Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Florida College System Foundation P.O. Box 10503 Tallahassee, FL 32302 850-245-9494 www.fldoe.org/fcs/foundation	Section 1004.71, F.S.	The Florida College System Foundation is organized and shall be operated exclusively for charitable, cultural, scientific and educational purposes, and for the realization and attainment thereof for the following purposes: To support the development of economic services to business and industry. To promote public involvement and awareness of state educational policy issues. To provide scholarships and other kinds of support services to students in furtherance of their postsecondary education. To publicize and promote activities in support of the Florida College System. To support the development of innovative programs. To support the advancement of sound educational policies and programs. To support the activities and staff of the Chancellor of the Florida College System as they relate to the mission of the Florida College System.	Goal 1: Increase Student Support (Scholarships, Books, Technology and other Support Programs) Goal 2: Increase System Support (Grants, Programs, Marketing and support for Division, Chancellor, Institutions and Faculty) Goal 3: Organizational Growth to Reflect System Growth (Board Development and Growth; Staff Expansion)	See Tab 1.	The Florida College System is the primary access point to undergraduate education for Floridians, including recent high school graduates and returning adult students. The Florida College System (FCS) responds quickly and efficiently to meet the demand of employers by aligning certificate and degree programs with regional workforce needs. With an array of programs and services, The Florida College System's 28 institutions serve individuals, communities, and the state with low cost, high quality education opportunities. The FCS Foundation has been providing student scholarships to help these students succeed and enter the workforce since 1999. The Foundation has provided \$9,519,621 in scholarships to students enrolled in Florida's 28 colleges since its inception. The FCS Foundation will award \$1,121,620 in scholarships for the 2019-2020 academic year. The Foundation also acts as the fiscal agent for many private grants aimed at student success programs for the

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Florida College System Foundation P.O. Box 10503 Tallahassee, FL 32302 850-245-9494 www.fldoe.org/fcs/foundation		 To solicit and receive by gift, devise or bequest, and to acquire by purchase, lease, exchange, or otherwise, or to dispose of by sale, exchange, transfer or otherwise, property, both real and personal, either as absolute owner of, as trustee thereof, and to manage and administer the same. To receive contributions, grants, gifts, from and to transfer property, both real and personal, to other organizations identified and associated with The Florida College System Foundation, Inc., which are tax exempt organizations under the provisions of Section 501 (c) (3) of the Internal Revenue Code of the United States of America or acts amendatory thereof or supplementary thereto. In furtherance of the above purposes, to conduct any and all activities permitted to an organization exempt under Section 501 (c) (3) of the Internal Revenue Code or acts amendatory thereof or supplementary thereto. 			Division of Florida Colleges and the system. The Foundation is a 501(c)(3) non-profit organization and the official direct support organization for the FCS. The Foundation is organized and operated exclusively to receive, hold, invest and administer property and to make expenditures to, or for the benefit of, the FCS institutions in this state. The Foundation acts as the fiscal agent for the Student Success Center (SSC) Grant. The SSC will create a robust, statewide framework for action to foster strategies grounded in developing student-centered pathways focusing on broad-scale change affecting the daily experience of Florida College System students. The SSC will unify college initiatives, programs and reform efforts to accelerate and scale best practices. The Florida College System Foundation supports the comprehensive mission of the Florida College System and its students to be the nation's leading advocate for postsecondary educational opportunity, access and student success while respecting and

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
The Florida Education Foundation, Inc. 325 West Gaines Street, Room 1524	Section 1001.24, F.S.	As a valued partner in public education, the Florida Education Foundation invests in high achievement for every student to contribute	The Florida Education Foundation supports the Florida Department of Education and highest student	See Tab 2.	protecting the autonomy and local support of Florida's 28 colleges. Our strategic plan includes goals to increase statewide partnerships for student scholarships, and continue to expand system wide support with our local colleges with federal and private grants to promote student success and increase graduation rates. The 23 member Board of Directors will continue to cultivate public private partnerships for scholarships and programs. The Foundation continues to directly support the Department of Education in alignment for the original purpose
Tallahassee, FL 32399-0400 850-245-9692 www.floridaeducationfoundation.org		to Florida's globally competitive workforce. The Foundation envisions a future in which every Florida student graduates from high school ready for post-secondary education and a career.	achievement for all Florida students through: Recognizing and supporting the development of teachers, learners and leaders. Telling the story of Florida's education progress in preparing students for lifelong success. Raising and managing financial resources to improve Florida's outcomes.		that was outlined in Section 1001.24, Florida Statutes. The Foundation exclusively receives, holds, invests, and administers property and makes expenditures to or for the benefit of public pre-kindergarten through 12- grade education in Florida. The Foundation: Remains true to its mission and is dedicated to continuing to encourage collaboration among parents, business people, community members and

Name, Mailing Address, Telephone	Statutory	Mission	Strategic Plan	Code of Ethics/	Rationale for Continuation of Foundation
Number and Web Address	Authority			IRS Form 990	
					Florida's public schools to improve
					student achievement.
					Closely aligns its strategic plan with the
					FLDOE's priorities.
					Serves as an efficient fiscal agent for
					statewide education-specific
					workshops, professional learning
					programs, and conferences.
					Serves as an efficient and necessary
					fiscal agent for corporate and private
					grants that benefit PreK-12 education
					in Florida.
					Exhibits sound fiscal management
					which is documented in its external
					audit.
					Serve as a catalyst to promote
					excellence for Florida's public pre-
					kindergarten through twelfth grade
					education by fostering the
					development of community and private
					sector resources to be applied to
					Florida's Public Education System.
					Continues to actively develop and
					execute innovative programs that
					encourages student achievement, such
					as the Commissioner's Business
					Roundtables, the Sunshine State
					Scholars program, the Commissioner's

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
					Business Recognition Awards, and the Florida Teacher of the Year program.
Florida Endowment for Vocational Rehabilitation (dba The Able Trust) 3320 Thomasville Rd, Ste. 200 Tallahassee, FL 32308 850-224-4493 www.abletrust.org	Section 413.615, F.S.	From s. 413.615(5), F.S. – The Florida Endowment Foundation for Vocational Rehabilitation is hereby created as a direct support organization of the Division of Vocational Rehabilitation, to encourage public and private support to enhance vocational rehabilitation and employment of citizens who are disabled. From Bylaws –To be a key leader in providing Floridians with disabilities opportunities for successful employment.	In November 2020, the Governor appointed a new board of directors for the Endowment. The board, in conjunction with staff, is working to create a new three-year strategic plan to replace the current plan which expires at the end of calendar year 2021. Over the next three fiscal years, the organization plans to: Enhance its fundraising and grant writing efforts to secure additional private and public gifts, grants, and endowed funds in order to maintain and grow its grant-making efforts that support rehabilitation and employment opportunities benefiting Floridians with disabilities; Continue its focus on programs directed at youth and young adults, particularly the continuation and expansion of the High School High Tech program and the creation and expansion of a Young Professionals Network; Enhance its communications and research efforts in order to better promote and encourage employment opportunities for Floridians with disabilities, with particular	See Tab 3.	 Remains true to its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDOE Division of Vocational Rehabilitation (VR); Has updated fiscal and operational processes that ensure sound fiscal management and transparency, reviewed annually by an outside independent audit. Is an effective vehicle for cultivating meaningful partnerships between the FDOE and VR and other stakeholders; Is actively engaged in developing and successfully executing innovative programs such as its statewide High School High Tech program, the development of business outreach and engagement programs, professional

engagement around Disability Employment of Awareness Month and focused industry recognition activities, encouragement of internship and work experience opportunities, and information and resources to assist employers and individuals with disabilities as they work together to build employment opportunities; Strengthen relationships with business leaders through awareness campaigns, mentoring opportunities, industry showcases, and business resources; or assist engloyers and individuals with disabilities are shown together to build employment opportunities; Strengthen relationships with business leaders through awareness campaigns, mentoring opportunities, industry showcases, and business resources; Strengthen awareness and relationships among the state legislature through advocacy and education activities; and Realiging grant making with the employment goals and outcomes of the federal WIOA legislation and those of the state Vocational Rehabilitation program. Place Place				IRS Form 990	
Rehabilitation training activities and events, as well as focus on the sustainability and related support. reauthorization of the organization, currently due to be "sunset" by 1 October 2023 unless saved from repeal before that date. See the	3320 Thomasville Rd, Ste. 200 Tallahassee, FL 32308 850-224-4493		Awareness Month and focused industry recognition activities, encouragement of internship and work experience opportunities, and information and resources to assist employers and individuals with disabilities as they work together to build employment opportunities; Strengthen relationships with business leaders through awareness campaigns, mentoring opportunities, industry showcases, and business resources; Strengthen awareness and relationships among the state legislature through advocacy and education activities; and Realign grant making with the employment goals and outcomes of the federal WIOA legislation and those of the state Vocational Rehabilitation program. The Able Trust will also continue to expand its support for Division of Vocational Rehabilitation training activities and events, as well as focus on the sustainability and reauthorization of the organization, currently due to be "sunset" by 1 October 2023 unless	IKS FORM 990	persons with disabilities, and outcome focused statewide employment activities conducted with a variety of partnering organizations. • Works with various public and private partners including CareerSource Florida and the Department of Economic Opportunity on issues connected to the employment of people with disabilities and provides assistance to employers who include or plan to include people with disabilities in their workforce. • Supported a number of community organizations in FY2021 with technical and staff assistance as well as funding. The organization provided \$1,581,400 in grants and

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Florida Endowment for Vocational Rehabilitation (dba The Able Trust) 3320 Thomasville Rd, Ste. 200 Tallahassee, FL 32308 850-224-4493 www.abletrust.org Blind Services Foundation of Florida, Inc. 325 W. Gaines St. Room 1114, Turlington Building, Tallahassee, Florida 32399 1-800-342-1828 www.blindservicesfoundation.org	Section 413.0111, F.S.	The Blind Services Foundation of Florida, Inc., serves Florida's blind citizens with intensity. Our efforts are to use funds of the Foundation to support programs of the Florida Division of Blind Services; and to conduct programs and activities, and initiate developmental projects for the benefit of citizens of Florida who are blind and/or visually impaired.	Over the next three fiscal years, the Blind Services Foundation will focus on: • Internal controls developed and implemented during fiscal year • The development and approval of a new approach to soliciting proposals	See Tab 4.	The Florida Division of Blind Services, rationale to continue the Blind Services Foundation of Florida, Inc., is that the foundation: • Maintains its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDBS; • Serves as an efficient fiscal agent for statewide initiatives and developmental projects for the benefit of blind and/or visually impaired Floridians, through fundraising and advocacy groups for the blind and/or visually impaired Floridians;
			Distribution of funds		 Is an effective vehicle for cultivating meaningful partnerships between the FDBS

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
	=	Mission	Marketing of the Bikers Care motorcycle tag Overseeing the development of a vocational evaluation tool and ancillary products	-	 and other stakeholders; and Is actively engaged in developing and successfully executing innovative programs such as the Bikers Care Tag initiative and supports the efforts of the FDBS regarding services to support the blind and/or visually impaired community. The Foundation funded and is overseeing the development of the Vocational Evaluation Project that created a
					vocational evaluation tool that has garnered interest in its use nationwide and in Canada, the development of a manual to accompany the tool, the creation of a listing of related tests that could be used in conjunction with the tool, and an outline of the specific value of this approach to assessing the vocational readiness of
					people who are blind or have low vision.The Foundation will focus on marketing initiatives such as a

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
					new brochure, outreach, technology and training for older blind.

TAB 1

PUBLIC INSPECTION COPY

Enclosed is a copy of your annual information return, Form 990, for public inspections, which excludes any specific schedules that are not open for public inspection. This public inspection form must be properly signed.

Your exemption application (Form 1023 or Form 1024), a copy of your IRS exemption acceptance, as well as the last three years (from filing date) annual information return must be available for public inspection to anyone who requests so in writing.

(Reg. 301.6104(d)(3), (4), and (5).

Form

(Rev. January 2020) Department of the Treasury

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.

Open to Public

Form **990** (2019)

OMB No. 1545-0047

For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20 D Employer identification number THE FLORIDA COLLEGE SYSTEM C. Name of organization Check if applicable: FOUNDATION, INC. Address change Doing business as 65-0530384 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 850-245-9494 FL DEPT EDUCATION P.O. DRAWER 10503 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated 5,949,882 FL 32302-0503 TALLAHASSEE G Gross receipts \$ Amended return Name and address of principal officer: X No H(a) Is this a group return for subordinates? Application pending JUDY GREEN Nο H(b) Are all subordinates included? FL DOE, P.O. DRAWER 10503 If "No." attach a list, (see instructions) FL 32302-0503 **X** 501(c)(3) 501(c) () \blacktriangleleft (insert no.) 4947(a)(1) or Tax-exempt status: FLORIDACOLLEGESYSTEMFOUNDATION.ORG H(c) Group exemption number Website: ▶ Year of formation: 1994 M State of legal domicile: Form of organization: X Corporation Trust Association Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box ▶ 3 Number of voting members of the governing body (Part VI, line 1a) 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 96,500 369,702 8 Contributions and grants (Part VIII, line 1h) 17,807 5,702 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,023,941 1,110,253 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,663 1,212,455 1,413,113 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,271,199 1,055,237 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 526,355 551,592 1,797,554 1,606,829 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -384,441 19 Revenue less expenses. Subtract line 18 from line 12 -394,374**Beginning of Current Year** End of Year 24,468,930 24,488,451 20 Total assets (Part X, line 16) 48,669 21 Total liabilities (Part X, line 26) 2,749 22 Net assets or fund balances. Subtract line 21 from line 20 420,261 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. Signature of officer Sign Date Here JUDY GREEN PRESIDENT Type or print name and title Print/Type preparer's name **Paid** KATHLEEN E. BROTHERS 03/25/21 self-employed P01256711 Preparer CARROLL AND COMPANY, 59-3038528 Firm's EIN ▶ **Use Only** 2640-A MITCHAM DRIVE TALLAHASSEE, 850-877-1099 Firm's address Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) X Yes For Paperwork Reduction Act Notice, see the separate instructions.

