

Employee Organization Annual Financial Statement

Complete and Return to:
PUBLIC EMPLOYEES RELATIONS COMMISSION
4708 Capital Circle N.W., Suite 300
Tallahassee, Florida 32303
PHONE: (850) 488-8641 / FAX: (850) 488-9704

Please type or print legibly.

Do Not Write in This Box

CASE NUMBER
OR-

DATE FILED

1. **EMPLOYEE ORGANIZATION NAME** (Required by s. 447.305(1)(a), Fla. Stat.) Must be EXACTLY as stated in the organization's constitution or bylaws.

BREVARD FEDERATION OF TEACHERS, LOCAL 2098, INC.

2. **FISCAL YEAR OF THIS STATEMENT**
(most recently concluded fiscal year): 09/01/2023 to 08/31/2024
Month/Day/Year Month/Day/Year

3. **ASSETS** (Required by s. 447.305(2)(a), Fla. Stat.)

BEGINNING of fiscal year \$ 597,740.00

END of fiscal year \$ 884,396.00

4. **LIABILITIES** (Required by s. 447.305(2)(a), Fla. Stat.)

BEGINNING of fiscal year \$ 466,996.00

END of fiscal year \$ 129,373.00

5. **SOURCES AND DOLLAR AMOUNTS FOR MONEY OR OTHER ITEMS OF VALUE RECEIVED DURING THE FISCAL YEAR** (Required by s. 447.305(2)(b), Fla. Stat.)

List each source on a separate line. Examples: dues, assessments, gifts, organizational income, interest earned, rents received, loans obtained, repayment of loans by others, etc. ☐ Check here if additional sheets attached.

Source: MEMBERSHIP DUES AND FEES	Amount: \$2,259,397.00
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Source: GRANT INCOME	Amount: \$254,949.00
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Source: INVESTMENT INCOME	Amount: \$57,320.00
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Source: OTHER INCOME	Amount: \$1,339.00
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Source:	Amount: \$
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Source:	Amount: \$
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6. **CATEGORIES AND DOLLAR AMOUNTS OF DISBURSEMENTS MADE DURING THE FISCAL YEAR**
(Required by s. 447.305(2)(c), Fla. Stat.)

List each category on a separate line. ☒ Check here if additional sheets attached.

Category:	Amount: \$
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Category:	Amount: \$
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Category:	Amount: \$
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Category:	Amount: \$
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Category:	Amount: \$
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Category:	Amount: \$
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7. OFFICER / EMPLOYEE COMPENSATION (Required by s. 447.305(2)(d), Fla. Stat.)

List the salaries, allowances, and other direct/indirect disbursements paid by the organization and any affiliates to each officer/employee in excess of \$10,000.00 in the aggregate. Each category must be completed for each individual listed. If none, write "None." ☐ Check here if additional sheets attached.

Name of Officer or Employee	Salary	Allowances	Other direct or indirect disbursements (incl. reimbursed expenses)
ANTHONY COLUCCI	\$89,407.00	\$3,600.00	\$5,408.00
VANESSA SKIPPER	\$82,669.00	\$3,600.00	\$4,793.00
JONATHAN HILLIARD	\$83,601.00	\$3,600.00	\$5,032.00
KYLE SAVAGE	\$76,777.00	\$3,600.00	\$17,128.00
CHRISTINE HIGGINS	\$61,063.00	\$0.00	\$45,577.00
TONJA BROUD	\$42,305.00	\$0.00	\$296.00

8. DIRECT / INDIRECT LOANS TO OFFICERS, EMPLOYEES, MEMBERS (Required by s. 447.305(2)(e), Fla. Stat.)

List each direct or indirect loan made to any officer, employee, or member which aggregated more than \$250.00 during the fiscal year. If none, write "None." ☐ Check here if additional sheets attached.

Name of Officer, Employee, or Member	Amount of Loan	Security Given, If any	Arrangements for Repayment	Purpose of Loan
NONE	\$			
	\$			
	\$			
	\$			

9. DIRECT/INDIRECT LOANS TO BUSINESS ENTERPRISES (Required by s. 447.305(2)(f), Fla. Stat.)

List each direct/indirect loan made to any business enterprise. If none, write "None." ☐ Check here if additional sheets attached.

Name of Business Enterprise	Amount of Loan	Security Given, If any	Arrangements for Repayment	Purpose of Loan
NONE	\$			
	\$			
	\$			
	\$			

10. NAME AND SIGNATURE OF INDEPENDENT CPA PREPARING THIS FORM (Required by s. 447.305(2), Fla. Stat.)

By my signature below, I confirm that I am an independent certified public accountant licensed under chapter 473, Florida Statutes, and that I have prepared this Employee Organization Annual Financial Statement, along with any attachments, as required by section 447.305(2), Florida Statutes.

Todd Whitcomb, CPA

CPA Name (print)

Schafer, Tschopp, Whitcomb, Mitchell & Sheridan, LLP

CPA Signature

Schafer, Tschopp, Whitcomb, Mitchell and Sheridan, LLP
541 S. Orlando Ave. Maitland, FL 32751

CPA Firm Name and Address

5/20/2025

Date

11. NAMES AND SIGNATURES OF EMPLOYEE ORGANIZATION'S OFFICERS *(Required by s. 447.305(2), Fla. Stat.)*

By signing below, the undersigned president and treasurer or corresponding principal officer(s) of the employee organization certify that they have examined all the information submitted (including the information contained in any accompanying documents) and state that it is true, correct, and complete to the best of their knowledge and belief. FALSE STATEMENTS MAY RESULT IN FINE AND IMPRISONMENT PURSUANT TO CHAPTER 837, FLORIDA STATUTES.

ANTHONY COLUCCI

Name (print)

PRSIDENT

Official Title

321-636-3323

Telephone Number

Anthony Colucci
Signature

6-03-2025

Date

VANESSA SKIPPER

Name (print)

VICE PRESIDENT

Official Title

321-636-3323

Telephone Number

Vanessa Skipper
Signature

06-03-2025

Date

BREVARD FEDERATION OF TEACHERS, INC.

August 31, 2024

PERC FORM 2 - Question #6

Functional Expenses

The costs of programs and supporting activities for the year ended August 31, 2024 have been summarized on a functional basis as follows:

	<u>Program Services</u>	<u>Management and General</u>	<u>Total Expenses</u>
Operating expenses:			
Salaries and wages	\$ 415,093	138,364	553,457
Employee benefits	57,001	19,000	76,001
Insurance and taxes	29,129	9,710	38,839
Per capita dues	1,372,475	-	1,372,475
Scholarships and donations	4,750	-	4,750
Teacher appreciation	15,742	3,936	19,678
Telephone/internet	4,906	4,906	9,812
Governance	6,466	6,466	12,932
Recruiting	48,428	16,143	64,571
Equipment rental and maintenance	2,765	8,296	11,061
Office and other	2,807	8,422	11,229
Utilities	1,763	5,289	7,052
Depreciation	6,709	1,677	8,386
Conference, conventions and meetings	19,288	4,822	24,110
Auto and courier	9,924	3,308	13,232
Postage and printing	10,508	3,503	14,011
Education	11,874	3,958	15,832
Other expense	5,493	3,956	9,449
Professional fees	3,620	14,481	18,101
Total operating expenses	<u>\$ 2,028,741</u>	<u>256,237</u>	<u>2,284,978</u>