
| **IRS 501(c)(3) Determination Letter** | https://www.formstack.com/admin/download/file/17944696861 |
| **Articles of Incorporation** | https://www.formstack.com/admin/download/file/17944696862 |
| **Most Recent 990 Form** | https://www.formstack.com/admin/download/file/17944696863 |
| **List of Board of Directors** | https://www.formstack.com/admin/download/file/17944696864 |

## Matching Gift Documentation

| | |
|---|---|
| **Does Your Organization Receive Matching Funds?** | No |

## President/CEO/Executive Director Contact Information

| | |
|---|---|
| **Name** | Christine Frederick |
| **Title** | CEO |
| **Email** | Christine@FLITECenter.org |
| **Phone Number** | (954) 530-4686 |
| **Mailing Address** | 5201 NW 33rd Avenue<br>Fort Lauderdale, FL 33309 |

## Primary Nonprofit Contact

| | |
|---|---|
| **Name** | Maria Vo |
| **Title** | Director of Grants |
| **Email** | Maria@FLITECenter.org |
| **Phone Number** | 19545407825 |

## Certification and Authorization

**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

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0074

| | |
|---|---|
| **Notice** | CP211A |
| **Tax period** | December 31, 2024 |
| **Notice date** | September 8, 2025 |
| **Employer ID number** | 26-4155794 |
| **To contact us** | Phone 877-829-5500 |



102164.110625.282693.20670 1 AB 0.641 372

FLORIDA INDEPENDENCE TRAINING &
% KRISTEN GUERRISE
5201 NW 33RD AVE DOOR 5207
FT LAUDERDALE FL 33309-6302

102164

Important information about your December 31, 2024, Form 990

# We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans.

We approved the Form 8868 for your December 31, 2024, Form 990, Return of Organization Exempt From Income Tax.

Your due date is now November 15, 2025.

## What you need to do

File your December 31, 2024, Form 990 by November 15, 2025, electronically. The IRS will not accept Form 990 filed on paper. For more information, see IRS.gov/eoefile.

You can find available tax return filing software at IRS.gov/eomefproviders.

## Additional information

- Visit IRS.gov/cp211a.
- Go to IRS.gov/charities or call 877-829-5500 to learn more about electronic filing requirements.
- Keep this notice for your records.

# Florida Independence Training & Education Center Inc.

EIN: 26-4155794 | Ft Lauderdale, Florida, United States

## Other Names

FORT LAUDERDALE INDEPENDENCE TRAINING & EDUCATION CENTER INC

FORT LAUDERDALE INDEPENDENCE TRAINING AND EDUCATION CENTER INC

## Publication 78 Data

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

**On Publication 78 Data List:** Yes

**Deductibility Code:** PC ⓘ

## Determination Letter

A favorable determination letter is issued by the IRS if an organization meets the requirements for tax-exempt status under the Code section the organization applied.

### Final Letter(s)

- FinalLetter_26-4155794_FORTLAUDERDALEINDEPENDENCETRAINING&EDUCATIONCENTERINC_06252010_01.tif [https://apps.irs.gov/pub/epostcard/dl/FinalLetter_26-4155794_FORTLAUDERDALEINDEPENDENCETRAINING&EDUCATIONCENTERINC_06252010_01.tif]
- FinalLetter_26-4155794_FORTLAUDERDALEINDEPENDENCETRAINING&EDUCATIONCENTERINC_06252010_02.tif [https://apps.irs.gov/pub/epostcard/dl/FinalLetter_26-4155794_FORTLAUDERDALEINDEPENDENCETRAINING&EDUCATIONCENTERINC_06252010_02.tif]

# Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than $50,000 fall into this category.

### Tax Year 2012 Form 990-N (e-Postcard)

### Tax Year 2011 Form 990-N (e-Postcard)

### Tax Year 2010 Form 990-N (e-Postcard)

# Copies of Returns (990, 990-EZ, 990-PF, 990-T)

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

### Tax Year 2021 Form 990

### Tax Year 2020 Form 990

### Tax Year 2019 Form 990

### Tax Year 2018 Form 990

### Tax Year 2017 Form 990

### Tax Year 2016 Form 990

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: AUG 0 6 2010

FORT LAUDERDALE INDEPENDENCE
TRAINING & EDUCATION CENTER INC
3521 W BROWARD BLVD STE 105
LAUDERHILL, FL 33312

Employer Identification Number:
26-4155794
DLN:
17053180350020
Contact Person:
JOAN C KISER ID# 31217
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
January 26, 2009
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

**Go to *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.

**1** 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.)

Florida Independence Training & Education Center, Inc.

**2** Business name/disregarded entity name, if different from above.

**3a** 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.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . ______

**Note:** 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.

☑ Other (see instructions) Not for Profit

**3b** 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 . . . . . . . . . . . ☐

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) ______

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) ______

*(Applies to accounts maintained outside the United States.)*

**5** Address (number, street, and apt. or suite no.). See instructions.

5201 NW 33rd Avenue

**6** City, state, and ZIP code

Fort Lauderdale, FL 33073

Requester's name and address (optional)

**7** 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.

**Social security number**

_ _ _ – _ _ – _ _ _ _

**or**

**Employer identification number**

2 6 – 4 1 5 5 7 9 4

## Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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** Christine M Frederick **Date** 11/1/24

# 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*.

## 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 must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

**Caution:** If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

**By signing the filled-out form**, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);

2. Certify that you are not subject to backup withholding; or

3. Claim exemption from backup withholding if you are a U.S. exempt payee; and

4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and

5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding.** Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

***Example.*** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester;

2. You do not certify your TIN when required (see the instructions for Part II for details);

3. The IRS tells the requester that you furnished an incorrect TIN;

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or

5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

## What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

# Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note for ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

### Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

| IF the entity/individual on line 1 is a(n) . . . | THEN check the box for . . . |
|---|---|
| • Corporation | Corporation. |
| • Individual or<br>• Sole proprietorship | Individual/sole proprietor. |
| • LLC classified as a partnership for U.S. federal tax purposes or<br>• LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation | Limited liability company and enter the appropriate tax classification:<br>P = Partnership,<br>C = C corporation, or<br>S = S corporation. |
| • Partnership | Partnership. |
| • Trust/estate | Trust/estate. |

### Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

**Note:** A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

### Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

**Exempt payee code.**

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

2—The United States or any of its agencies or instrumentalities.

3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.

5—A corporation.

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.

7—A futures commission merchant registered with the Commodity Futures Trading Commission.

8—A real estate investment trust.

9—An entity registered at all times during the tax year under the Investment Company Act of 1940.

10—A common trust fund operated by a bank under section 584(a).

11—A financial institution as defined under section 581.

12—A middleman known in the investment community as a nominee or custodian.