50000000000000000000000000000000000000	COLLEGE SYSTEM	<u>65-0530384</u>	Page 2
Part III Statement of Program	m Service Accomplishments		
		line in this Part III	X
		ine trans rare in	
1 Briefly describe the organization's mis	SSION:		
SEE SCHEDULE O			
*			
2. Did the organization undertake any sign	gnificant program services during the year	which were not listed on the	
			Yes X No
			tes A No
If "Yes," describe these new services			
3 Did the organization cease conducting	g, or make significant changes in how it co	nducts, any program	
services?			Yes X No
If "Yes," describe these changes on S			
		ee largest program services, as measured	t hv
		he amount of grants and allocations to oth	ers,
the total expenses, and revenue, if an	ny, for each program service reported.		
4a (Code:) (Expenses \$	1,358,216 including grants of	\$ 1,055,237) (Revenue	5,702)
		UND SCHOLARSHIPS FOR	
	PPORTING THE FLORIDA	COLLEGE CVCTEM	
OTRER ACTIVITIES SUE	PPORTING THE PHORIDA	COUNTRY SISIEM.	
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4b (Code:) (Expenses \$	including grants of	\$) (Revenue	\$
	including grants of	\$ (Revenue	\$)
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	including grants of	\$ (Revenue	\$)
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N/A 4c (Code:) (Expenses \$	including grants of		

Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 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 X "Yes." complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," x 8 complete Schedule D. Part III 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 X 9 debt negotiation services? If "Yes." complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 10 or in guasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D. Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 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 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f | 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D. Parts XI and XII 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 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 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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

P	art 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	00		v
	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			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1 22		x
	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		x
_	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 -
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С	•	24c		
4	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d 253	Did to see the see that the see	- 274		
25a	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			
Ü	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		х
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 Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	ļ		ļ
	"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
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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	,	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
26	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			
37	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
3,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		<u>X</u>
•	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
P	art V Statements Regarding Other IRS Filings and Tax Compliance	1 30	- 4%	
	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			.,0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	\Box		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	\Box		
	reportable gaming (gambling) winnings to prize winners?	10	uman dad V	e se settediê

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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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 X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b 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? X 15 If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.

Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 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 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 6 Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 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 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in 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 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed FL 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. X Own website Another's website X Upon request Other (explain on Schedule O) 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 **>**

P.O. DRAWER 10503

DAA

JUDY GREEN

TALLAHASSEE

FL 32302

850-245-9494

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	box	k, unle	check ess pe	ition more rson	than or is both or/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) JUDY GREEN	40.00									
PRESIDENT	0.00		_	X		\sqcup			90,200	34,100
(2) DR. JEFFREY ALLE	1.00									
PAST CHAIR	0.00	\mathbf{x}		x				0	0	0
(3) DR. JOHN BELOHLA										
DIRECTOR	0.00	\mathbf{x}						0	o	C
(4) TERESA BORCHECK								•		
	1.00									•
VICE CHAIR	0.00	X		X		\vdash		0	0	0
(5) WILLIAM CRAMER	1.00									
DIRECTOR	0.00	X						0	0	0
(6) TAMI CULLENS	1.00									
DIRECTOR	0.00	X						o	0	C
(7) CLAUDIA DAVANT	1.00	Ť								
DIRECTOR	0.00	x		ĺ				١ .	o	C
(8) DR. JOHN GYLLIN	0.00	<u> </u>			-		_	0		
· ,	1.00			ļ						
DIRECTOR	0.00	x	<u></u>					o	0	0
(9) SHEROD HALLIBURT										
	1.00		ĺ							
DIRECTOR	0.00	X	L_		_	\sqcup		0	0	0
(10) MICHAEL HIGHTOWE	t .									
DIRECTOR	1.00	x						o	o	0
(11) GEORGE I. PLATT	111 1.00									
DIRECTOR	0.00	x						0		•
	0.00		Ц		Щ	Щ.			0	0

Part VII Section A. Officers	, Directors, Tru	Stee	s, ne	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo: offi	x, unle icer ar	Pos heck ss pe	rson i	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) MARVA JOHNSO	1.00									
DIRECTOR	0.00	x						0	0	0
(13) DR. THOMAS E	FURLON	₽,	JF							
DIRECTOR	1.00	x						0	o	o
(14) KAREN MOORE		<u> </u>				İ				
	1.00							0	o	o
CHAIR (15) TIM MORRIS	0.00	X		X		╁		0		
	1.00								_	
TREASURER (16) VIOLETA SALU	0.00	X		X		-		0	0	0
	1.00	x		x				0	0	0
COMMITTEE CHAIR (17) LYN STANFIEL		^		^		╁╴			0	
DIRECTOR	1.00	x						0	0	0
(18) LARRY STEWAR	E .									
DIRECTOR	1.00	x						0	0	0
(19) RANDALL VITA	1.00									
DIRECTOR 1b Subtotal	0.00	X	<u> </u>	L.	<u> </u>	<u> </u>		0	90,200	
c Total from continuation she	ets to Part VII,	Sect	ion /	٠٠٠٠٠ ٠٠			•		30,200	31,100
d Total (add lines 1b and 1c)							<u> </u>		90,200	34,100
2 Total number of individuals (i reportable compensation from				thos	se lis	ited a	ibov	e) who received more than	\$100,000 of	
3 Did the organization list any f employee on line 1a? If "Yes,										Yes No
For any individual listed on lir organization and related organization.	ne 1a, is the sum	of re	eport	able	con	npens	satio		from the	
individual5 Did any person listed on line for services rendered to the company		rue	com	pens	atio	n fror	n ar	ny unrelated organization o		4 X
Section B. Independent Contract		03,	COIL	pica	000	nead	10 0	Tot Such person		
Complete this table for your f compensation from the organ	ive highest comp	ensa omp	ated i	inde ition	pend for t	dent o	cont	ractors that received more	than \$100,000 of	ear.
	(A) d business address								(B) otion of services	(C) Compensation
			•							
		-								
2 Total number of independent received more than \$100,000	contractors (included of compensation	uding	but the	not e org	limit aniz	ed to	tho	se listed above) who	0	

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe nd a c	rson i	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(20 DII	NENDY WALKER RECTOR	1.00	x						0	0	0
				_							
				<u> </u>			<u> </u>				
				_			1				
				_				_			
1b c d	Subtotal Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in	ets to Part VII,	Sect imite	ion	A			babov	ve) who received more than	\$100,000 of	
3 4 5 Sec	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on line organization and related organization and related organization and related organization organization and related on line for services rendered to the outline B. Independent Contractor	ormer officer, dir " complete Sche ne 1a, is the sum nizations greater 1a receive or accepanization? If ")	ecto dule of re than	J for eport n \$1: 	r suc table 50,0 pens	ch in con 00?	divid npen If "Ye n froi	ual sations," o mar	on and other compensation complete Schedule J for sunny unrelated organization o	from the ach r individual	Yes No
1	Complete this table for your fi compensation from the organ	ization. Report c							ndar year ending with or with	nin the organization's tax y	
	Name and	(A) d business address							Descrip	(B) otion of services	(C) Compensation
2	Total number of independent received more than \$100,000	contractors (included for compensation	ıdinç	g but	not e ord	limit janiz	ed to	tho	ose listed above) who		

Pa	rt V	III Stateme	ent o	f Revenue edule O conta	ains a	respor	se or note t	to any line in this	s Part VIII		
		OHECK II	0011	oddio O doria	<u> </u>	Тоорог		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated camp	aigns	<u></u>	1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due			1b						
S, C	С	Fundraising ever	nts		1c						
Gif	d	Related organiza			1d						
ns, imi	е	Government grants (co			1e	_	35,000				
ıtio er S	f	All other contributions,									
ξĚ		and similar amounts no			1f		61,500				
onti	g							05 500			
<u>a</u>	h	Total. Add lines	1a-1f	: 			>	96,500			
	20	CENTUR DE	a = am=	NATON BEEG			Business Code 900099	5,702	5,702		
Program Service Revenue	2a b	* * * * * * * * * * * * * * * * * * * *		RATION FEES			300033	3,702	3,702		
Ser				. , , , , , , , ,							
am	d										
<u>p</u>	e										
₫.	f	All other program									
	g	Total. Add lines						5,702			
	3	Investment inco									
		other similar am						728,096			728,096
	4	Income from inv	estme	ent of tax-exemp	t bond	proceeds	s ▶ <u> </u>				
	5			<u> </u>)				
			ļ	(i) Real		(ii)	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b	ļ							
	С	Rental inc. or (loss)	6c								
	d 7a	Net rental incom Gross amount from	ne or (8				
	'-	sales of assets	l _	(i) Securities		(1) Other				
a)	[other than inventory	7a	5,119	, 384	<u> </u>					
Š	"	Less: cost or other	7b	4,737	427						
eve	_	basis and sales exps. Gain or (loss)	7c		, 157						
Other Revenue	1	Net gain or (loss				•	•	382,157			382,157
Ę		Gross income from			· · · · · ·			,			
J		(not including \$									
		of contributions rep									
		See Part IV, line 1	8		8a						
	b	Less: direct exp			8b		\$ 2				
	С	Net income or (I	loss) fi	rom fundraising	events		.				
	9a	Gross income from									
		See Part IV, line 19	9		9a						
		Less: direct exp			9b						
	1	Net income or (I			vities	; : : : : : : : : : : : : : : : : : : :	>				
	10a	Gross sales of in		•							
	_	returns and allow Less: cost of go			10a 10b						
		Net income or (I									
<u>"</u>		. to alloome of (i	. 5557 11	CAT CAICS OF RIV	51 101 y	· · · · · · · · · · · · · · · ·	Business Code				
Miscellaneous Revenue	11a								<u>ann an taon ann an taonachta taonachta taonachta taonachta taonachta taonachta taonachta taonachta taonachta ta</u>		
lane anu	b										
See	c										
Ξ̈́	1	All other revenu-									
		Total. Add lines			<u></u>	<u></u>	.				
	12	Total revenue.	See in	etructions			▶	1.212.455	5.702	n	1 110 253

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses Physical Program service general expenses and contestic organizations and other assistance to domestic organizations and contestic governments. See Part IV, line 21 3 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, line 22 1 Response Part IV, line 25 Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Response (as defined under section 4958(f)(11) and persons described in section 4958(f)(11) and part of the response Part IV, line 17 Other employee benefits 1 Pees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other (Illine 11g amount exceed tifk of line 25, colume (A) emount, list line 11g expenses on Schedule O.) 2 14, 6766 2 13, 495 1, 181 12, 043 5, 075 14 Information technology	aising
7b, 8b, 9b, and 10b of Part VIII. 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, oreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, frustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 405(b) employer contributions) 9 Other employee benefits 11 Fees for services (nonemployees): a Management b Legal c Accounting d Ardvertisting and promotion 12 Advertisting and promotion 13 Office expenses 17, 118 12,043 5,075	
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, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation in circluded above to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d 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 Schodule O.) 214, 676 213, 495 17, 118 12, 043 5, 075	
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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 6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other (if line 11g amount exceets 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 214,676 213,495 1,181 12 Office expenses	
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4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 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 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting 22,087 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 214,676 213,495 1,181 12,043 5,075	
5 Compensation of current officers, directors, trustees, and key employees 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 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 214,676 213,495 1,181 2,043 5,075	
trustees, and key employees 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 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 214, 676 213, 495 1, 181 12 Advertising and promotion 13 Office expenses 17, 118 12, 043 5, 075	
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 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 214,676 213,495 1,181 12 Advertising and promotion 13 Office expenses 17,118 12,043 5,075	
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7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 12 Advertising and promotion 13 Office expenses 17, 118 12,043 5,075	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 214,676 213,495 1,181 2 Advertising and promotion 13 Office expenses 17,118 12,043 5,075	
section 401(k) and 403(b) employer contributions) 9	
9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 214,676 213,495 1,181 2 Advertising and promotion 1 Office expenses 17,118 12,043 5,075	
10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 214,676 213,495 1,181 2 Advertising and promotion 13 Office expenses 17,118 12,043 5,075	
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 214,676 213,495 1,181 2 Advertising and promotion 1 Office expenses 17,118 12,043 5,075	
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 12 Advertising and promotion 13 Office expenses 17, 118 12,043 5,075	
b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 214,676 213,495 1,181 2 Advertising and promotion 1 Office expenses 17,118 12,043 5,075	
c Accounting 22,087 d Lobbying 22,087 e Professional fundraising services. See Part IV, line 17 171,698 f Investment management fees 171,698 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 214,676 213,495 1,181 12 Advertising and promotion 17,118 12,043 5,075	
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 214,676 213,495 1,181 2 Advertising and promotion 3 Office expenses 17,118 12,043 5,075	
e Professional fundraising services. See Part IV, line 17 f Investment management fees	
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 214,676 213,495 1,181 Advertising and promotion 13 Office expenses 17,118 12,043 5,075	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 214,676 213,495 1,181 Advertising and promotion 13 Office expenses 17,118 12,043 5,075	
(A) amount, list line 11g expenses on Schedule O.) 214,676 213,495 1,181 12 Advertising and promotion 17,118 12,043 5,075	
12 Advertising and promotion 13 Office expenses 17,118 12,043 5,075	
13 Office expenses 17,118 12,043 5,075	
14. Information technology	
14 Illiomation technology	
15 Royalties	
16 Occupancy	
17 Travel 17,173 13,346 3,827	
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings 84,750 49,371 35,379	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization 3,729 3,729	
23 Insurance 886 886	
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 PROJECT AND WORKGROUPS 14,693 14,693	
b AWARDS & RECOGNITION 3,663 3,663	
c MISCELLANEOUS 1,119 31 1,088	
d	
e All other expenses	
25 Total functional expenses. Add lines 1 through 24e 1,606,829 1,358,216 248,613 26 Joint costs. Complete this line only if the	0
organization reported in column (B) joint costs	
from a combined educational campaign and	
fundraising solicitation. Check here ▶	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 360,865 72,309 Cash—non-interest-bearing 1,606,460 1,949,076 Savings and temporary cash investments 300,067 300,067 Pledges and grants receivable, net 30,306 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 33,315 basis. Complete Part VI of Schedule D 10a 11,712 14,914 18,401 b Less: accumulated depreciation 10b 10c 21,780,216 22,435,704 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 31,566 Other assets. See Part IV, line 11 36,688 15 15 24,468,930 24,488,451 Total assets. Add lines 1 through 15 (must equal line 33) 16 23,669 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25,000 25 of Schedule D 48,669 2,749 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here > X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 43,813 43,358 Net assets with donor restrictions 24,376,448 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 24,420,261 24,485,702 Total net assets or fund balances 24,468,930 24,488,451 Total liabilities and net assets/fund balances

Form **990** (2019)

separate basis, consolidated basis, or both:

Schedule O.