13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|---|---|
| • Interest and dividend payments | All exempt payees except for 7. |
| • Broker transactions | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| • Barter exchange transactions and patronage dividends | Exempt payees 1 through 4. |
| • Payments over $600 required to be reported and direct sales over $5,000[1] | Generally, exempt payees 1 through 5.[2] |
| • Payments made in settlement of payment card or third-party network transactions | Exempt payees 1 through 4. |

[1] See Form 1099-MISC, Miscellaneous Information, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/EIN*. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) other than an account maintained by an FFI | The actual owner of the account or, if combined funds, the first individual on the account[1] |
| 3. Two or more U.S. persons (joint account maintained by an FFI) | Each holder of the account |
| 4. Custodial account of a minor (Uniform Gift to Minors Act) | The minor[2] |
| 5. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee[1] |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner[1] |
| 6. Sole proprietorship or disregarded entity owned by an individual | The owner[3] |
| 7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))** | The grantor* |

| For this type of account: | Give name and EIN of: |
|---|---|
| 8. Disregarded entity not owned by an individual | The owner |
| 9. A valid trust, estate, or pension trust | Legal entity[4] |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 11. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 12. Partnership or multi-member LLC | The partnership |
| 13. A broker or registered nominee | The broker or nominee |
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))** | The trust |

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Go to *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2024

THOMAS H. LOFFREDO,ESQ
GRAYROBINSON, P.A.
401 EAST LAS OLAS BLVD, STE 1000
FORT LAUDERDALE, FL 33301

Re: Document Number N09000000811

The Articles of Amendment to the Articles of Incorporation for FORT LAUDERDALE INDEPENDENCE TRAINING & EDUCATION CENTER, INC. which changed its name to THE FLORIDA INDEPENDENT TRAINING & EDUCATION CENTER, INC., a Florida corporation, were filed on August 23, 2024.

The certification requested is enclosed.

Should you have any question regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Rebekah Lefeavers
Regulatory Specialist III
Division of Corporations

Letter Number: 324A00019053

# State of Florida

**Department of State**

I certify from the records of this office that THE FLORIDA INDEPENDENT TRAINING & EDUCATION CENTER, INC. is a corporation organized under the laws of the State of Florida, filed on January 26, 2009.

The document number of this corporation is N09000000811.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on February 10, 2023 and 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
Twenty-sixth day of August, 2024

*Cord Byrd*
*Secretary of State*

CR2E022 (01-11)

## 2025 Board of Directors

**Officers**

Wanda Perez, Chair
Human Resources Expert
Weperez1@gmail.com

Jeffrey Gordon, Vice Chair
Attorney
Lesser, Lesser, Landy & Smith
JGordon@LesserLawFirm.com

Dr. Heidi Shaeffer, Secretary
Family Medicine
Momdoctor6@gmail.com

Jennifer Whittington, Treasurer
Research Systems Analyst Franklin Templeton Investments
Jennifer.Whittington@FranklinTempleton.com

Tom Loffredo, General Counsel
Managing Shareholder
GrayRobinson, P.A., Fort Lauderdale
Tom.Loffredo@Gray-Robinson.com

Max Rudolf, Immediate Past Chair
Associate, Litigation Akerman LLP
Max.Rudolf@Akerman.com

**Members**

Sandy Harris
Former Executive Director, Retired Broward Delegation
SandyHarris954@gmail.com

Jeffrey Knight
CFP, CLU, ChFC, MSFS, CAP

Wealth Retention Group
JKnight@WealthRetentionGroup.com

Jessica Marie Rizzi
Associate Manager, Tech Commercial Services Bacardi
JMRizzi@Bacardi.com

Richard Hopper
Chief Executive Officer Print eSolutions
Richard@PrinteSol.com

Elizabeth Pederson
Partner
Panza, Maurer & Maynard, P.A., Fort Lauderdale
Libby.Pedersen@gmail.com

Jeffrey Ginocchi
SVP, Commercial Group Manager First Horizon Bank
Jeffrey.Ginocchi@firsthorizon.com

Kera Butler
Chief Executive Officer Keys to the Community
KeysToTheCommunity@gmail.com

Jeanne Potthoff Mediator
Mediation Center, LLC
JPotthoffMediationCenter@gmail.com

Marilyn Camerota
Administrative Director, Community Services Memorial Healthcare System
MCamerota@MHS.net

Kandace Lesher
Executive Director, Associate Regional Director JP Morgan Wealth Management
Kandace.Lesher@JPMorgan.com

Tanya Cunningham
Broker Associate/Consultant
Tanya@TanyaHomes.com

Bill Reicherter
Founder, Reicherter Foundation
billr@reicherterfoundation.org

Lynzi Russell
lnzrussell@gmail.com

**Staff**

Christine Frederick, MSW Chief Executive Officer

CITRIN COOPERMAN ADVISORS LLC
6550 N. FEDERAL HIGHWAY, 4TH FLOOR
FT. LAUDERDALE, FL 33308

FLORIDA INDEPENDENCE, TRAINING
& EDUCATION CENTER, INC.
5201 NW 33RD AVENUE
FORT LAUDERDALE, FL 33309

CLIENT'S COPY

Florida Independence, Training
& Education Center, Inc.
5201 NW 33rd Avenue
Fort Lauderdale, FL 33309
Attention: Christine Fredrick

Dear Christine,

Enclosed are the original and one copy of the 2024 exempt organization return, as follows...

2024 Form 990

A copy of the Organization's tax returns, e-filing authorizations and estimated tax vouchers, if applicable, are being provided to you via SafeSend to ensure proper protection of your personal information. Please download all enclosures and save them to your computer or print them for future reference. Your tax returns will be available in the SafeSend portal for 12 months from the date of the receipt. If applicable, your package will include paper copies of tax returns required to be mailed directly by you to a taxing jurisdiction. Please follow the instructions provided for each return.

These returns were prepared from the information furnished by you. Please review them before filing to ensure there are no omissions or misstatements of material facts.

Please be sure to e-sign and return the e-filing authorization forms to us via SafeSend to ensure timely processing.

We sincerely appreciate the opportunity to serve the Organization. Please contact us if you have any questions concerning the tax return.

Sincerely,

Tyler Johnson

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

December 31, 2024

---

**Prepared For:**

Florida Independence, Training
& Education Center, Inc.
5201 NW 33rd Avenue
Fort Lauderdale, FL 33309

---

**Prepared By:**

Citrin Cooperman Advisors LLC
6550 N. Federal Highway, 4th Floor
Ft. Lauderdale, FL 33308

---

**Amount Due or Refund:**

Not applicable

---

**Make Check Payable To:**

Not applicable

---

**Mail Tax Return and Check (if applicable) To:**

Not applicable

---

**Return Must be Mailed On or Before:**

Not applicable

---

**Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE in SafeSend to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 17, 2025.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

**2024**

For calendar year 2024, or fiscal year beginning ______________, 2024, and ending ______________, 20___

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

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

Name of filer FLORIDA INDEPENDENCE, TRAINING & EDUCATION CENTER, INC.