X Separate basis Consolidated basis

orm	n 990 (2019) THE FLORIDA COLLEGE SYSTEM 65-0530384			Paç	ge 12
C. C. C. C.	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,21	.2,4	<u> 455</u>
	Total expenses (must equal Part IX, column (A), line 25)		1,60)6,8	<u>829</u>
		2	<u>-39</u>	4,3	<u> 374</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	i i	24,42	10,1	261
5	Net unrealized gains (losses) on investments		45	59,8	815
6	Donated services and use of facilities	6			
7	Investment expenses	1 - 1			
8	Prior period adjustments	اها			
9	Other changes in net assets or fund balances (explain on Schedule O)	ا م ا			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	24,48	35 <u>,</u>	<u> 702</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u> </u>	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in		- $ $ $ $		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	300000000000	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
Ī	If "Yes " check a hox below to indicate whether the financial statements for the year were audited on a				

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?

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? **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

Form **990** (2019)

2c

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE FLORIDA COLLEGE SYSTEM

OMB No. 1545-0047 **2019**

> Open to Public Inspection

Employer identification number

65-0530384 FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2019

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) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 124,001 160,900 1,238,250 369,702 96,500 1,989,353 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 132,833 132,863 141,042 179,448 231,231 817.417 ,37<u>9,292</u> 327,731 Total. Add lines 1 through 3 293,763 549,150 2,806,770 256,834 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) Public support. Subtract line 5 from line 4 2,806,770 Section B. Total Support (b) 2016 (d) 2018 (e) 2019 Calendar year (or fiscal year beginning in) (a) 2015 (c) 2017 (f) Total 1,379,292 Amounts from line 4 549,150 327,731 2,806,770 293,763 256,834 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 546,143 600,959 728,096 2,859,811 448,498 536,115 similar sources Net income from unrelated business activities, whether or not the business 663 663 is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets 73,665 50,558 17,807 5,702 209,448 61,716 (Explain in Part VI.) 11 Total support. Add lines 7 through 10 5,876,692 Gross receipts from related activities, etc. (see instructions) 12 12 163,265 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 47.76% 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 47.81% 15 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a box and **stop here**. The organization qualifies as a publicly supported organization 33 1/3% support test-2018. 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 10%-facts-and-circumstances test—2019. 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 10%-facts-and-circumstances test—2018. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2019 Part III Support Sched 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.)

Sec	tion A. Public Support	quality drider t	ne tests listed t	ciow, picaso c	ompieto i are ii	· <i>y</i>	
	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(4, 2010	(0,0000	(4)	(, , = ,		
•	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)		<u> </u>				
	tion B. Total Support ndar year (or fiscal year beginning in)	(=\ D04E	(b) 204C	(a) 2017	(4) 2049	(-) 2010	(f) Total
9	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						1146
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the	organization's fire	st, second, third, fo	urth, or fifth tax ye	ear as a section 50°	1(c)(3)	
	organization, check this box and stop here			<u></u>		<u></u> ,	> [
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2019 (line 8	, column (f), divid	ed by line 13, colur	nn (f))		15	<u>%</u>
16	Public support percentage from 2018 Sche	edule A, Part III, I	ine 15	· · · · · · · · · · · · · · · · · · ·	·····		%
	tion D. Computation of Investme			2 1 (0)		1	
17 18	Investment income percentage for 2019 (li Investment income percentage from 2018		OI Par 47			المدا	<u>%</u>
19a	33 1/3% support tests—2019. If the organ				s more than 33 1/3		%
	17 is not more than 33 1/3%, check this bo						>
b	33 1/3% support tests—2018. If the organ						
	line 18 is not more than 33 1/3%, check th	is box and stop h	nere. The organizat	ion qualifies as a	publicly supported	organization	
20	Private foundation. If the organization did						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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**.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in 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**.
- 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 10b below.
 - **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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a 5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	ı	ı

Schedu	le A (Form 990 or 990-EZ) 2019 THE FLORIDA COLLEGE SYSTEM	<u>65-0530384</u>		Page 5
Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa	nt VI. 11c		
Secti	on B. Type I Supporting Organizations			T
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	PS985955451		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, organization	1		
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the support	tod		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	.50		
2	Did the organization operate for the benefit of any supported organization other than the supported	*		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Pa	art		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	"		
	supervised, or controlled the supporting organization.	2		\$3555555555
Secti	on 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 directo	rs		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	E0000000000000000000000000000000000000		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on 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 p	orior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provid	\$25720720720		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support	6,900,000,000		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part V	ľ " " "		
	the organization maintained a close and continuous working relationship with the supported organization(s	5).		
3	By reason of the relationship described in (2), 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			
Sect	supported organizations played in this regard. on E. Type III Functionally-Integrated Supporting Organizations			l
1		or (can instructions)		
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. The organization satisfied the Activities Test. Complete line 2 below.	ai (see iiistructions).		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ent entity (see instructions)		
	The digatization capported a governmental charge becomes in the strict year supported a government	onity (occ mondonom).		
2 /	Activities Test. Answer (a) and (b) below.	I	Yes	No
а	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 purpose	ıs,		
	how the organization was responsive to those supported organizations, and how the organization determine	ned		
	that these activities constituted substantially all of its activities.			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or m	ore		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ne		
	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 (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this rega			
	or no supportion organizations: in res, describe in Fart vi the role played by the organization in this rega	<u>rd.</u> 3b		L

Schedule A (Form 990 or 990-EZ) 2019 THE FLORIDA COLLEGE SYSTE	<u></u>	65-05303	Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (Organiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of			е
instructions. All other Type III non-functionally integrated supporting organizations			
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)
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):			
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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		100	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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 integr	ated Type II	I supporting organization (s	ee

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Parl	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpos	ses					
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organizations	tion is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	<u></u>		(:::)			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019 From 2014						
	From 2015						
	From 2016						
	From 2017						
	From 2018						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
	Carryover from 2014 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7:						
<u>a</u>	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j and 4c.						
	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						

Schedule A (Fo	orm 990 or 990-EZ) 2019 THE FLORID	A COLLEGE SY	STEM	65-0530384	Page 8
PartVI	Supplemental Information. Provide to III, line 12; Part IV, Section A, lines 1, B, lines 1 and 2; Part IV, Section C, lines 3a, and 3b; Part V, line 1; Part V, Sectiones 2, 5, and 6. Also complete this part V.	2, 3b, 3c, 4b, 4c, 5a ne 1; Part IV, Sectio tion B, line 1e; Part	a, 6, 9a, 9b, 9c, 11a n D, lines 2 and 3; F V, Section D, lines !	, 11b, and 11c; Part IV, Se Part IV, Section E, lines 1c 5, 6, and 8; and Part V, Se	ection c, 2a, 2b,
PART]	II, LINE 10 - OTHER INCOM	Æ DETAIL			
OTHER	INCOME	\$	46,183		
SEMINA	AR REGISTRATION	\$	128,265		
ADMINI	STRATIVE FEES	\$	35,000		
•					
•					
·					
*					

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE FLORIDA COLLEGE SYSTEM

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

65-0530384 FOUNDATION, INC. Organization type (check one): Filers of: Section: **X** 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

PAGE 1 OF 1

Page 2

Name of organization

THE FLORIDA COLLEGE SYSTEM

Employer identification number 65-0530384

Part i	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 35,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

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

Open to Public Inspection

	of the organization	Employer identification number							
	HE FLORIDA COLLEGE SYSTEM DUNDATION, INC.	65-0530384							
1.500.001.000	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or							
	Complete if the organization answered "Yes" on I	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	t the assets held in donor advised							
	funds are the organization's property, subject to the organization's excl		Yes No						
6	Did the organization inform all grantees, donors, and donor advisors in								
	only for charitable purposes and not for the benefit of the donor or done	or advisor, or for any other purpose							
00000000	The state of the s	<u> </u>	Yes No						
Pa	Conservation Easements. Complete if the organization answered "Yes" on l	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 educ		y important land area						
	Protection of natural habitat	Preservation of a certified h	istoric structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a cons	servation						
	easement on the last day of the tax year.		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	T 1-1 1: 1 11		ا مد ا						
С	Number of conservation easements on a certified historic structure inc	luded in (a)	2c						
d	Number of conservation easements included in (c) acquired after 7/25	/06, and not on a							
	historic structure listed in the National Register		2d						
3	Number of conservation easements modified, transferred, released, ex	ctinguished, or terminated by the organization	ation 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 2(d) above satisfy								
•	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the								
	organization's accounting for conservation easements.	organization's illiancial statements that	describes the						
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.						
2000200	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 balar	nce sheet works						
	of art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtherand	ce of public						
	service, provide in Part XIII the text of the footnote to its financial state	ervice, 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 exhibitio	n, 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								
•		a Alban a insilan a santa fan Santa da insilan							
2	If the organization received or held works of art, historical treasures, or	· · · · · · · · · · · · · · · · · · ·	rovide the						
•	following amounts required to be reported under FASB ASC 958 relations are included on Form 990. Part VIII. line 1		▶						
a h	Revenue included on Form 990, Part VIII, line 1								
Ford	Assets included in Form 990, Part X	<u>,,.,.,.,.,,.,,,,,,,,,,,,,,,,,,,</u>	🕨 💲						

Storenberberg	dule D (Form 990) 2019 THE FLORI				03-03		4- /	Cooption		<u>ye ∠</u>
Carl att att	rt III Organizations Maintaining						sets (continu	<u>ea)</u>	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records,	check any of the follo	owing that m	ake significa	ant use of its				
а	Public exhibition	d Lo	oan or exchange prog	ram						
b	Scholarly research		ther							
c	Preservation for future generations									
_	Provide a description of the organization's co	illections and explain I	now they further the o	rganization's	s exempt pu	rpose in Part				
	XIII.					-				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							Yes		No
Pa	assets to be sold to raise funds rather than to		rt or the organizations	S CONECTION:		<u></u>			<u>'</u>	140
SPE 450454	Complete if the organization 990, Part X, line 21.		on Form 990, Par	t IV, line 9), or repor	ted an amo	ount o	n Form		
1a	Is the organization an agent, trustee, custodi							Var	, [No
							• • • • • • •	168		NO
b	If "Yes," explain the arrangement in Part XIII	and complete the folio	owing table:					Amount		—
						<u> </u>		Amount		—
	Beginning balance					1 1				—
d	Additions during the year									
е	Distributions during the year					1e				_
f	Ending balance									_
	Did the organization include an amount on F							Yes	- 1	No
	If "Yes," explain the arrangement in Part XIII	. Check here if the exp	planation has been pro	ovided on Pa	art XIII		<u></u>	<u> </u>		
Pa	rt V Endowment Funds.									
	Complete if the organization	n answered "Yes"	<u>on Form 990, Par</u>	t IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three years	back	(e) Four	years ba	ack
1a	Beginning of year balance	16,002,230	16,002,230	16,00	02,230	16,002	,230	16,0	02,2	230
	Contributions									
С	Net investment earnings, gains, and									
	losses							İ		
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs									
f	Administrative expenses				- E- E-					
	End of year halance	16,002,230	16,002,230	16.00	02,230	16,002	. 230	16.0	02.:	230
2	Provide the estimated percentage of the curi		- · · · · · · · · · · · · · · · · · · ·		,,		<u>, </u>		<u> </u>	
٠,			(inte 1g, column (a)) i	iciu as.						
a b	- 100 00	%								
_										
С	********	ld1 4000/								
2-	The percentages on lines 2a, 2b, and 2c sho	•			J. C 41					
зa	Are there endowment funds not in the posse	ession of the organizati	ion that are neid and a	administered	o for the			Г		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organize							3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Pa	art VI Land, Buildings, and Equi		_							
	Complete if the organization	n answered "Yes"	<u>on Form 990, Par</u>	rt IV, line	11a. See I	Form 990, I	<u>Part X</u>	<u>., line 10</u>)	
	Description of property	(a) Cost or other ba	''			cumulated		(d) Book v	alue	
		(investment)	(other	r)	depr	eciation				
	Land						_			
b	Buildings						<u> </u>		_	
С	Leasehold improvements									
d	Equipment			33,315		<u> 18,401</u>		1	4,9	14
<u> </u>	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part 2	X, column (B), line 10	c.)	<u></u>	. >		1	4,9	14

Part VII	Complete if the organization answered "Yes" o	n Form 990, Part IV, li	ne 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial d	,		
• •	ld equity interests		
(3) Other			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)	>	
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" of		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
			Cost of end-of-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)	>	
Part IX	Other Assets.		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, I	
_	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)		<u> </u>	
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
	line 25.		
1	(a) Description of liability		(b) Book value
	income taxes		
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		>
	uncertain tax positions. In Part XIII, provide the text of the f	footpote to the organization	a financial statements that reports the

Sche Sche	edule D (Form 990) 2019 THE FLORIDA COLLEGE SYSTEM	<u> </u>	65-0530384	<u> </u>	Page 4
P	art XI Reconciliation of Revenue per Audited Financial Sta			ırn.	
	Complete if the organization answered "Yes" on Form 99	90, Part IV, li <u>ne</u>	12a.		1 721 002
1	11 1			1	1,731,803
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	4F0 01F		
a	Net unrealized gains (losses) on investments	2a	459,815		
b	Donated services and use of facilities	2b	231,231		
	Recoveries of prior year grants	2c			
d	,			2	691,046
_	Add lines 2a through 2d			2e 3	1,040,757
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,010,131
4		4a	171,698		
a b			1717050		
-	,		***************************************	4c	171,698
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5	1,212,455
25045025	art XII Reconciliation of Expenses per Audited Financial St			eturn.	
063805	Complete if the organization answered "Yes" on Form 9				
1				1	1,666,362
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a		2a	231,231		
b					
С	Other losses	اما			
d					
е	Add lines 2a through 2d			2e	231,231
3	Subtract line 2e from line 1			3	1,435,131
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	171,698		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	171,698
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)) <u>.</u>	<u></u>	5	1,606,829
	art XIII Supplemental Information.				
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I			rt X, line	9
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr				
P	ART V, LINE 4 - INTENDED USES FOR ENDOW	MENT FUND	S		
T	HE INVESTMENT RETURN FROM THE ENDOWMENT	FUNDS IS	TO BE USED	FOR	
S	CHOLARSHIP ASSISTANCE.				
_					
P	ART X - FIN 48 FOOTNOTE				
3.4	ANACOMONO TO NOW AWARE OF ANY ACCUTOTES	C MUSM WAI	III D. TEIODADD.	T 17 To	MUE
M	ANAGEMENT IS NOT AWARE OF ANY ACTIVITIES	S THAT WO	OLD GEOPARD.	L & C	Ine
101	OINDAMIONIC MAY EVENDE CHAMIC AND DELT	F17FC TM U	AC NO IINCEDI	NA TAT	mav
·	OUNDATION'S TAX-EXEMPT STATUS, AND BELL	eves ii u	AS NO UNCER.	TWTM	TAV
P	OSITIONS THAT QUALIFY FOR EITHER RECOGN	ITION OR 1	DISCLOSURE:	IN T	HE
	COLLEGE TIME YORKETT TON BITHEN NECOGN				••••
F	INANCIAL STATEMENTS AS OF AND FOR THE Y	EARS ENDE	D JUNE 30.	2020	AND 2019.
					