EIN or SSN 26-4155794

Name and title of officer or person subject to tax CHRISTINE FREDERICK CHIEF EXECUTIVE OFFICER

## Part I Type of Return and Return Information

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 1a | **Form 990** check here | X | b | **Total revenue,** if any (Form 990, Part VIII, column (A), line 12) | 1b | 7,245,331. |
| 2a | **Form 990-EZ** check here | | b | **Total revenue,** if any (Form 990-EZ, line 9) | 2b | |
| 3a | **Form 1120-POL** check here | | b | **Total tax** (Form 1120-POL, line 22) | 3b | |
| 4a | **Form 990-PF** check here | | b | **Tax based on investment income** (Form 990-PF, Part V, line 5) | 4b | |
| 5a | **Form 8868** check here | | b | **Balance due** (Form 8868, line 3c) | 5b | |
| 6a | **Form 990-T** check here | | b | **Total tax** (Form 990-T, Part III, line 4) | 6b | |
| 7a | **Form 4720** check here | | b | **Total tax** (Form 4720, Part III, line 1) | 7b | |
| 8a | **Form 5227** check here | | b | **FMV of assets at end of tax year** (Form 5227, Item D) | 8b | |
| 9a | **Form 5330** check here | | b | **Tax due** (Form 5330, Part II, line 19) | 9b | |
| 10a | **Form 8038-CP** check here | | b | **Amount of credit payment requested** (Form 8038-CP, Part III, line 22) | 10b | |

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

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) ______________________, (EIN) ______________ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

[X] I authorize CITRIN COOPERMAN ADVISORS LLC to enter my PIN 55794

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 65945325370

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature TYLER JOHNSON Date 07/14/25

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

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8879-TE** (2024)

LHA 402521 12-26-24

EXTENDED TO NOVEMBER 17, 2025

Form **990** Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**
**Do not enter social security numbers on this form as it may be made public.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047 **2024** **Open to Public Inspection**

**A** For the 2024 calendar year, or tax year beginning and ending

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

**C** Name of organization: FLORIDA INDEPENDENCE, TRAINING & EDUCATION CENTER, INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 5201 NW 33RD AVENUE
City or town, state or province, country, and ZIP or foreign postal code: FORT LAUDERDALE, FL 33309

**D** Employer identification number: 26-4155794
**E** Telephone number: 954-530-4686
**G** Gross receipts $ 7,352,235.

**F** Name and address of principal officer: WANDA PEREZ
SAME AS C ABOVE

**H(a)** Is this a group return for subordinates? [ ] Yes [X] No
**H(b)** Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions
**H(c)** Group exemption number

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

**J** Website: WWW.FLITECENTER.ORG

**K** Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other
**L** Year of formation: 2009 **M** State of legal domicile: FL

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: THE MISSION IS TO BE A CENTRAL RESOURCE THAT PREPARES YOUTH TO LEAD SUCCESSFUL LIVES AFTER AGING

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

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 20 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| 5 | Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 77 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 30 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 4,861,461. | 7,281,910. |
| | 9 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 23,404. | 30,159. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 112,081. | -66,738. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,996,946. | 7,245,331. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 3,369,018. | 4,337,534. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) 205,057. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,803,231. | 2,991,996. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,172,249. | 7,329,530. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -175,303. | -84,199. |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 1,917,654. | 4,150,815. |
| | 21 | Total liabilities (Part X, line 26) | 1,486,583. | 3,803,943. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 431,071. | 346,872. |

## Part II Signature Block

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

**Sign Here**
Signature of officer | Date
CHRISTINE FREDERICK, CHIEF EXECUTIVE OFFICER
Type or print name and title

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | Check [ ] if self-employed | PTIN |
|---|---|---|---|---|
| TYLER JOHNSON | TYLER JOHNSON | 07/14/25 | | P01959117 |

Firm's name CITRIN COOPERMAN ADVISORS LLC — Firm's EIN 87-2525370
Firm's address 6550 N. FEDERAL HIGHWAY, 4TH FLOOR
FT. LAUDERDALE, FL 33308 — Phone no. 954-771-0896

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



SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

## 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:

THE MISSION IS TO BE A CENTRAL RESOURCE THAT PREPARES YOUTH TO LEAD SUCCESSFUL LIVES AFTER AGING OUT OF FOSTER CARE.

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 $ 6,933,159. including grants of $ ) (Revenue $ )

TO PROVIDE EDUCATION, EMPLOYMENT, AND HOUSING SERVICES TO THE TRANSITIONAL INDEPENDENT LIVING YOUTH.

4b (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4c (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses 6,933,159.

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | X |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | X | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | | X |

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

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

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

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 94 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | X | |

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a: 77 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | X | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O* | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | X |
| b | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state?<br>**Note:** See the instructions for additional information the organization must report on Schedule O. | | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O* | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N. | | 15 | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O. | | 16 | | X |
| 17 | **Section 501(c)(21) organizations.** 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?<br>If "Yes," complete Form 6069. | | 17 | | |

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

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

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year ..... 1a 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent ..... 1b 20 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O* | 9 | | X |

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

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

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed FL

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] 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

CHRISTINE FREDERICK - 954-530-4686
5201 NW 33RD AVENUE, FORT LAUDERDALE, FL 33309

## 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 the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) CHRISTINE FREDERICK<br>CEO/EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 155,000. | 0. | 0. |
| (2) BICH-LY LUDWIG<br>VICE PRESIDENT OF DEVELOPMENT | 40.00 | | | | | X | | 125,000. | 0. | 0. |
| (3) CARA MALAVE<br>CPO/CHIEF PROGRAM OFFICER | 40.00 | | | X | | | | 110,000. | 0. | 0. |
| (4) MARISA GLOVER<br>DIRECTOR OF FINANCE | 40.00 | | | X | | | | 100,000. | 0. | 0. |
| (5) DEANN HAZEY<br>CDO/CHIEF DEVELOPMENT OFFICER | 40.00 | | | X | | | | 100,000. | 0. | 0. |
| (6) KRISTINA DASILVA<br>COO | 40.00 | | | X | | | | 90,000. | 0. | 0. |
| (7) WANDA PEREZ<br>CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (8) JEFFREY GORDON<br>VICE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (9) DR. HEIDI SHAEFFER<br>SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (10) JENNIFER WHITTINGTON<br>TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (11) MAX RUDOLF<br>IMMEDIATE PAST CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) TOM LOFFREDO<br>GENERAL COUNSEL | 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) KERA BUTLER<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (14) MARILYN CAMEROTA<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) TANYA CUNNINGHAM<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (16) JEFFREY GINOCCHI<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (17) CRAIG GOLDENFARB<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (18) SANDY HARRIS<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (19) RICHARD HOPPER<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) JEFFREY KNIGHT<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) KANDACE LESHER<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (22) ELIZABETH PEDERSON<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (23) JEANNE POTTHOFF<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (24) BILL REICHERTER<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (25) JESSICA MARIE RIZZI<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (26) LYNZI RUSSELL<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| **1b Subtotal** | | | | | | | | 680,000. | 0. | 0. |
| **c Total from continuation sheets to Part VII, Section A** | | | | | | | | 0. | 0. | 0. |
| **d Total (add lines 1b and 1c)** | | | | | | | | 680,000. | 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 3