T	HE FOUNDATION IS SUBJECT TO ROUTINE AUD	ITS BY TA	XING JURISD	ICTI	ons;

HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY TAX PERIODS.

THE FOUNDATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS

Schedule D (Form 990) 2019 THE FLORIDA COLLEGE SYSTEM	65-0530384 Page 5
Part XIII Supplemental Information (continued)	
FOR FISCAL YEARS ENDING PRIOR TO JUNE 30, 2017	•
·	

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2019 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

THE FLORIDA COLLEGE SYSTEM

Employer identification number

65-0530384 FOUNDATION, INC. **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes No the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (h) Purpose of grant (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(a) Description of (book, FMV, appraisal, or assistance cash assistance noncash assistance or government grant (if applicable) other) (1) BROWARD COLLEGE VARIOUS AWARDS 225 EAST LAS OLAS BLVD. 85,415 FORT LAUDERDALE 23-7181959 3 FL 33301 (2) CHIPOLA COLLEGE VARIOUS AWARDS 3094 INDIAN CIRCLE 18,202 **MARIANNA** FL 32446 59-2074070|3 (3) COLLEGE OF CENTRAL FLORIDA VARIOUS AWARDS P.O. BOX 1388 59-6139037 3 28,486 OCALA FL 34478 (4) DAYTONA STATE COLLEGE VARIOUS AWARDS P.O. BOX 2811 37,958 DAYTONA BEACH FL 32120 59-1581805 3 (5) EASTERN FLORIDA STATE COLLEGE VARIOUS AWARDS 1519 CLEARLAKE ROAD, BLDG 2,RM 225 COCOA FL 32922 59-1747177 3 36,115 (6) FLORIDA GATEWAY COLLEGE VARIOUS AWARDS 149 SE COLLEGE PLACE 59-1627997 3 20,693 LAKE CITY FL 32025 (7) FLORIDA KEYS COMMUNITY COLLEGE 5901 COLLEGE ROAD VARIOUS AWARDS KEY WEST FL 33040 59-6173174 3 17,976 (8) FLORIDA SOUTHWESTERN STATE COLLEGE VARIOUS AWARDS P.O. BOX 60210 37,857 FORT MYERS FL 33906 59-6173638 3 (9) FLORIDA STATE COLLEGE AT JACKSONVIL 501 WEST STATE ST VARIOUS AWARDS 46,040 **JACKSONVILLE** FL 32202 |23-7168438| 3 ▶ 28 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

▶ 0

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE FLORIDA COLLEGE SYSTEM FOUNDATION, INC.

Employer identification number 65-0530384

Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (h) Purpose of grant (a) Name and address of organization (d) Amount of cash (e) Amount of non-(q) Description of (b) EIN or assistance cash assistance noncash assistance or government grant other) (if applicable) (1) GULF COAST STATE COLLEGE VARIOUS AWARDS 5230 W HIGHWAY 98 22,566 PANAMA CITY FL 32401 59-1682455 3 (2) HILLSBOROUGH COMMUNITY COLLEGE VARIOUS AWARDS P.O. BOX 31127 FL 33631 51,784 TAMPA 59-1810717 3 (3) INDIAN RIVER STATE COLLEGE VARIOUS AWARDS 3209 VIRIGINA AVE 36,576 FORT PIERCE FL 34981 59-1105591 3 (4) LAKE-SUMTER STATE COLLEGE VARIOUS AWARDS 9501 US HIGHWAY 441 FL 34788 59-1990323 3 20,989 LEESBURG (5) MIAMI DADE COLLEGE VARIOUS AWARDS 300 NE SECOND AVE #4102 59-6169745 3 101,357 MIAMI FL 33132 (6) NORTH FLORIDA COMMUNITY COLLEGE VARIOUS AWARDS 325 NW TURNER DAVIS DRIVE 59-6179948 3 19,017 MADISON FL 32340 (7) NORTHWEST FLORIDA STATE COLLEGE VARIOUS AWARDS 100 COLLEGE BLVD FL 32578 21,000 NICEVILLE 59-2865698 3 (8) PALM BEACH STATE COLLEGE VARIOUS AWARDS **4200 CONGRESS AVE** LAKE WORTH FL 33461 59-1818556 3 53,682 (9) PASCO-HERNANDO STATE COLLEGE VARIOUS AWARDS 10230 RIDGE ROAD 32,507 NEW PORT RICHEY FL 34654 59-1731676 3

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

Department of the Treasury

Internal Revenue Service

DAA

Grants and Other Assistance to Organizations. Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

THE FLORIDA COLLEGE SYSTEM

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

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2019)

Employer identification number Name of the organization 65-0530384 FOUNDATION, INC. **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant (a) Name and address of organization (b) EIN or assistance cash assistance noncash assistance grant or government other) (if applicable) (1) PENSACOLA STATE COLLEGE VARIOUS AWARDS 1000 COLLEGE BLVD **PENSACOLA** FL 32504 59-6173057 3 29,483 (2) POLK STATE COLLEGE VARIOUS AWARDS 999 AVE H, NE WINTER HAVEN 59-1819213 3 30,540 FL 33881 (3) SANTA FE COLLEGE VARIOUS AWARDS 3000 NORTHWEST 83RD ST 32,258 GAINESVILLE FL 32606 51-0240884 3 (4) SEMINOLE STATE COLLEGE OF FLORIDA VARIOUS AWARDS 100 WELDON BLVD 41,951 SANFORD FL 32773 23-7033822 3 (5) SOUTH FLORIDA STATE COLLEGE VARIOUS AWARDS 13 EAST MAIN ST 20,374 AVON PARK FL 33825 59-3050497 3 (6) ST. JOHNS RIVER STATE COLLEGE VARIOUS AWARDS 5001 ST. JOHNS AVE PALATKA 23-7336585 3 24,390 FL 32077 (7) ST. PETERSBURG COLLEGE VARIOUS AWARDS P.O. BOX 13489 ST. PETERSBURG FL 33733 59-1954362 3 54,776 (8) STATE COLLEGE OF FLORIDA, MANATEE-S VARIOUS AWARDS P.O. BOX 1849 BRADENTON 59-1843274 3 28,377 FL 34206 (9) TALLAHASSEE COMMUNITY COLLEGE VARIOUS AWARDS 444 APPLEYARD DRIVE 59-2091480 3 31,911 TALLAHASSEE FL 32304 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE FLORIDA COLLEGE SYSTEM FOUNDATION, INC.

Employer identification number 65-0530384

= = = = = = = = = = = = = = = = = = = =							·
Part I General Information on Grants and							
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assistant Describe in Part IV the organization's procedures for monotone 	nce?nitoring the use of	grant funds	in the United States.				
Part II Grants and Other Assistance to Do	mestic Organ	izations	and Domestic Go	vernments. Com	plete if the orga	anization answ	ered "Yes" on Form 990,
Part IV, line 21, for any recipient that	received more	than \$5,0	00. Part II can be	duplicated if addit	ional space is r	needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VALENCIA COLLEGE							
P.O. BOX 3028							VARIOUS AWARDS
ORLANDO FL 32802	23-7442785	3	71,077				
(2)							}
(3)				-			
(4)							
(5)							
(6)					,		
(7)							
(8)							
(9)							
2 Enter total number of section 501(c)(3) and government 3 Enter total number of other organizations listed in the line		d in the line	1 table				

Part III Can be duplicated if additional space is needed. Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
1					-				
2									
3									
_4			<u> </u>						
5									
7									
Part IV Supplemental Information. Pro	ovide the information re	equired in Part I. line	2: Part III, column (b); and any other additional	information.				
PART I, LINE 2 - PROCEDURE THE FOUNDATION MAKES SCHOL	ARSHIP AWARDS	TO ALL COLLI	EGES IN THE						
FLORIDA COLLEGE SYSTEM. THE COLLEGES DISTRIBUTE THE SCHOLARSHIPS TO STUDENTS ENROLLED IN THEIR COLLEGES BASED ON PREDETERMINED CRITERIA AND									
SUBMIT A LISTING OF ALL SCHOLARSHIP RECIPIENTS AND AMOUNTS OF AWARDS TO THE									
FOUNDATION.									
······································									

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Department of the Treasury

Name of the organization THE FLORIDA COLLEGE SYSTEM FOUNDATION, INC.

Employer identification number 65-0530384

FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF THE FLORIDA COLLEGE SYSTEM FOUNDATION IS TO SECURE AND MANAGE PUBLIC AND PRIVATE RESOURCES TO PROVIDE OPTIMAL BENEFIT TO FLORIDA'S 28 COLLEGES, THEREBY SUPPORTING STUDENTS WHO ARE SEEKING A HIGHER EDUCATION THAT WILL POSITIVELY IMPACT THEIR LIVES AND THE FUTURE OF THEIR COMMUNITIES.

FORM 990, PART I, LINE 6

THE FOUNDATION RECEIVED DONATED SERVICES FROM THE FLORIDA DEPARTMENT OF EDUCATION TOTALING \$231,231. THIS INCLUDES THE COMPENSATION REPORTED FOR THE PRESIDENT ON FORM 990, PART VII, SECTION A. IN ADDITION, THE FOUNDATION RECEIVED OFFICE SPACE AND THE USE OF OFFICE EQUIPMENT AT NO CHARGE FROM THE FLORIDA DEPARTMENT OF EDUCATION.

THE MEMBERS OF THE BOARD OF DIRECTORS PROVIDE VOLUNTEER SERVICES TO THE FOUNDATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE DRAFT FORM 990 IS REVIEWED BY THE FINANCE AND INVESTMENT COMMITTEE AND PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY DURING THE ANNUAL NOMINATING COMMITTEE, THE CONFLICT OF INTEREST STATEMENT AND REQUIRED DISCLOSURES ARE INCLUDED IN THE BOARD PACKET FOR EACH BOARD MEMBER TO REVIEW AND UPDATE AS NEEDED.

Employer identification number

THE	FLORIDA	COLLEGE	SYSTEM

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE. FORM 990, PART VII - ADDITIONAL INFORMATION THE PRESIDENT OF THE FOUNDATION IS AN EMPLOYEE OF THE FLORIDA DEPARTMENT OF EDUCATION. HER COMPENSATION IS AN IN-KIND CONTRIBUTION TO THE FOUNDATION. FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION TOT/PROG SERVICE MGT & GENERAL FUNDRAISING CONSULTING \$ 156,988 \$ 1,181 \$ 0 STUDENT SUCCESS CENTER ED \$ 56,507 \$ 0 \$ 0
AND FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE. FORM 990, PART VII - ADDITIONAL INFORMATION THE PRESIDENT OF THE FOUNDATION IS AN EMPLOYEE OF THE FLORIDA DEPARTMENT OF EDUCATION. HER COMPENSATION IS AN IN-KIND CONTRIBUTION TO THE FOUNDATION. FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION TOT/PROG SERVICE MGT & GENERAL FUNDRAISING CONSULTING \$ 156,988 \$ 1,181 \$ 0 STUDENT SUCCESS CENTER ED
FORM 990, PART VII - ADDITIONAL INFORMATION THE PRESIDENT OF THE FOUNDATION IS AN EMPLOYEE OF THE FLORIDA DEPARTMENT OF EDUCATION. HER COMPENSATION IS AN IN-KIND CONTRIBUTION TO THE FOUNDATION. FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION TOT/PROG SERVICE MGT & GENERAL FUNDRAISING CONSULTING \$ 156,988 \$ 1,181 \$ 0 STUDENT SUCCESS CENTER ED
THE PRESIDENT OF THE FOUNDATION IS AN EMPLOYEE OF THE FLORIDA DEPARTMENT OF EDUCATION. HER COMPENSATION IS AN IN-KIND CONTRIBUTION TO THE FOUNDATION. FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION TOT/PROG SERVICE MGT & GENERAL FUNDRAISING CONSULTING \$ 156,988 \$ 1,181 \$ 0 STUDENT SUCCESS CENTER ED
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OF EDUCATION. HER COMPENSATION IS AN IN-KIND CONTRIBUTION TO THE FOUNDATION. FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION TOT/PROG SERVICE MGT & GENERAL FUNDRAISING CONSULTING \$ 156,988 \$ 1,181 \$ 0 STUDENT SUCCESS CENTER ED
FOUNDATION. FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION TOT/PROG SERVICE MGT & GENERAL FUNDRAISING CONSULTING \$ 156,988 \$ 1,181 \$ 0 STUDENT SUCCESS CENTER ED
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION TOT/PROG SERVICE MGT & GENERAL FUNDRAISING CONSULTING \$ 156,988 \$ 1,181 \$ 0 STUDENT SUCCESS CENTER ED
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION TOT/PROG SERVICE MGT & GENERAL FUNDRAISING CONSULTING \$ 156,988 \$ 1,181 \$ 0 STUDENT SUCCESS CENTER ED
DESCRIPTION TOT/PROG SERVICE MGT & GENERAL FUNDRAISING CONSULTING \$ 156,988 \$ 1,181 \$ 0 STUDENT SUCCESS CENTER ED
DESCRIPTION TOT/PROG SERVICE MGT & GENERAL FUNDRAISING CONSULTING \$ 156,988 \$ 1,181 \$ 0 STUDENT SUCCESS CENTER ED
TOT/PROG SERVICE MGT & GENERAL FUNDRAISING CONSULTING \$ 156,988 \$ 1,181 \$ 0 STUDENT SUCCESS CENTER ED
CONSULTING \$ 156,988 \$ 1,181 \$ 0 STUDENT SUCCESS CENTER ED
\$ 156,988 \$ 1,181 \$ 0 STUDENT SUCCESS CENTER ED
STUDENT SUCCESS CENTER ED
\$ 56,507 \$ 0 \$ 0
·
TOTAL
\$ 213,495 \$ 1,181 \$ 0

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return. ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

THE FLORIDA COLLEGE SYSTEM

Identifying number

65-0530384 FOUNDATION, INC. Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 1,020,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 2,550,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 6 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 3,729 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2019 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (a) Depreciation deduction placed in (a) Classification of property (business/investment use period only-see instructions) service 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property S/L g 25-year property 25 yrs. S/L 27.5 yrs. MM h Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. Nonresidential real property MM Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12-year 12 yrs. 30-year MM S/L C 30 yrs. d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 3,729 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

23

Code of Ethics Policy

The Board of Directors of The Florida College System Foundation, Inc. (Foundation) requires ethical conduct of all members of the Board (Directors). Each Director holds an important and elevated role in assuring that the highest standards of ethical practice are implemented in support of the Foundation's mission.

The purpose of The Florida College System Foundation is to support the comprehensive mission of the Florida College System and its students as defined in Section 1004.71, Florida Statute.

As a member of The Florida College System Foundation, Inc. Board of Directors, I verify that:

- (1) I have received a copy of the Conflicts of Interest Statement and that I will follow the Code of Ethics as defined by The Florida Statutes, Title X, and Chapter 112.
- (2) I will formally and promptly communicate any potential conflict to the Foundation Board Chair, the Chancellor and the President of the Florida College System Foundation.
- (3) I will act at all times with honesty, integrity and independence, avoiding actual or apparent conflicts of interest in personal and professional relationships and expect and encourage such conduct by other Directors.
- (4) I will comply with all applicable rules and regulations of federal, state, and local governments and other appropriate private and public regulatory agencies.
- (5) I will comply with the Foundation's policies and procedures, and contribute constructively to their ongoing evaluation and reformulation.
- (6) I will act in good faith, responsibly, with due care, competence, and diligence, and without knowingly misrepresenting material facts or allowing my independent judgment to be subordinated.
- (7) I will protect and respect the confidentiality of information acquired in the course of my membership on the Board except when authorized or otherwise legally obligated to disclose. Confidential information acquired in the course of my membership on the Board shall not be used for personal advantage.
- (8) I will responsibly use and control assets and other resources entrusted to me.

By signing this statement, I acknowledge that I have read, understand, and agree to adhere to this
Ethics Statement. Violation of this Statement may be grounds for removal from the Board as
provided in the Bylaws of the Foundation.

Signature	Printed Name
Title	Date

Florida College System – Strategic Plan 2018-2023

The purpose of the Foundation is to support the comprehensive mission of the Florida College System and its students as defined in Section 1004.71, Florida Statutes.

Goal 1 Increase Student Support

Scholarships, Books, Technology, and other support programs

Double the endowments for student support and prioritize student completion with these funds.

- Organize and prepare for increased fundraising
- Utilize scholarship criteria to prioritize funds for student completion
- Secure gifts to fund student support in specific areas such as baccalaureate degree students, teaching, IT, healthcare fields, dual enrollment, international programs, and developmental education

Goal 2 Increase System Support

Grants, Programs, Marketing, and support for Division, Chancellor, Institutions and Faculty

Double system support through increased grants and programs

- Organize and prepare for additional grant writing
- <u>Board members invite Chancellor and/or President to local industry to seek statewide partnership</u>
- Pursue additional state settlement funds
- Pursue funds for startup or expansion of programs aligned with state workforce needs

Goal 3 ORGANIZATIONAL GROWTH TO REFLECT SYSTEM GROWTH Board Development and Growth; Staff Expansion

Expand the role of the FCSF board and add five new board members, who bring specific skills or influence with potential funders. Increase coordination with the FCS stakeholder groups and increase FCSF staff as funding allows.

- Define the role and expectation of board members
- Achieve diversity of race/gender, geographic representation
- Align new board members with targeted industry sectors for potential funding
- Establish a Leadership Council or "Chancellor's Circle of funders or industry leaders who know funders

TAB 2

The Florida Education Foundation DSO Report – 2021

325 West Gaines Street, Suite 1524
Tallahassee, Florida 32399
850-245-5087

www.floridaeducationfoundation.org



Statutory Authority – Education is Our Business

The Florida Education Foundation is a 501(c)(3) not for profit charitable corporation established by Florida Statute 1001.24 to be the Direct Support Organization of the Florida Department of Education. The Foundation, established in 1985, was organized exclusively to receive, hold, invest and administer property and to make expenditures to or for the benefit of public pre-kindergarten through 12th grade education in Florida. The primary purpose of the Foundation is the enhancement of educational excellence in the public schools of Florida.

Mission

As a valued partner in public education and a direct support organization for the Florida Department of Education, the Florida Education Foundation invests in high achievement for every student to contribute to Florida's globally competitive workforce.

Vision

Every Florida student graduates from high school ready for post-secondary education and a career.

Values

Education and highest student achievement is key to success.

Equity for all students to graduate from high school ready to contribute to Florida.

Excellence in teaching, training and all educational outcomes.

Collaboration with business and communities to build strong partnerships and a stronger public education system.

Goals

The Florida Education Foundation fosters meaningful business involvement in schools by:

- Providing resources for innovative and effective instruction and for scientifically based reading research.
- 2. Increasing direct participation of the business community in pre-kindergarten through 12th grade education.
- 3. Increasing the number of successful local programs and projects dedicated to improving student achievement.
- 4. Encouraging every student to be prepared to make informed, appropriate educational and vocational choices.



Summary Strategic Plan

Adopted by the FEF Board of Directors in 2015

The Florida Education Foundation Board of Directors and the Foundation supports the Florida Department of Education and highest student for all Florida students through:

- 1. Recognizing and supporting the development of teachers, learners and leaders.
- 2. Telling the story of Florida's education progress in preparing students for lifelong success.
- 3. Raising and managing financial resources to improve Florida's outcomes.

OUR BELIEFS

We believe all students have equal value and should have access to a quality education to prepare them for a brighter future.

WHERE WE WILL WORK

Standards and Accountability

Increasingly progressive standards and transparent accountability among schools, educators and students have been vital in the improvement of educational outcomes in Florida. Economic and technological factors demand more globally comparative educational outcomes for all students. Because standards and transparent accountability continue to inspire an environment in which the talents and capabilities of all learners are valued and respected, the Foundation will seek to strengthen the systems of standards and accountability in Florida and to lead in the advancement and evolution of these systems.

Closing the Achievement Gap

Florida's highest performing students depart public schools with myriad options for college and career. Our collective quality of life will improve, however, as we enable all learners to fulfill their talents and reach their full potential. The academic performance gap in Florida, like the nation, is pronounced in groupings of students by both race and by family income factors. Because successful educational outcomes for all students and student groups are vitally important to the future of our communities, our state, and our nation, the Foundation will endeavor to raise the academic performance of Florida's lower performing student groups and close the achievement gap.

Foundations for Achievement: Early Grades Reading

Studies often show a clear correlation between early reading preparation and long-term academic attainment. Based on standards of the National Assessment of Educational Progress (NAEP), more than 60 percent of Florida students in fourth grade are below proficient in reading, a vital skill for continued success in primary, secondary and postsecondary education. Other research indicates that reading deficiencies are higher in the United States comparative to other nations even before traditional public schooling age. Because of the importance of reading as a basis for all other learning, the Foundation will pursue systemic changes in improving the reading capabilities of Florida children through grade three.



THREE STRATIGIC INITIATIVES

For Standards and Accountability

Parents play a vital role in the success of their students. With the introduction of new standards, the Foundation recognized a gap in resources available to parents to assist them in understanding the new standards and strategies to help their children achieve success. The Foundation is partnering with the Department of Education to produce a website and other communication tools to empower parents and guardians to be leaders of learning in their homes and classrooms. The project is supported with gifts from AT&T, State Farm and GE. The site will help parents understand the learning objectives of each grade, strategies to partner with teachers, and the best role that they can play to create a culture of achievement with their children. The purpose of the site is to increase public and parent awareness of specific standards and expectations for each grade level in core academic subjects and to gain easy access to credible information regarding standards, school accountability and other topics relevant to supporting parents in supporting their children.

For Closing the Achievement Gap

Florida leads the nation in closing the achievement gap and maintains this as a goal. Yet, little research exists that provides insight as to the factors that contributed to at-risk students achieving success in school. The Foundation has partnered with the Department of Education and the Consortium for Policy Research in Education to construct a research project loosely modeled on the work of Jim Collins in Good to Great. Of 48,000 Florida 9th graders identified as at-risk of dropping out of school, about 10 percent earned a year's worth of college credit. About 1.4 percent earned Bright Futures scholarships. What can these students, who transformed from at-risk to at-college, teach us about improving the educational and life outcomes of at-risk students currently in Florida schools? If funded, outcomes of the study will be used to inform further work in helping older students in at-risk circumstances find motivation and support for high achievement. Funding is currently being sought to implement this research and to build a strategy around its results.

For Early Grades Reading

While there has been steady improvement in Florida's reading outcomes, we believe there are systemic improvements that can accelerate reading achievement even further. The Foundation has recently embarked on an exploratory project with the Department of Education to evaluate the systemic elements driving Florida's reading performance through grade 3. Research indicates that 80 percent of high school dropouts were struggling readers in 3rd grade. In Florida, only about 35 percent of readers in fourth grade are considered proficient. About 39 percent of fourth grade readers are below satisfactory. A research study on reading in Connecticut schools concluded that 95 percent of students could learn to read at grade level. Given the correlations between early reading and long-term outcomes, success in this sector presents a significant opportunity to enhance Florida's workforce profile.



Florida Education Foundation Board of Directors Code of Ethics

Adopted by Board vote on July 10, 2014

FEF Code of Ethics per f.s. 112.312(2) 2014

- (1) SOLICITATION OR ACCEPTANCE OF GIFTS. —No board member shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the board member would be influenced thereby.
- (2) UNAUTHORIZED COMPENSATION. —No board member shall, at any time, accept any compensation, payment, or thing of value when such board member knows that it was given to influence a vote or other action in which the board member was expected to participate in his or her official capacity.
- (3) MISUSE OF PUBLIC POSITION. —No board member shall corruptly use or attempt to use his or her official position or any property or resource which may be within his or her trust, or perform his or her official duties, to secure a special privilege, benefit, or exemption for himself, herself, or others.
- (4) DISCLOSURE OR USE OF CERTAIN INFORMATION. —A current or former board member may not disclose or use information not available to members of the general public and gained by reason of his or her official position, except for information relating exclusively to governmental practices, for his or her personal gain or benefit or for the personal gain or benefit of any other person or business entity.
- (5) VOTING CONFLICTS. —A board member may not vote on any matter that the board member knows would inure to his or her special private gain or loss. Any board member who abstains from voting in an official capacity upon any measure that the board member knows would inure to the board member's special private gain or loss, or who votes in an official capacity on a measure that he or she knows would inure to the special private gain or loss of any principal by whom the board member is retained or to the parent organization or subsidiary of a corporate principal by which the board member is retained other than an agency as defined in f.s. 112.312(2); or which the board member knows would inure to the special private gain or loss of a relative or business associate of the board member, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes.

If it is not possible for the board member to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.



Code of Ethics Agreement

The Board of Directors of the Florida Education Foundation (Foundation) requires ethical conduct of all members of the Board. Each Board Member holds an important and elevated role in assuring that the highest standards of ethical practice are implemented in support of the Foundation's mission: The Florida Education Foundation promotes and supports academic excellence for pre-kindergarten through 12th grade students in Florida. The Foundation recognizes outstanding teachers and educational contributors, develops strategic alliances with business organizations and advances statewide educational initiatives.

As a member of The Florida Education Foundation Board of Directors, I verify that:

- (1) I have received a copy of the Code of Ethics and that I will follow the Code of Ethics as defined by Florida Statute 112.3251.
- (2) I will formally and promptly communicate any potential conflict of interest to the Foundation Board Chair and other members of the Board of Directors.
- (3) I will act at all times with honesty, integrity and independence, avoiding actual or apparent conflicts of interest in personal and professional relationships and expect and encourage such conduct by other board members.
- (4) I will comply with all applicable rules and regulations of federal, state, and local governments and other appropriate private and public regulatory agencies.
- (5) I will comply with the Foundation's policies and procedures and contribute constructively to their ongoing evaluation and reformulation.
- (6) I will act in good faith, responsibly, with due care, competence, and diligence, and without knowingly misrepresenting material facts or allowing my independent judgment to be subordinated.
- (7) I will protect and respect the confidentiality of information acquired in the course of my membership on the Board except when authorized or otherwise legally obligated to disclose. Confidential information acquired in the course of my membership on the Board shall not be used for personal advantage.
- (8) I will responsibly use, and control assets and other resources entrusted to me.
- By signing this statement, I acknowledge that I have read, understand, and agree to adhere to this Ethics Statement.