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

**Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| AKF3 SF LIGHT INDUSTRIAL LLC, 9050 PINES BLVD SUITE 300, PEMBROKE PINES, FL 33024 | OFFICE SPACE LEASE | 331,132. |
| RICH HOMES MANAGEMENT 100 BISCAYNE BLVD. #3050, MIAMI, FL 33132 | RENTAL SERVICES | 129,863. |
| | | |
| | | |
| | | |

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 2

**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 | 1 a | Federated campaigns | 1a | 97,048. | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 127,530. | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 4,847,477. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,209,855. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | $ | | | | |
| | h | **Total.** Add lines 1a-1f | | | 7,281,910. | | | |
| Program Service Revenue | | | | Business Code | | | | |
| | 2 a | | | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | **Total.** Add lines 2a-2f | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | 30,159. | | | 30,159. |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |

| | | | (i) Real | (ii) Personal | (A) | (B) | (C) | (D) |
|---|---|---|---|---|---|---|---|---|
| 6 a | Gross rents | 6a | 40,166. | | | | | |
| b | Less: rental expenses | 6b | 0. | | | | | |
| c | Rental income or (loss) | 6c | 40,166. | | | | | |
| d | Net rental income or (loss) | | | | 40,166. | | | 40,166. |

| | | | (i) Securities | (ii) Other | (A) | (B) | (C) | (D) |
|---|---|---|---|---|---|---|---|---|
| 7 a | Gross amount from sales of assets other than inventory | 7a | | | | | | |
| b | Less: cost or other basis and sales expenses | 7b | | | | | | |
| c | Gain or (loss) | 7c | | | | | | |
| d | Net gain or (loss) | | | | | | | |

| | | | | (A) | (B) | (C) | (D) |
|---|---|---|---|---|---|---|---|
| 8 a | Gross income from fundraising events (not including $ 127,530. of contributions reported on line 1c). See Part IV, line 18 | 8a | 0. | | | | |
| b | Less: direct expenses | 8b | 106,904. | | | | |
| c | Net income or (loss) from fundraising events | | | -106,904. | | | -106,904. |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b | Less: direct expenses | 9b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | 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 | | | | | | |

| | | | Business Code | (A) | (B) | (C) | (D) |
|---|---|---|---|---|---|---|---|
| Miscellaneous Revenue | 11 a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | **Total.** Add lines 11a-11d | | | | | |
| | 12 | **Total revenue.** See instructions | | 7,245,331. | 0. | 0. | -36,579. |

## Part IX Statement of Functional Expenses

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

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

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 555,000. | 519,755. | 11,987. | 23,258. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 3,033,234. | 2,840,612. | 65,511. | 127,111. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 78,855. | 73,847. | 1,703. | 3,305. |
| 9 Other employee benefits | 391,614. | 366,745. | 8,458. | 16,411. |
| 10 Payroll taxes | 278,831. | 261,124. | 6,022. | 11,685. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 31,371. | 31,371. | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 169,966. | 169,846. | 120. | |
| 12 Advertising and promotion | 34,379. | 22,317. | 901. | 11,161. |
| 13 Office expenses | 432,074. | 388,784. | 38,443. | 4,847. |
| 14 Information technology | 125,164. | 118,871. | 4,879. | 1,414. |
| 15 Royalties | | | | |
| 16 Occupancy | 409,171. | 409,171. | | |
| 17 Travel | 115,840. | 101,579. | 8,956. | 5,305. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 12,061. | 10,576. | 933. | 552. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 40,430. | | 40,430. | |
| 23 Insurance | 25,763. | 25,680. | 83. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a DIRECT CLIENT SERVICES | 1,595,777. | 1,592,881. | 2,888. | 8. |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 7,329,530. | 6,933,159. | 191,314. | 205,057. |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

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

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 972,639. | 1 | 844,697. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | 606,358. | 3 | 1,168,109. |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 5,677. | 9 | 58,631. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 208,851. | | | |
| | b | Less: accumulated depreciation — 10b: 184,970. | 57,607. | 10c | 23,881. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 275,373. | 15 | 2,055,497. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | 1,917,654. | 16 | 4,150,815. |
| Liabilities | 17 | Accounts payable and accrued expenses | 300,156. | 17 | 349,245. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 500,000. | 24 | 1,100,113. |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 686,427. | 25 | 2,354,585. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 1,486,583. | 26 | 3,803,943. |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** [X] **and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 381,735. | 27 | 346,740. |
| | 28 | Net assets with donor restrictions | 49,336. | 28 | 132. |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **and complete lines 29 through 33.** | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances | 431,071. | 32 | 346,872. |
| | 33 | Total liabilities and net assets/fund balances | 1,917,654. | 33 | 4,150,815. |

## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 7,245,331. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,329,530. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -84,199. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 431,071. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 346,872. |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| | 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:<br>[ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| | 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:<br>[X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | | |

**SCHEDULE A**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**Attach to Form 990 or Form 990-EZ.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047
**2024**
**Open to Public Inspection**

**Name of the organization** FLORIDA INDEPENDENCE, TRAINING & EDUCATION CENTER, INC.

**Employer identification number** 26-4155794

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

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

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2202395. | 2715486. | 4225103. | 4861461. | 7281910. | 21286355. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | 2202395. | 2715486. | 4225103. | 4861461. | 7281910. | 21286355. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 191,665. |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 21094690. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 2202395. | 2715486. | 4225103. | 4861461. | 7281910. | 21286355. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 47,741. | 48,639. | 47,912. | 39,600. | 70,325. | 254,217. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 6,798. | 13,651. | 33,466. | 72,243. | | 126,158. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 21666730. |

12 Gross receipts from related activities, etc. (see instructions) **12** 298,121.

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

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) **14** 97.36 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 **15** 96.38 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

## Section A. Public Support

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

## Section B. Total Support

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

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

## Section C. Computation of Public Support Percentage

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

## Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

## Part IV Supporting Organizations

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

| | | | Yes | No |
|---|---|---|---|---|
| **2** | Activities Test. **Answer lines 2a and 2b below.** | | | |
| **a** | *Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | **2a** | | |
| **b** | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | **2b** | | |
| **3** | Parent of Supported Organizations. **Answer lines 3a and 3b below.** | | | |
| **a** | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**. | **3a** | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard. | **3b** | | |

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

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

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

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

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

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

**Schedule A (Form 990) 2024**

432026 01-14-25

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

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

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

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

**Schedule A** | **Identification of Excess Contributions Included on Part II, Line 5** | **2024**

**** Do Not File ****
***** Not Open to Public Inspection *****

| Contributor's Name | Total Contributions | Excess Contributions |
|---|---|---|
| THE FREDERICK A. DELUCA FOUNDATION | 625,000. | 191,665. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total Excess Contributions to Schedule A, Part II, Line 5 .......... 191,665.