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2020

Prepared for	Florida Education Foundation, Inc. 325 W. Gaines St. No. 1524 Tallahassee, FL 32399
Prepared by	Thomas Howell Ferguson P.A. 2615 Centennial Blvd., Suite 200 Tallahassee, FL 32308
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-EO 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-EO to us by May 17, 2021.

EXTENDED TO MAY 17, 2021

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.

Open to Public Inspection

OMB No. 1545-0047

(Rev. January 2020) Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the	2019 calendar year, or tax year beginning J	UL 1, 2019 and	dending C	JUN 30, 2020	
В	Check if applicable	C Name of organization			D Employer identifi	ication number
Г	Addres	FLORIDA EDUCATION FOUN	DATION, INC.			
	Name change				59-27185	09
	Initial return	Number and street (or P.0. box if mail is not deli	vered to street address)	Room/suite	E Telephone number	
L	Final return/	325 W. GAINES ST.		1524	850-245-	
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	8,305,391.
	Ameno return	INDUMINABRE, FD 32399			H(a) Is this a group r	
L	Application	~ I	STIN PICCOLO		for subordinates	
	pendin	SAME AS C ABOVE			H(b) Are all subordinates i	included? Yes No
			(insert no.)	or 527	If "No," attach a	list. (see instructions)
		e: WWW.FLORIDAEDUCATIONFO			H(c) Group exemption	
		or garrier transfer in the contract of the con	sociation Other	∟ Year	of formation: 1985	M State of legal domicile: FL
P		Summary				
ø	1 1	Briefly describe the organization's mission or most	significant activities: RECE	SIVE, E	HOLD, INVEST	AND
Activities & Governance	1 2	ADMINISTER PROPERTY AND TO				
ern		Check this box 🕨 🔲 if the organization discor	-			
30		Number of voting members of the governing body				12
8		Number of independent voting members of the gov				0
ties		Total number of individuals employed in calendar y				14
ξ		Total number of volunteers (estimate if necessary)				0.
Ac		Total unrelated business revenue from Part VIII, co				0.
_	ь	Net unrelated business taxable income from Form	990-1, line 39	·····		
		Oceanies de la constante de la		-	Prior Year 770,351.	Current Year 1,066,586.
Revenue					548,315.	
Ven	1				192,346.	
Вe		Investment income (Part VIII, column (A), lines 3, 4,			0.	2,702.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			1,511,012.	
_		Total revenue - add lines 8 through 11 (must equal			60,241.	1,293,781.
	1	Grants and similar amounts paid (Part IX, column (/ Benefits paid to or for members (Part IX, column (A			0.	0.
10		Salaries, other compensation, employee benefits (F			0.	0.
ses		Professional fundraising fees (Part IX, column (A), li			0.	0.
Expenses		Fotal fundraising expenses (Part IX, column (D), line				
Ж		Other expenses (Part IX, column (A), lines 11a-11d,			2,329,399.	1,274,566.
		Fotal expenses. Add lines 13-17 (must equal Part I)			2,389,640.	
		Revenue less expenses. Subtract line 18 from line			-878,628.	
Sec					ginning of Current Year	End of Year
Net Assets Fund Baland	20	Fotal assets (Part X, line 16)			7,006,620.	6,410,036.
d Ass	21	Fotal liabilities (Part X, line 26)			813,939.	1,138,366.
25	22	Net assets or fund balances. Subtract line 21 from	line 20		6,192,681.	5,271,670.
_	art II	Signature Block				
	•	ties of perjury, I declare that I have examined this return,			-	y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledge.	
		Signature of officer			Date	
Sig		IEO TOTAL CONTRACTOR C	TITE DIDECTOR		Date	
Her	e	KRISTIN PICCOLO, EXECU: Type or print name and title	PIVE DIRECTOR			
_	-	The state of the s	Barrier In Transfer		Date Check	II PTIN
De!	, 1	201	Preparer's signature	Ι,	if	001271120
Pai:		STACEY T KOLKA Firm's name THOMAS HOWELL FEI	CIICON D A		self-employ	59-3186310
	parer Only	Firm's name THOMAS HOWELL FEI		0	Firm's EIN	272T002TA
UOU	Jiny	TALLAHASSEE, FL		U	Dhone no 25	0-668-8100
Mai	the IP	S discuss this return with the preparer shown above			TEHORE HO.O.J	X Ves No

		59-2718509	n
Form	990 (2019) FLORIDA EDUCATION FOUNDATION, INC.	59-2/10509	Page 2
Par	t III Statement of Program Service Accomplishments		X
_	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: AS A VALUED PARTNER IN PUBLIC EDUCATION AND A DIRECT SUB-	PORT	
	ORGANIZATION FOR THE FLORIDA DEPARTMENT OF EDUCATION, TH	E FLORIDA	
	EDUCATION FOUNDATION INVESTS IN HIGH ACHIEVEMENT FOR EVE	ERY STUDENT	ТО
	CONTRIBUTE TO FLORIDA'S GLOBALLY COMPETITIVE WORKFORCE.	THE FOUNDAT	NOI
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	X 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	X 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	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,115,157. including grants of \$ 1,115,157.) (Revenue)	e \$	
	FLORIDA DISTRICT CHARTER COMPACT COLLABORATION	TE COMDACT	
	THE PRIMARY PURPOSE OF THE DISTRICT-CHARTER COLLABORATIVE	TODMENT AND	
	(DCCC) IS TO ENCOURAGE AND SUPPORT DISTRICTS IN THE DEVI IMPLEMENTATION OF SUSTAINABLE STRATEGIES TO ENSURE THAT	ALL STUDENT	is .
	ESPECIALLY THOSE CURRENTLY ATTENDING OR ZONED FOR SCHOOL	S IN HIGH-N	FED
	AREAS, HAVE ACCESS TO HIGHLY EFFECTIVE SCHOOLS.	10 114 III OII I	
	AREAS, HAVE ACCESS TO HIGHDI EFFECTIVE BEHOODS.		
	THE DCCC IS AN OPPORTUNITY FOR DISTRICTS TO DEVELOP AND	IMPLEMENT P	BOLD
	AND INNOVATIVE STRATEGIES FOR COLLABORATING AND PARTNER	ING WITH	
	INDEPENDENT HIGH-IMPACT CHARTER SCHOOL ORGANIZATIONS THE	AT ARE CAPAR	BLE
	AND PREPARED TO SERVE STUDENTS IN FLORIDA'S HIGHEST NEED	AREAS.	
	THE PARTITION OF THE PA		
4b	(Code:) (Expenses \$ 312,077 • including grants of \$) (Revenue)	ie \$ 338,	972.
	CHOTCE - INDEPENDENT EDUCATION & PARENTAL CHOICE		
	THE OFFICE OF INDEPENDENT EDUCATION AND PARENTAL CHOICE	(IEPC), ALS	5O
	KNOWN AS THE SCHOOL CHOICE OFFICE, IN THE FLORIDA DEPART	MENT OF	
	EDUCATION, IS RESPONSIBLE FOR THE OVERSIGHT AND IMPLEMEN	TATION OF	170
	SEVERAL EDUCATIONAL PROGRAMS THAT PROVIDE PARENTS WITH S	3CHOOL CHOIC	E
	OPTIONS BEYOND THEIR LOCAL ASSIGNED ELEMENTARY, MIDDLE (OR HIGH SCHO	, TOL.
	SCHOOL CHOICE IS A KEY COMPONENT IN HELPING TO ENSURE HI	TC ABOUT	
	ACHIEVEMENT FOR ALL OF FLORIDA'S STUDENTS. SCHOOL CHOICE	TON ABOUT HO	TAT
	OFFERING PARENTS THE OPPORTUNITY TO MAKE THE BEST DECISION OF THE OPPORTUNITY OF THE OPPORTUNITY TO MAKE THE BEST DECISION OF THE OPPORTUNITY OF THE OPPORTUNI	A CONTINUES	· ΨΩ
	AND WHERE THEIR STUDENTS WILL BE MOST SUCCESSFUL. FLORII	TIABLE TO	, 10
	LEAD THE NATION IN THE NUMBER AND QUALITY OF OPTIONS AVA	TIDADDE 10	
	FAMILIES . (Code:) (Expenses \$ 216,290 . including grants of \$ 1,091 .) (Revenue	.e.s 282,	684.
4c	(Code:) (Expenses \$ 216,290 including grants of \$ 1,091) (Revenue THE FLORIDA TEACHER OF THE YEAR PROGRAM CELEBRATES THE V	JOMEN AND ME	
	WHO HAVE DEDICATED THEIR LIVES TO EDUCATING FUTURE GENER	RATIONS, EAC	H
	YEAR, FLORIDA'S SCHOOL DISTRICTS HAVE THE OPPORTUNITY TO	RECOGNIZE	74
	TEACHERS AS DISTRICT TEACHERS OF THE YEAR. THESE TOP EDU	JCATORS ARE	
	SELECTED FOR MANY REASONS INCLUDING EXTRAORDINARY STUDEN	IT GAINS,	
	COMMUNITY INVOLVEMENT, TEACHER LEADERSHIP AND INSTRUCTION	NAL PRACTIC	ES.
	FIVE DISTRICT TEACHERS OF THE YEAR ARE NAMED TEACHER OF	THE YEAR	
	FINALISTS AND, FROM THOSE, ONE STATEWIDE WINNER IS SELEC	CTED AS THE	
	CHRISTA MACULIFFE AMBASSADOR FOR EDUCATION.		
	VIII.12 101 101 101 101 101 101 101 101 101 1		

Form **990** (2019)

Total program service expenses

Other program services (Describe on Schedule O.)
(Expenses \$ 688,092 • including grants of \$

Total program service expenses \$ 2,331,616 •

Page 3

Form 990 (2019) FLORIDA EDUC
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)?		v	
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	,		x
	public office? If "Yes," complete Schedule C, Part I	3_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
5	similar amounts as defined in Revenue Procedure 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			177
	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,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_
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			w
	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, VIII, VIII, IX, or X		5.0	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.		x
	Part VI	11a		
р	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	
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		_
·	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
е	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
12 a	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?			x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
D	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	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,"			- v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		_
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
-	domestic government on Factor, committy, mile 1: in Tes, complete conceder, Factor and in			

932003 01-20-20

Pa	rt 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		Х
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		
25 a	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
h	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			
20	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
07	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
27	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
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1000	21
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
b	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
С		28c		X
	"Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in noireast contributions: if respective contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations: " rea, complete Complete Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32		32		X
	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-		
34	Was the organization related to any tax-exempt or taxable entity? If Tes, complete deficiently, rate in the second and tax-exempt or taxable entity?	34	l x	
	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
36		36		X
	If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<u> </u>		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
	Note: All Form 990 filers are required to complete Schedule O	1 00		
Pa	rt 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			
_	Check if Schedule O contains a response or note to any line in this Part v		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	103	1.40
1a	Enter the number reported in Box 3 of Forth 1096. Enter 10 in 100 applicable	-	IVE:	151
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable		18.7	
	Did the organization comply with packup withholding rules for reportable payments to vehicles and reportable garming			

932004 01-20-20

(gambling) winnings to prize winners?

Form 990 (2019) FLORIDA EDUCATION FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			18		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					72			
	filed for the calendar year ending with or within the year covered by this return	2a	0	Mar.					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	auth	ority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X			
b	b If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			100	BO.				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	1?	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 to	he or	ganization 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 contribute	tions	or gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).		nensided to the naver?	_	APPL	х			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a	_				
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 w			7c		x			
	to file Form 8282?	4	*	76					
a	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		x			
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		X			
f	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g					
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				3/4	M.			
•	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.			161					
а				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:		2						
а	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	10k							
11	Section 501(c)(12) organizations. Enter:		ï						
а	Gross income from members or shareholders	118	ı						
b	Gross income from other sources (Do not net amounts due or paid to other sources against			EM					
	amounts due or received from them.)	11k							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		11.7					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.			-					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ř	Ť						
	organization is licensed to issue qualified health plans	13t							
	Enter the amount of reserves on hand	130				X			
	· · · · · · · · · · · · · · · · · · ·			14a					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		_			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		x			
	excess parachute payment(s) during the year?			15		- 22			
40	If "Yes," see instructions and file Form 4720, Schedule N.	at inc	ome?	16		х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment [1] [1] appropriate Form 4720. School 10.0	יו וווכ	onler	10					
_	If "Yes," complete Form 4720, Schedule O.			-	000	(0010)			

Form **990** (2019)

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. X

	Check if Schedule O contains a response or note to any line in this Part VI						X		
Sec	tion A. Governing Body and Management								
			¥:	. 45		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12	1111	100			
	If there are material differences in voting rights among members of the governing body, or if the governing				5.1	ăT.			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				913	38			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		12			284		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				х		
-	officer, director, trustee, or key employee?								
3	and the direct supervision								
Ü	of officers, directors, trustees, or key employees to a management company or other person?								
4									
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			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 a	appoin	t one or						
14	more members of the governing body?				7a		X		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stock	nolders, 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	ear by t	he following:				7.5		
а	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 re	ached	at the		- 1				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie 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 of	chapte	rs, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	77	_		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy bef	ore filing the forn	n?	11a	X	0.1		
b	b Describe in 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 ris	e to co	nflicts?		12b		_		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				40.	х			
	in Schedule O how this was done				12c	Λ	х		
13	Did the organization have a written whistleblower policy?				13	X	- 25		
14	Did the organization have a written document retention and destruction policy?				14		V 11 E		
15	Did the process for determining compensation of the following persons include a review and approv	/al by	naepenaeni				200		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ť			15a		х		
	The organization's CEO, Executive Director, or top management official			····	15a		X		
b	Other officers or key employees of the organization			····	100		7		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		with a						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	willia		16a		х		
	taxable entity during the year?	ata ita	narticination		,oa	10	Selbe		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of	ale IIS onizoti	participation	- 1	12.7		W.		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	arnzan	0115	- [16b				
_	exempt status with respect to such arrangements?								
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed FL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	0-T (Section 501	(c)(3):	only) avail	lable		
18	for public inspection. Indicate how you made these available. Check all that apply.		/= ==	. ,,-,-					
	Own website Another's website X Upon request Other (explain	n on S	chedule O)						
40	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or			y, and	l finar	rcial			
19	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 b	ooks a	nd records						
20	KRISTIN PICCOLO - 850-245-9671								
	325 W. GAINES ST., NO. 1524, TALLAHASSEE, FL 3239	99							
					Form	990	(2019)		