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

# Schedule of Contributors

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

OMB No. 1545-0047

| Name of the organization | Employer identification number |
|---|---|
| FLORIDA INDEPENDENCE, TRAINING & EDUCATION CENTER, INC. | 26-4155794 |

**Organization type** (check one):

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization
FLORIDA INDEPENDENCE, TRAINING
& EDUCATION CENTER, INC.

Employer identification number
26-4155794

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | BROWRD COUNTY - CENTER FOR INDEPENDENT LIVING<br>4800 N. STATE ROAD 7, SUITE 102<br>FORT LAUDERDALE, FL 33319 | $ 718,165. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 2 | CHILDREN SERVICES COUNCIL<br>6600 W. COMMERCIAL BOULEVARD<br>LAUDERHILL, FL 33139 | $ 577,434. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 3 | BROWARD COUNTY<br>4780 N. STATE ROAD 7<br>LAUDERDALE LAKES, FL 33319 | $ 448,922. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 4 | FLORIDA INSTITUTE FOR CHILD WELFARE<br>2139 MARYLAND CIRCLE #1100<br>TALLAHASSEE, FL 32303 | $ 321,667. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 5 | CAREER SOURCE BROWARD<br>6301 NW 5TH WAY SUITE 3000<br>FORT LAUDERDALE, FL 33309 | $ 229,091. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 6 | SUNSHINE CATHEDRAL FOUNDATION<br>1480 SW 9TH AVENUE<br>FORT LAUDERDALE, FL 33315 | $ 214,700. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

Name of organization: FLORIDA INDEPENDENCE, TRAINING & EDUCATION CENTER, INC.

Employer identification number: 26-4155794

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |
| | | $ | |
| | | $ | |
| | | $ | |
| | | $ | |
| | | $ | |

Name of organization: FLORIDA INDEPENDENCE, TRAINING & EDUCATION CENTER, INC.

Employer identification number: 26-4155794

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $______

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

**SCHEDULE D** (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

**Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

**Name of the organization** FLORIDA INDEPENDENCE, TRAINING & EDUCATION CENTER, INC.

**Employer identification number** 26-4155794

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing 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)? ☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| Description of property | **(a)** Cost or other basis (investment) | **(b)** Cost or other basis (other) | **(c)** Accumulated depreciation | **(d)** Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 37,000. | 31,083. | 5,917. |
| d Equipment | | 171,851. | 153,887. | 17,964. |
| e Other | | | | |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))* | | | | 23,881. |

## Part VII Investments - Other Securities

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (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) | | |
| Total. (Col. (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) RIGHT OF USE ASSETS, NET | 1,976,164. |
| (2) DEPOSITS | 79,333. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 2,055,497. |

## Part X Other Liabilities

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) LEASE LIABILITY | 2,037,085. |
| (3) REFUNDABLE ADVANCES | 317,500. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 2,354,585. |

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 ... [X]

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

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 7,309,289. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | 63,958. | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | 63,958. |
| 3 | Subtract line 2e from line 1 | | | 3 | 7,245,331. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | 7,245,331. |

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

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 7,393,488. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | 63,958. | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | 63,958. |
| 3 | Subtract line 2e from line 1 | | | 3 | 7,329,530. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | 7,329,530. |

**Part XIII Supplemental Information**

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

PART X, LINE 2:

FORT LAUDERDALE INDEPENDENCE, TRAINING & EDUCATION CENTER, INC. ("FLITE") QUALIFIES AS A NON-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), EXCEPT FOR ANY UNRELATED BUSINESS INCOME. INCOME FROM CERTAIN OF THE ORGANIZATIONS ACTIVITIES NOT DIRECTLY RELATED TO ITS TAX EXEMPT PURPOSE MAY BE SUBJECT TO INCOME TAX. THE CURRENT AND PREVIOUS THREE YEARS REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. THERE WAS NO UNRELATED BUSINESS INCOME OR DEFERRED TAXES FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023. MANAGEMENT HAS EVALUATED THE UNRELATED BUSINESS INCOME TAX IMPLICATIONS AND BELIEVES THAT THE EFFECTS, IF ANY, ARE IMMATERIAL TO THE FINANCIAL STATEMENTS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE TO THESE FINANCIAL STATEMENTS.

**Part XIII Supplemental Information** *(continued)*

**SCHEDULE G (Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization: FLORIDA INDEPENDENCE, TRAINING & EDUCATION CENTER, INC.

**Employer identification number** 26-4155794

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

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

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

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

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| | | HEROES LUNCHEON (event type) | STUDIO54 (event type) | 1 (total number) | |
| Revenue | 1 Gross receipts | 62,003. | 40,578. | 24,949. | 127,530. |
| | 2 Less: Contributions | 62,003. | 40,578. | 24,949. | 127,530. |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 56,737. | 32,994. | 14,045. | 103,776. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 103,776. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -103,776. |

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

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

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

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

b If "No," explain: ____

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

b If "Yes," explain: ____

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility | 13a | %

b An outside facility | 13b | %

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

Name

Address

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

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

## Part IV Supplemental Information.

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

## Part IV Supplemental Information *(continued)*

**SCHEDULE J (Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization: FLORIDA INDEPENDENCE, TRAINING & EDUCATION CENTER, INC.

**Employer identification number:** 26-4155794

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef) | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br>☐ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☐ Compensation survey or study<br>☐ Form 990 of other organizations ☐ Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| c | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a | The organization? | 5a | | X |
| b | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) CHRISTINE FREDERICK | (i) | 155,000. | 0. | 0. | 0. | 0. | 155,000. | 0. |
| CEO/EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Part III Supplemental Information**

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

**SCHEDULE O (Form 990)** (Rev. December 2024) Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization: FLORIDA INDEPENDENCE, TRAINING & EDUCATION CENTER, INC.

**Employer identification number** 26-4155794

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OUT OF FOSTER CARE.

FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS RECEIVES, REVIEWS, AND APPROVES THE 990 PRIOR TO SIGNING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS INCLUDED IN THE BOARD HANDBOOK AND REVIEWED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:
SUBJECT TO ANNUAL REVIEW OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS AVAILABLE ON THE WEBSITE BY REQUEST.

Form **8868**
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

**File a separate application for each return.**
**Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

**Type or Print**

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
FLORIDA INDEPENDENCE, TRAINING & EDUCATION CENTER, INC.

Taxpayer identification number (TIN)
26-4155794

Number, street, and room or suite no. If a P.O. box, see instructions.
5201 NW 33RD AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
FORT LAUDERDALE, FL 33309

Enter the Return Code for the return that this application is for (file a separate application for each return) ........ 01

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name
Plan Number
Plan Year Ending (MM/DD/YYYY)

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of CHRISTINE FREDERICK
5201 NW 33RD AVENUE - FORT LAUDERDALE, FL 33309

Telephone No. 954-530-4686 Fax No.

- If the organization does not have an office or place of business in the United States, check this box ........ ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 24 or
☐ tax year beginning ______, 20 ___, and ending ______, 20 ___

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

| | | | |
|---|---|---|---|
| **3a** | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | **3a** | $ 0. |
| **b** | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | **3b** | $ 0. |
| **c** | **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | **3c** | $ 0. |

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25

MAIL TO: INTERNAL REVENUE SERVICE
MAIL STOP 6054
1973 N RULON WHITE BLVD.
OGDEN, UT 84201-0045

| FLITE - BUDGET FY 2025 (DRAFT #1) | 2025 |
|---|---|
| Description: | 2025 Proposed Budget (DRAFT) |
| | |
| Foundation Grant Income - Existing | $ 1,300,370.00 |
| Government Grants - CSC, County (Housing), CSB, VOCA, OVC,OJJDP, etc. | $ 6,435,824.74 |
| New program grants/contracts | $ 800,000.00 |
| **Total Grants:** | **$ 8,536,194.74** |
| | |
| Contributions-General/Unrestricted/Unplanned Contributions | $ 50,000.00 |
| Fundraising Special Events - (Major & 3rd Party) | $ 725,000.00 |
| New Prospects/Sustainability Fund | $ 300,000.00 |
| In-Kind Contributions | $ 120,000.00 |
| Rental Income | $ 52,200.00 |
| Misc. Income | $ 10,000.00 |
| Interest/ Investment Income | $ - |
| **Total Revenues** | ***$ 9,793,394.74*** |
| | |
| **Expenses:** | |
| Salaries & Wages & Employee Incentives | $ 4,181,780.00 |
| Benefits/Taxes/Payroll Fees/Retirement Match | $ 962,124.02 |
| Bank Charges/CC Processing Fees | $ 17,880.00 |
| Dues/Subscriptions/Licenses | $ 33,798.74 |
| Meals and Meeting Fees (New Category to specify expense - includes for tranings, etc.) | $ 4,000.00 |
| Admin Expenses | $ 5,000.00 |
| | |
| **Occupancy:** | |
| Utilities, Bldg Mnt, Insurance,Telephone, Security | $ 301,210.00 |
| Rental of Property (WPB now included in Actuals) | $ 464,073.76 |
| Postage & Printing | $ 15,400.00 |
| Program & General Office Supplies/Laptops | $ 36,200.00 |
| Safe Landing Space Expenses | $ 190,000.00 |
| Central Region Location | $ 100,000.00 |
| | |
| **Professional Fees/Contractual Services:** | |
| Audit and Accounting Fees | $ 50,000.00 |
| Information & Technology & Software Consulting | $ 106,168.40 |
| Contractual Services & Other Prof. Fees | $ 145,893.50 |
| Contractual Services -RA PHOENIX/RAVEN H/Clinicians | $ 54,584.00 |
| Staff Training and Professional Development | $ 27,900.00 |
| Staff Retention: bereavement, employee of the month, birthday cards, etc., staff outtings 2x per year, holidayb party | $ 15,000.00 |
| Public Relations/Marketing | $ 46,000.00 |
| Direct Fundraising Expenses | $ 165,682.09 |
| Travel (Mileage) | $ 72,000.00 |
| Fiscal Agent and Backbone fees (made a new category - removed from professional fees) | $ 25,000.00 |
| Misc./ Other Expenses | $ 2,500.00 |
| | |
| **Client Assistance:** | |
| Client Rent | $ 569,555.00 |
| Emergency Needs-(Rent,Food,Utilities,Clothing ,Health, Housing Bins, Pantry items, cleaning supplies) | $ 100,000.00 |
| Program Expenses: Client Meals and Refreshments for Life Skills/Client Events/GED class, College Tour Fees, TIL Graduation, Holiday gifts not covered by in-kind, Materials for life skills sessions, Wellness Retreats, Etc. | $ 80,000.00 |
| In-Kind Expenses -(Furniture, Houisng Bins, Youth Events,Thks.Giving, Holiday Gifts in all regions, TIL Grad Bags) | $ 100,000.00 |
| Other Client Expenses - Youth Incentives | $ 35,000.00 |
| | |
| **K2I Expenses:** | |
| Youth Driver's License Fees, Insurance, Incentives | $ 900,000.00 |
| | |
| | |
| **Total Expenses** | **$ 8,806,749.51** |
| | |
| **Changes In Net Assets** | **$ 986,645.23** |
| | **$ 986,645.23** |
| **Sustainability fund not part of operating cash:** | **$ (300,000.00)** |
| | **$ 686,645.23** |

# Youth take FLITE in Pompano Beach

## FY 25-26 Project Budget (Education, Employment & Life Skills)

| Expense | Total Amount |
|---|---|
| % of Program Team Salary (Education, Employment, Resource Navigation, Human Trafficking, Executive Program Staff) | $100,000 |
| Program Supplies & Materials for Education, Employment & Life Skills Pipeline (Ex: Curriculum Materials, Food for GED Class, Events and Activities (Graduation), Local College Tours) | $9,000 |
| **Total Expenses** | **$109,000** |

| COPB Grant |
| --- |
| $7,000 |
| $3,000 |
| **$10,000** |

# Exhibit "B"
# Payment Schedule – Lump Sum Payment

## 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 FLORIDA INDEPENDENCE, TRAINING & EDUCATION CENTER, INC. for Youth take FLITE in Pompano Beach for the current fiscal year is: Five Thousand Dollars ($5,000.00).

There will be a lump sum payment issued in advance equal to Five Thousand Dollars ($5,000.00). For any funds advanced the RECIPIENT agrees to provide the CITY with an itemization report of how funds advanced were spent, along with invoices and proof of payment. Such an accounting must be provided to the CITY, in the lump sum narrative and financial report as indicated in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description. Failure to comply with this requirement shall result in the denial of the future requests for payments.

All payments and reporting requirements apply for each project which is a part of the awarded contract.

## 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 |

| **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.

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/09/2025

**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).**

| | |
|---|---|
| PRODUCER<br>Brown & Brown Insurance Services, Inc.<br>1201 W Cypress Creek Rd<br>Suite 130<br>Fort Lauderdale FL 33309 | CONTACT NAME: Renee Lewis<br>PHONE (A/C, No, Ext): (954) 776-2222 FAX (A/C, No): (954) 776-4446<br>E-MAIL ADDRESS: Renee.Lewis@bbrown.com |
| | INSURER(S) AFFORDING COVERAGE — NAIC # |
| | INSURER A : Philadelphia Indemnity Insurance Company — 18058 |
| INSURED<br>FLITE, Inc.<br>5201 NW 33rd Avenue<br><br>Fort Lauderdale FL 33309 | INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |

**APPROVED** Daniel Beecher
**By Daniel Beecher at 3:07 pm, Aug 12, 2025**

**COVERAGES** CERTIFICATE NUMBER: 2025-2026 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 | |
|---|---|---|---|---|---|---|---|---|
| A | [X] COMMERCIAL GENERAL LIABILITY; [ ] CLAIMS-MADE [X] OCCUR; GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC; OTHER: | Y | | PHPK2557297010 | 07/10/2025 | 07/10/2026 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | $ 3,000,000 |
| | | | | | | | Sexual or Physical | $ |
| A | AUTOMOBILE LIABILITY; [ ] ANY AUTO; [ ] OWNED AUTOS ONLY; [ ] SCHEDULED AUTOS; [X] HIRED AUTOS ONLY; [X] NON-OWNED AUTOS ONLY | | | PHPK2557297010 | 07/10/2025 | 07/10/2026 | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| A | [X] UMBRELLA LIAB [ ] OCCUR; [ ] EXCESS LIAB [ ] CLAIMS-MADE; DED [X] RETENTION $ 10,000 | | | PHUB864994010 | 07/10/2025 | 07/10/2026 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | AGGREGATE | $ 1,000,000 |
| | | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY; ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ]; If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | PER STATUTE / OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| A | Directors & Officers Liability | | | PHSD1799427010 | 07/10/2025 | 07/10/2026 | Limit | $1,000,000 |
| | | | | | | | Retention | $2,500 |

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

City of Pompano Beach is lited as additional insured with respects to General Liability if required by written contract.

| CERTIFICATE HOLDER | CANCELLATION |
|---|---|
| City of Pompano Beach<br>100 W Atlantic Blvd<br><br>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.**<br><br>AUTHORIZED REPRESENTATIVE |

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/09/2025

**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).**

| PRODUCER | |
|---|---|
| Brown & Brown Insurance Services, Inc.<br>1201 W Cypress Creek Rd<br>Suite 130<br>Fort Lauderdale FL 33309 | CONTACT NAME: Renee Lewis<br>PHONE (A/C, No, Ext): (954) 776-2222 FAX (A/C, No): (954) 776-4446<br>E-MAIL ADDRESS: Renee.Lewis@bbrown.com |

| INSURED | INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|---|
| FLITE, Inc.<br>5201 NW 33rd Avenue<br>Fort Lauderdale FL 33309 | INSURER A : Philadelphia Indemnity Insurance Company | 18058 |
| | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

**COVERAGES** CERTIFICATE NUMBER: 2025-2026 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 | |
|---|---|---|---|---|---|---|---|---|
| A | [X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] POLICY [ ] PRO-JECT [ ] LOC<br>OTHER: | Y | | PHPK2557297010 | 07/10/2025 | 07/10/2026 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | $ 3,000,000 |
| | | | | | | | Sexual or Physical | $ |
| A | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY | | | PHPK2557297010 | 07/10/2025 | 07/10/2026 | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| A | [X] UMBRELLA LIAB [ ] OCCUR<br>EXCESS LIAB [ ] CLAIMS-MADE<br>DED [X] RETENTION $ 10,000 | | | PHUB864994010 | 07/10/2025 | 07/10/2026 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | AGGREGATE | $ 1,000,000 |
| | | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ]<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | PER STATUTE / OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| A | Directors & Officers Liability | | | PHSD1799427010 | 07/10/2025 | 07/10/2026 | Limit | $1,000,000 |
| | | | | | | | Retention | $2,500 |

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

City of Pompano Beach is listed as Additional Insured with respects to Workers Compensation if required by written contract.

| CERTIFICATE HOLDER | CANCELLATION |
|---|---|
| City of Pompano Beach<br>100 W Atlantic Blvd<br>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.<br><br>AUTHORIZED REPRESENTATIVE |

**APPROVED** Daniel Beecher
**By Daniel Beecher at 3:11 pm, Aug 12, 2025**

# Technology Insurance Company, Inc.

A Stock Insurance Company



Ncci Code: 39071

1. Insured:
   Fort Lauderdale Independence Training & Education Center, Inc.
   5201 NW 33rd Avenue
   Fort Lauderdale, FL 33309

   Other workplaces not shown above:
   See Extension of Information Page

   Producer:
   Synergy Insurance Group, Inc.
   1000 Sawgrass Corporate Pkwy, Ste 450
   Sunrise, FL 33322

**Policy Number: TWC4567396**

___ Individual ___ Partnership
___ Corporation or _X_ Other

Federal Tax ID: 264155794
Risk Id:
Renewal of: TWC4386924

2. The policy period is from 3/27/2025 to 3/27/2026 12:01 a.m. at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Florida

   B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.
   The limits of our liability under Part Two are:

| State | Bodily Injury by Accident | Bodily Injury by Disease | Bodily Injury by Disease |
|---|---|---|---|
| | $500,000 each accident | $500,000 policy limit | $500,000 each employee |

   C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
   All states except ND, OH, WA, WY and State(s) Designated in Item 3.A

   D. This policy includes these endorsements and schedules: See Extension of Information Page

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

See Extension of Information Page

| | |
|---|---|
| **TOTAL ESTIMATED ANNUAL PREMIUM** | **22,868** |
| **STATE ASSESSMENT** | **0** |
| **TOTAL ESTIMATED COST** | **22,868** |
| Minimum Premium | 589 |

Issue Date: 1/31/2025

Countersigned by: ________________________________
Authorized Representative

**Insured: Fort Lauderdale Independence Training & Education Center, Inc.** **Policy Number: TWC4567396**

**EXTENSION OF INFORMATION PAGE FOR ITEM #1**
**ITEM 1: NAMED INSURED and WORKPLACES**

| | | |
|---|---|---|
| **NAMED INSURED:** | Fort Lauderdale Independence Training & Education Center, Inc. | Fein: 264155794 |
| **WORKPLACES:** | Location Number 1.<br>5201 NW 33rd Avenue<br>Fort Lauderdale, FL 33309 | Location Number 2.<br>816 9th St<br>West Palm Beach, FL 33401 |

**Insured: Fort Lauderdale Independence Training & Education Center, Inc.** **Policy Number: TWC4567396**

**EXTENSION OF INFORMATION PAGE FOR ITEM #3.D**
**ITEM 3.D: ENDORSEMENT SCHEDULE**

| State | Form Number | Description |
|---|---|---|
| | WC990001B | DECLARATIONS PAGE |
| | WC000000C | WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY |
| | WC000404 | PENDING RATE CHANGE ENDORSEMENT |
| | WC000406A | PREMIUM DISCOUNT ENDORSEMENT |
| | WC000414A | NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT |
| FL | WC090303 | FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT |
| FL | WC090402A | FLORIDA EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT |
| FL | WC090403C | FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT |
| FL | WC090407A | FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT |
| FL | WC090408A | FLORIDA INSUFFICIENT FUNDS ENDORSEMENT |
| FL | WC090409 | PREMIUM DUE DATE ENDORSEMENT |
| FL | WC090606 | FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT |
| FL | WC090609A | FLORIDA CANCELLATION AND NONRENEWAL ENDORSEMENT |

**Insured: Fort Lauderdale Independence Training & Education Center, Inc.** **Policy Number: TWC4567396**

**EXTENSION OF INFORMATION PAGE FOR ITEM #4**
**ITEM 4: SCHEDULE OF PREMIUMS**

| Classifications | # of Emps | Code No. | Premium Basis Total Estimated Annual Remuneration | Rate Per $100 of Remun. | Estimated Annual Premium |
|---|---|---|---|---|---|
| **Florida** | | | | | |
| Clerical Office Employees NOC | 0 | 8810 | 314,623 | 0.11 | 346 |
| Social Services Organization -- All Employees & Salespersons, Drivers | 0 | 8864 | 2,959,321 | 1.00 | 29,593 |
| Manual Premium | | | | | 29,939 |
| Total Manual Premium | | | | | 29,939 |
| Premium for Increased Limits Part Two: 1.1% (500/500/500) | | 9807 | | | 329 |
| Total Premium Subject To Experience Modification | | | | | 30,268 |
| Experience Modification 78% | | | | | 23,609 |
| Premium Discount 5.2% | | 0063 | | | -1,228 |
| Terrorism Risk Insurance Act 1% | | 9740 | | | 327 |
| Expense Constant | | 0900 | | | 160 |
| Total FL Premium | | | | | 22,868 |
| Total FL Cost | | | | | 22,868 |

**TOTAL ESTIMATED ANNUAL PREMIUM** **22,868**

**STATE ASSESSMENT** **0**

**TOTAL COST** **22,868**

**Insured: Fort Lauderdale Independence Training & Education Center, Inc.** **Policy Number: TWC4567396**

## PAYMENT SCHEDULE

| Statement Closing Date | Payment Due Date | Description | Amount Due |
|---|---|---|---|
| | 3/27/2025 | Downpayment | $1,902.00 |
| | 4/27/2025 | Installment 1 of 11 | $1,906.00 |
| | 5/27/2025 | Installment 2 of 11 | $1,906.00 |
| | 6/27/2025 | Installment 3 of 11 | $1,906.00 |
| | 7/27/2025 | Installment 4 of 11 | $1,906.00 |
| | 8/27/2025 | Installment 5 of 11 | $1,906.00 |
| | 9/27/2025 | Installment 6 of 11 | $1,906.00 |
| | 10/27/2025 | Installment 7 of 11 | $1,906.00 |
| | 11/27/2025 | Installment 8 of 11 | $1,906.00 |
| | 12/27/2025 | Installment 9 of 11 | $1,906.00 |
| | 1/27/2026 | Installment 10 of 11 | $1,906.00 |
| | 2/27/2026 | Installment 11 of 11 | $1,906.00 |
| | | | Total Cost $22,868.00 |

Technology Insurance Company, Inc.
800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

*Policy Change Endorsement*

Florida Independence, Training & Education Center Inc
5201 NW 33rd Avenue
Fort Lauderdale, FL 33309

Synergy Insurance Group, Inc.
1000 Sawgrass Corporate Pkwy, Ste 450
Sunrise, FL. 33322

Enclosed is a Policy Change Endorsement for Policy Number: TWC4567396

For questions, please contact our Underwriting Office at: 877-528-7878.

3/27/2025

AmTrust North America
An AmTrust Financial Company

## POLICY INFORMATION PAGE ENDORSEMENT

| | | | |
|---|---|---|---|
| Insured: | Florida Independence, Training & Education Center Inc | Policy No: | TWC4567396 |
| Policy Period: | 3/27/2025 to 3/27/2026 | Endorsement No: | 1 |
| Carrier Name: | Technology Insurance Company, Inc. | Endmt Effective: | 3/27/2025 |
| | | Authorized Rep: | |

The following item(s)

- ☒ Insured's Name (WC 89 06 01)
- ☐ Policy Number (WC 89 06 02)
- ☐ Effective Date (WC 89 06 03)
- ☐ Expiration Date (WC 89 06 04)
- ☐ Insured's Mailing Address (WC 89 06 05)
- ☐ Experience Modification (WC 89 04 06)
- ☐ Producer's Name (WC 89 06 07)
- ☐ Change in Workplace of Insured (WC 89 06 08)
- ☐ Insured's Legal Status (WC 89 06 10)
- ☐ Item 3.A. States (WC 89 06 11)
- ☐ Item 3.B. Limits (WC 89 06 12)
- ☐ Item 3.C. States (WC 89 06 13)
- ☐ Item 3.D. Endorsement Numbers (WC 89 06 14)
- ☐ Item 4.* Class, Rate, Other (WC 89 04 15)
- ☐ Interim Adjustment of Premium (WC 89 04 16)
- ☐ Carrier Servicing Office (WC 89 06 17)
- ☐ Interstate/Intrastate Risk ID Number (WC 89 06 18)
- ☐ Carrier Number (WC 89 06 19)
- ☐ Issuing Agency/Producer Office Address (WC 89 06 25)

is changed to read:

Insured Name amended to read: Florida Independence, Training & Education Center Inc

# TECHNOLOGY INSURANCE COMPANY, INC.

*59 Maiden Lane, 43rd Floor*
*New York, NY 10038*

WORKERS' COMPENSATION

*and*

EMPLOYERS' LIABILITY INSURANCE POLICY

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Stephen Ungar, Secretary

Christopher H. Foy, President

To obtain information, please contact your agent or Technology Insurance Company, Inc. at **877-528-7878**. You may also write Technology Insurance Company, Inc. Consumer Relations at:

800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

**Insured: Florida Independence, Training & Education Center Inc** **Policy Number: TWC4567396**

## EXTENSION OF INFORMATION PAGE FOR ITEM #1
## ITEM 1: NAMED INSURED and WORKPLACES

| | | |
|---|---|---|
| **NAMED INSURED:** | Florida Independence, Training & Education Center Inc | Fein: 264155794 |
| **WORKPLACES:** | Location Number 1.<br>5201 NW 33rd Avenue<br>Fort Lauderdale, FL 33309 | Location Number 2.<br>816 9th St<br>West Palm Beach, FL 33401 |

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
GEICO GENERAL INSURANCE COMPANY

**APPROVED** Daniel Beecher
*By Daniel Beecher at 3:10 pm, Aug 12, 2025*



| Policy Number/Florida Code No. | Effective Date |
|---|---|
| 4144689074/01288 | 07/01/2025 |

[X] PERSONAL INJURY PROTECTION BENEFITS\PROPERTY DAMAGE LIABILITY
[ ] BODILY INJURY LIABILITY

View All Active Drivers

**Named Insured:** MARIA T VO



| Year | Make | Model | VIN |
|---|---|---|---|
| 2019 | LEXS | LX | JTJHY7AX2K4294803 |

Phone Number: 1-800-841-3000

Not valid more than one year from effective date.