Part VIII 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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(A)	(B)			(C Posi				(D)	(E)	(F)
Name and title	Average	(do	(do not check more			than	one	Reportable	Reportable	Estimated amount of
	hours per week	offi	, unle: cer an	ss pe d a d	rson irecto	is bot or/trus	n an tee)	compensation from	compensation from related	other
	(list any	į						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al tru:	onal tr		loyee	og eg				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHARLES HOKANSON	1.50	트	트	0	ž	= ₽	3			
CHAIRMAN		x		x				0.	0.	0
(2) VELMA MONTEIRO-TRIBBLE	0.25	П								
VICE CHAIRMAN		X		X				0.	0.	0 .
(3) MONESIA BROWN	0.50									
TREASURER		X		X				0.	0.	0 .
(4) RAQUEL EGUSQUIZA	0.25									_
SECRETARY		X		X				0.	0.	0 .
(5) RONALD BRISE	0.20									
DIRECTOR		X						0.	0.	0
(6) GARY CHARTRAND	0.20									0
DIRECTOR	0.00	X				_	_	0.	0.	0
(7) DON GAETZ	0.20	,,						_	0.	0
DIRECTOR	0.20	X	_		_		-	0.	0.	0
(8) DANIEL DAVIS	0.20	x						0.	0.	0
DIRECTOR OPPORTU	0.25	^	_	-	_		H	0.	0.	0.
(9) CHRIS DORWORTH DIRECTOR	0.23	x						0.	0.	0
(10) JOHN MERLINO	0.20	A		-		\vdash				0.
DIRECTOR	0.20	x						0.	0.	0
(11) MAUREEN WILT	0.20									
DIRECTOR		x						0.	0.	0 .
(12) RICHARD CORCORAN	2.00									
COMISSIONER		Х						0.	0.	0 .
(13) MARY CHANCE	0.20									
EX-OFFICIO MEMBER		X						0.	0.	0 .
(14) DAKEYAN CHA DRE GRAHAM	0.20									
EX-OFFICIO MEMBER		X						0.	0.	0 .
(15) BETHANY SWONSON	20.00									48 555
EXECUTIVE DIRECTOR	30.00			X				0.	98,526.	17,038
								I		

932007 01-20-20

Form 990 (2019)

1 41	t VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per	(do	not c	Pos heck ss pe	c) itior more irson		one h an	(D) Reportable compensation	(E) Reportable compensation from related		(F) Estimat amount othe	of
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		compens from the organization and relations	ation ne tion ted
				Т		Г							
-			-	H			\vdash				\top		
			1_	\vdash		L					+		
			1_										
7:			-										
				\vdash	П	\vdash	\vdash						
_			-	-		┞	-				-		
			1_								4		
			-										
1b	Subtotal					1		>	0.	98,52		17,0	
C	Total from continuation sheets to Part	VII, Section A							0.	98,52	0.	17,0	0.
d 2	Total (add lines 1b and 1c)	not limited to the	nose	liste	ed a	bov	e) w	ho r					
_	compensation from the organization				_		_					Yes	No
•	Did the organization list any former office	or director trust	-00	kev i	emn	love	e o	r hic	nhest compensated emi	olovee on		165	140
3	line 1a? If "Yes," complete Schedule J for	such individual										3	X
4	For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le c	omp	ens:	atio	n and	d ot	her compensation from	the organization		4	x
5	and related organizations greater than \$1 Did any person listed on line 1a receive o	r accrue compe	nsat	tion 1	from	any	y uni	relat	ted organization or indiv	idual for services			2
	rendered to the organization? If "Yes," co	mplete Schedu	le J	for s	uch	per	son					5	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest of	compensated in	dep	ende	ent o	ont	racto	ors t	that received more than	\$100,000 of comp	ensa	tion from	
	the organization. Report compensation for	or the calendar	/ear	endi	ing v	with	or w	/ithir	n the organization's tax	year.			
	(A) Name and busines	ss address							(B) Description of s	ervices	Со	(C) mpensati	on
UF	BOARD OF TRUSTEES					_			LITERACY	DAME OF		105 (226
11:	L TIGERT HALL, GAINEST	/ILLE, F	<u>L</u> _	326	51	1-	31:	5 /	PROFESSIONAL	DEVELOP		105,2	420.
							_	-					
2	Total number of independent contractors		not I	imite	d to		se li 1	stec	d above) who received n	nore than			
	\$100,000 of compensation from the orga	nization 📂	_	_	_	_	_				F	orm 990	(2019

Form 990 (2019) FLORIDA
Part VIII Statement of Revenue

			Check if Schedule O contains a response or	note to any line	e in this Part VIII			
-			SHOOK II SUNDANIO O CONTAINO A TOOPONIOO OF	to sarry mile	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						idiletion revenue	Dusiness revenue	sections 512 - 514
ıts İts	1	а	Federated campaigns 1a					20
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ě,		С	Fundraising events 1c					14 700
ar /			Related organizations 1d					
s, e			Government grants (contributions) 1e					
Pisi			All other contributions, gifts, grants, and					
the the			similar amounts not included above 1f	1,066,586.				
ÖĘ		q	Noncash contributions included in lines 1a-1f					
S E		-	Total. Add lines 1a-1f	▶	1,066,586.			
-				Business Code				
ø	2	а	REGISTRATION FEES	900099	504,722.	504,722.		
Program Service Revenue	-	h	ADMINISTRATIVE FEES	900099	80,951.	80,951.		
Sel		c						
an eve		d						
P. C.								
P.		f	All other program service revenue				į.	
		a		D	585,673.			
	3		Investment income (including dividends, interest					
	`		other similar amounts)		140,293.			140,293.
	4		Income from investment of tax-exempt bond pro					
	5		Royalties					
	`		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
	ľ		Less: rental expenses 6b					Black of
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				ALBERT TO
			assets other than inventory 7a 6,510,137.				and the late had	
		b	Less: cost or other basis					
en			and sales expenses 7b 6,528,079.			the last war.	the second	
/en		С	Gain or (loss) 7c -17,942.					
Other Revenue			Net gain or (loss)		-17,942.			-17,942.
ĕ	8		Gross income from fundraising events (not					
₹			including \$ of			The second	and the country had	in the marks
			contributions reported on line 1c). See				minima (E)	
			Part IV, line 18					
		b	Less: direct expenses 8b			Land of the least of		
			Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
				Business Code				
ŏ "	11	а	MISCELLANEOUS	900099	2,702.	2,702.		
nuc	'	b				· ·		
eve		c						
Miscellaneous Revenue			All other revenue					
2			Total. Add lines 11a-11d		2,702.			
	12		Total revenue. See instructions		1,777,312.	588,375,	0.	122,351.
		_						Form 990 (2019

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 (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1,293,781 1,293,781 and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (nonemployees): Management b Legal 51,950. 51,950. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 20,690. 20,690. Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 68,122 68,122 column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 3,112. 12,447. 9,335. Office expenses 13 4,023. 16,093. 12,070. Information technology 14 Royalties 15 16 Occupancy 13,720. 41,158. 54,878. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 413,292. 72,934. 486,226. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ Depreciation, depletion, and amortization 2,064. 2,064. 23 Other expenses. Itemize expenses not covered 24 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.) COMMUNITY ENGAGEMENT EDUCATION ENHANCEMENTS 384,769. 384,769. 95,913. 95,913. 80,951. 80,951. ADMIN FEES 116. 463. 347. d MISCELLANEOUS All other expenses 2,568,347. 2,331,616. 236,731. 0. Total functional expenses. Add lines 1 through 24e 25 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)

932010 01-20-20

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 1,412,672. 1,507,488. 1 Cash - non-interest-bearing 1,585,929. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 25,000. 293. Accounts receivable, net 4 4 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 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 68,173. 0. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis, Complete Part VI of Schedule D b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 11 11 3,820,030. 4,997,071. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 7,006,620. 443,996. 6,410,036. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 345,724. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 792,642. 369,943. Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 25 813,939. 1,138,366. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here > X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33, 635,280. 430,387. 27 Net assets without donor restrictions 27 5,762,294. 4,636,390. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 5,271,670. 6,192,681. 32 Total net assets or fund balances 6,410,036. 7,006,620. 33 Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	1 2 6	,77 ,56 -79 ,19	8,3 1,0 2,6	
9	Other changes in net assets or fund balances (explain on Schedule O)	-				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	5	, 27	1.6	70.
Do	rt XII Financial Statements and Reporting					
га	Check if Schedule O contains a response or note to any line in this Part XII					
	Check if Scriedule of contains a response of hote to any line in this har year.				Yes	No
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	_ [2a		х
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	d on a		2b	x	
3a	X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?	nedule ngle Au	O. udit	2c 3a	x	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requor audits, explain why on Schedule O and describe any steps taken to undergo such audits	ired at		3b	990	(2019)
				Loun	33U	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

59-2718509 FLORIDA EDUCATION FOUNDATION, Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (vi) Amount of other (iii) Type of organization (v) Amount of monetary (i) Name of supported (ii) FIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions)

Schedule A (Form 990 or 990-EZ) 2019 FLORIDA EDUCATION FOUNDATION, INC. 59-27185

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				550 OF1	50.5	T 510 610
	include any "unusual grants.")	1,358,479.	2,568,774.	1,755,420.	770,351.	1,066,586.	7,519,610.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						050 004
	the organization without charge	157,291.	174,250.			241,121.	850,294.
4	Total. Add lines 1 through 3	1,515,770.	2,743,024.	1,892,339.	911,064.	1,307,707.	8,369,904.
	The portion of total contributions						
•	by each person (other than a			DIN NO.		A PROPERTY.	
	governmental unit or publicly					- minimire	
	supported organization) included						
	on line 1 that exceeds 2% of the	10.00			THE HELE	334 - 13	
	amount shown on line 11,					To all the later	
	L					والكار المساملات	1,370,765.
_	Public support. Subtract line 5 from line 4.						6,999,139.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1,515,770.	2,743,024.	1,892,339.	911,064.	1,307,707.	8,369,904.
	Gross income from interest,						
8	dividends, payments received on						
	securities loans, rents, royalties,	77,915.	81,489.	82,768.	115,973.	140,293.	498,438.
_	and income from similar sources	77,5251	01,100	0 2 7			
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						8,868,342.
	Total support. Add lines 7 through 10					12	
12	Gross receipts from related activities,	etc. (see instruction	ons)				
13	First five years. If the Form 990 is for		s first, second, thir	a, tourth, or litti ta	ix year as a sectio	11 30 1(0)(3)	
~	organization, check this box and storetion C. Computation of Publ	here Per	rcentage				
				(6)		14	78.92 %
	Public support percentage for 2019 (15	78.86 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14	F 40 and English	14:022.1/20/		
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box of	n line 13, and line	14 IS 35 1/3% OF II	nore, crieck this bo	► X
	stop here. The organization qualifies	as a publicly supp	orted organization		E 45 to 00 4 /00/	ar mara abaak th	
b	33 1/3% support test - 2018. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, crieck tr	IIS DOX
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation		LP - 44 to 400/	
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	9 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pai	rt VI now the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		1004
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	heck a box on line	: 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	₽;;;
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	S
					Sche	dule A (Form 990	or 990-EZ) 2019

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	in and a smallest analysis at E40						
4							
~	Tax revenues levied for the organ- ization'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						
72	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.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
Ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business				-		
•	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			1 () () ()		F04(-)(0)	
14	First five years. If the Form 990 is for						-
C-	check this box and stop here ction C. Computation of Publ			***************************************			
				a aluman (fi)		15	%
	Public support percentage for 2019 (column (i))		16	
	Public support percentage from 2018					10	70
	ction D. Computation of Inve					47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
198	a 33 1/3% support tests - 2019. If the						1 / Is not
	more than 33 1/3%, check this box a						₽□
k	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	<u>in did not check a</u>	box on line 14, 19	a, or 19b, check t			▶∟
					Sah	adula A /Earm 00	0 or 900-F7\ 2019

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in 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.
- 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 10b below.
 - 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.)

	Yes	No
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Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1.0		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		NAME OF	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		990	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1=1145	1	
	controlled the organization's activities. If the organization had more than one supported organization,		140	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		Maria.	
	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			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1751		
	supervised, or controlled the supporting organization.	2		
Sect	tion 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	1 07	177	
	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	1404	111	
	the supported organization(s).	1_1_		
Sect	tion 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	100		100
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	- 12 1	1911-	μ."
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_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	-0-50	1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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		1	
	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		
Sect	tion 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 yeatsee instruction	ns).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
	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,	النابري		
	how the organization was responsive to those supported organizations, and how the organization determined	74104	100	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			11
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		4.7	
	reasons for the organization's position that its supported organization(s) would have engaged in these		2 T.	qui i
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 6 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to

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

Schedule A (Form 990 or 990-EZ) 2019

instructions).

emergency temporary reduction (see instructions).

Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			

Schedule A (Form 990 or 990-EZ) 2019

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Excess distributions carryover to 2020. Add lines 3j

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

	FLORIDA EDUCATION FOUNDATION, INC.	59-2718509
Organization type (che	ck 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	
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor	-
Special Rules		
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and (170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount (1) EZ, line 1. Complete Parts I and II.	, or 16b, and that received from
year, total con	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductruelty to children or animals. Complete Parts I, II, and III.	
year, contribut is checked, en purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ions exclusively for religious, charitable, etc., purposes, but no such contributions totaled meter here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it table, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (I " on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Feet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Name of organization

Employer identification number

FLORIDA EDUCATION FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AT&T 208 S AKARD ST DALLAS, TX 75202	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ONE CVS DRIVE WOONSOCKET, RI 02895	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EDUCATION FIRST CONSULTING LLC PO BOX 22871 SEATTLE, WA 98122	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FLORIDA ATLANTIC UNIVERSITY PO BOX 3091 BOCA RATON, FL 33431	\$246,892.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FLORIDA BLUE PO BOX 2210 JACKSONVILLE, FL 32203	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FLORIDA LOTTERY 250 MARRIOTT DRIVE TALLAHASSEE, FL 32301	\$37,500.	Person X Payroll

Name of organization

Employer identification number

FLORIDA EDUCATION FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FLORIDA POWER & LIGHT COMPANY 700 UNIVERSE BLVD JUNO BEACH, FL 33442	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FLORIDA PREPAID /MOORE COMMNICATION 2011 DELTA BLVD TALLAHASSEE, FL 32303	\$83,333.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	LOCKHEED MARTIN PO BOX 33010 LAKELAND, FL 33807	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	STATE FARM 3 STATE FARM PLAZA BLOOMINGTON, IL 61791	\$50,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	WALTON FAMILY FOUNDATION PO BOX 1860 BENTONVILLE, AR 72712	\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	WATCHDOG PAC 877 EXECUTIVE CENTER DRIVE W. STE 100 ST PETERSBURG, FL 33702	\$\$ 25 , 000 .	Person X Payroll

Employer identification number

FLORIDA EDUCATION FOUNDATION, INC.

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		
13	WELLS FARGO FOUNDATION 550 S 4TH ST MINNEAPOLIS, MN 55415	\$36,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

FLORIDA EDUCATION FOUNDATION, INC.

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		= \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Employer identification number

Part	FLORII	OA EDUCATION FOUNDATION	, INC.			59-2718509
Se duplicate copies of Part III radiotional space is needed.		Exclusively religious, charitable, etc., contribut	ions to organizations des			
(a) No. (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 (e) Transfer of gift (f) Description of how gift is held (g) No. (h) Purpose of gift (h) Purpose of gift (e) Transfer of gift (f) Description of how gift is held (g) No. (h) Purpose of gift (g) Transfer of gift (h) Purpose of gift (h)		Use duplicate copies of Part III if additional	space is needed.	• .,		
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(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift	-		(e) Trans	fer of gift		
(e) Transfer of gift		Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(e) Transfer of gift				0		
(e) Transfer of gift		-		6		
	(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
					1.	
			(e) Trans	fer of gift	le .	
		Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
				1		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 59-2718509

	FLORIDA EDUCATION FOUNDATION, INC.	59-2718509
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
		(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 fur	nds
_	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
_	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	
Pai		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		orically important land area
	Protection of natural habitat Preservation of a cert	ified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, 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 organ	nization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations	ion easements during the year
)	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l)	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	hat describes the
Da	organization's accounting for conservation easements. III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
Pai	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Olilliai Assets.
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	Janca shoot works
та	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	ance or public
	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	ce sheet works of
D	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
		e 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
2		Piovide
_	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	No. of the contract of the con
_	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

0.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2019 FLORIDA EDU	CATION FOUNDAY	rion, inc.	59	-2718509	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end	-of-year market v	/alue
(1) Financial derivatives					
(2) Closely held equity interests					
(3) Other					
(A) EQUITY SECURITIES	3,105,258.	END-OF-YEA	R MARKET	VALUE	
(B) FIXED INCOME	1,891,813.	END-OF-YEA	R MARKET	VALUE	
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,997,071.				
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 valua	tion: Cost or end	l-of-year market \	/alue
(1)					
(2)					
(3)					
(5)					
(6)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"		11d. See Form 990, Parl	X, line 15.		
(a)	Description			(b) Book va	llue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)				
Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 99	0, Part X, line 25	•	
1. (a) Description of liability				(b) Book va	alue
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule D (Form 990) 2019

(7) (8)

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...

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

932054 10-02-19

Schedule D (Form 990) 2019

EXPENSES ARE REPORTED.

Schedule D (Form 990) 2019	FLORIDA	EDUCATION	FOUNDATION,	INC.	59-2718509	Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental Info	mation (contin	ued)				

						-
-						
						
2						

SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

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

2019	
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Open to Public Inspection

≗ Employer identification number PROFESSIONAL DEVELOPMENT 59-2718509 (h) Purpose of grant COMMUNITY ENGAGEMENT COMMUNITY ENGAGEMENT or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any CTIVITIES CTIVITIES Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) o 0 Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 458,006 657,151 17,833 cash grant INC. FOUNDATION, (c) IRC section (if applicable) 501(C)(3) 501(C)(3) GOV'T FLORIDA EDUCATION 61-1949614 81-4473475 59-6000572 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 113 SOUTH MONROE STREET, 1ST FLOOR 1 (a) Name and address of organization THE SCHOOL BOARD OF MIAMI DADE 60 PARK PLACE, SUITE 802 or government TALLAHASSEE, FL 32301 IMPACT FLORIDA, INC. Name of the organization NEWARK, NJ 07102 KIPP MIAMI, INC. 1450 NE 2ND AVE MIAMI, FL 33132 Part

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

932101 10-26-19

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Schedule I (Form 990) (2019)

FLORIDA EDUCATION FOUNDATION, INC.

Page 2

59-2718509

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2019)

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE CANDIDATES SUBMIT GRANT APPLICATIONS WHICH ARE REVIEWED AND APPROVED BY

EXECUTIVE DIRECTOR IN ACCORDANCE WITH THE ORGANIZATIONS POLICIES.

Schedule I (Form 990) (2019)

SCHEDULE 0

(Form 990 or 990-EZ)

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 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FLORIDA EDUCATION FOUNDATION, INC.

Employer identification number 59-2718509

FLORIDA ADOCTION TOOMSTILLON, LAND
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF PUBLIC PRE-KINDERGARTEN THROUGH 12TH GRADE EDUCATION IN FLORIDA.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RECEIVES, HOLDS, INVESTS, AND ADMINISTERS PROPERTY AND MAKES
EXPENDITURES TO, OR, AND FOR THE BENEFIT OF PUBLIC PRE-KINDERGARTEN
THROUGH 12TH GRADE EDUCATION IN FLORIDA.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 AND THE ACCOMPANYING SCHEDULES ARE PREPARED BY AN INDEPENDENT
ACCOUNTING FIRM. THE FORM 990 AND ACCOMPANYING SCHEDULES ARE REVIEWED WITH
THE EXECUTIVE DIRECTOR AND AUDIT COMMITTEE. ONCE ALL QUESTIONS ARE
ANSWERED, THE BOARD OF DIRECTORS APPROVES THE RETURN WHICH IS THEN FILED
WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION ANNUALLY DISTRIBUTES CONFLICT OF INTEREST DISCLOSURE FORMS
TO OFFICERS, DIRECTORS AND KEY EMPLOYEES. COMPLETED FORMS ARE COMPILED AND
REVIEWED BY THE BOARD FOR ANY POTENTIAL CONFLICTS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND
THREE MOST RECENT YEARS OF FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART VII, LINE 1A:
BETHANY SWONSON'S FULL COMPENSATION IS PAID BY THE FLORIDA DEPARTMENT
PULLMATE WITCHWALL & COLL.

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2019.05060 FLORIDA EDUCATION FOUNDATIO 68180F_1

Schedule O (Form 990 or 990-EZ) (2019)

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

SCHEDULE R

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Schedule R (Form 990) 2019 (g) Section 512(b)(13) Employer identification number 59-2718509 2019 Open to Public Inspection controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. entity Ξ Direct controlling entity FL DOE End-of-year assets status (if section **e** Public charity 501(c)(3)) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income Exempt Code Ē Go to www.irs.gov/Form990 for instructions and the latest information. section Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. FLORIDA FLORIDA EDUCATION FOUNDATION, INC. Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. GOVT ENTITY Name, address, and EIN (if applicable) Name, address, and EIN FLORIDA DEPARTMENT OF EDUCATION of related organization of disregarded entity TALLAHASSEE, FL 32399 325 WEST GAINES STREET Name of the organization Department of the Treasury Internal Revenue Service (Form 990) Part II Partl

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59-2718509

Page 2

Schedule R (Form 990) 2019 FLORIDA EDUCATION FOUNDATION, INC.

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

General or Percentage managing ownership			ne related	Section 512(b)(13) controlled entity?			Schedule B (Form 990) 2019
General or F managing partner?			one or mo	(h) Percentage ownership			e R (Form
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			poration or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related x year.	(g) Share of Pe end-of-year ov assets			Schedul
(h) Disproportionate allocations?			rt IV, line 34				
(g) Share of end-of-year assets			rm 990, Pa	(f) Share of total income			
-			Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total income			answered "				
1		a	ganization	(d) Direct controlling entity			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			te if the org				37
			t. Comple	(c) Legal domicile (state or foreign country)			
(d) Direct controlling entity			ration or Trust	(b) Primary activity			
(c) Legal domicile (state or foreign:			as a Corporting the tax)	Prim			
(b) Primary activity			anizations Taxable a	Z			
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization			932162 09-10-19

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

Messa Commission 1 is any another to listed in Days II III on IV of this solution				>	Voe
Note: Complete line 1 if any entity is listed in Faits II, III, or IV or this scriedate. 1. During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rela	ated organizations listed i	in Parts II-IV?		_
a Receipt of (i) interest. (ii) annuities. (iii) rovalties or (iv) rent from a controlled entity				<u>1</u>	×
				5	×
Giff grant or capital contribution from related organization(s)			B-1	2	×
				1	×
				2 ,	4 >
e Loans or loan guarantees by related organization(s)				9	4
f Dividends from related organization(s)				#	×
a Sale of assets to related organization(s)				5	×
				÷	×
		***************************************			×
 Exchange of assets with related organization(s) 				=	4 :
j Lease of facilities, equipment, or other assets to related organization(s)				=	×
Is I accompany to a contract of a path or accompany and accompany and accompany of the contract of the contrac				÷	×
A rease of facilities, equipment, of other assets not related organization(s)				=	
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			Ę	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			£	×
				9	×
n Reimbursement paid to related organization(s) for expenses				0	×
				0	×
				÷	×
r Other transfer of cash of property to related organization(s)				-	1
s Other transfer of cash or property from related organization(s)				\$	4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1) FLORIDA DEPARTMENT OF EDUCATION	0	241,121.	IN-KIND		
(2)					
ପ୍ର					
(4)					
(5)					
9					
932163 09-10-19	38		Scheduk	Schedule R (Form 990) 201	990) 20

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Primary activity Legal domicile Preformation income assets country) sections 512-514) Tes No income assets country) sections 512-514) Tes No income assets assets assets assets assets assets asset as	and EIN Primary activity Legal doubling Preferential from the times and the country) sections \$15.5 \text{ in the content of the country} \text{ sections \$15.5 \text{ in the country} \text{ sections \$15.5 \text{ in the country} \text{ sections \$15.5 \text{ in the country} \text{ sections \$15.5 \text{ in the country} \text{ sections \$15.5 \text{ in the country} \text{ sections \$15.5 \text{ in the country} \text{ sections \$15.5 \text{ in the country} \text{ sections \$15.5 \text{ in the country} \text{ sections \$15.5 \text{ in the country} \text{ sections \$15.5 \text{ in the country} \text{ sections \$15.5 \text{ in the country} \text{ sections \$15.5 \text{ in the country} \text{ sections \$15.5 \text{ in the country} \text{ sections \$15.5 \text{ sections \$15.5 \text{ in the country} sections \$15.5 \text{ sections \$15.5 \text{ secti	(a) (b) (c) (d)	(q)	(0)	(p)	(e)	9	(6)	3	6)	8	(k)
		address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all influences sec. 501(c)(3) or 15.7	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
	Schedule R Form 800/2019											
	Schedule R Form S600 2019										_	
	Schedule R (Form 960) 2019										_	
											+	
	Schedule R (Form 960) 2019										_	
	Schedule R Form 990) 2019										_	
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	Schedule R (Form 990) 2019						14.					
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	Schedule R (Form 990) 2019											

Schedule R	(Form 990) 2019	FLORIDA	EDUCATION	FOUNDATION,	INC.	59-2/16509 Pa	ge 5
Part VII	(Form 990) 2019 Supplemental Infor	mation					
3	Provide additional inform	ation for respons	es to questions on S	Schedule R. See instruct	ions.		
	Provide additional inform	ation for respons	co to questions on t	701100001011110111111111111111111111111			
							_
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-							

Form **8868**

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service ▶ 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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filling of this form, visit www.irs.gov/e-file-providers/e-file-for-charit	ies-and-n	on-profits.				
Automatic 6-Month Extension of Time. Only submi	it origin	al (no copies needed).				
All corporations required to file an income tax return other than Fo			s, REMIC	s, and trusts		
must use Form 7004 to request an extension of time to file income	e tax retu	ns.				
Type or Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	identification numb	er (TIN)	
print				E0 0710E0	. 0	
File by the FLORIDA EDUCATION FOUNDATION				59-271850		
Number, street, and room or suite no. If a P.O. box, se dilling your 325 W. GAINES ST., NO. 1524		tions.				
return. See instructions. City, town or post office, state, and ZIP code. For a fo		Iress, see instructions.				
TALLAHASSEE, FL 32399					1011	
Enter the Return Code for the return that this application is for (file					0 1	
Application	Return				Return Code	
510						
Form 990-BL 02 Form 1041-A (
Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227						
Form 990-PF Form 990-T (sec, 401(a) or 408(a) trust)	05	Form 6069			10	
Form 990-T (trust other than above)	06	Form 8870			12	
• The books are in the care of ▶ 325 W. GAINES S			SSEE,	FL 32399		
Telephone No. ► 850-245-9671		Fax No.				
If the organization does not have an office or place of business						
If this is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) I	f this is fo	r the whole group, o	heck this	
box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔲	and atta	ich a list with the names and TINS of	all memb	ers the extension is	TOF.	
1 I request an automatic 6-month extension of time until the organization named above. The extension is for the organization calendar year or tax year beginning JUL 1, 2019	anization's			pt organization retu	ırn for	
2 If the tax year entered in line 1 is for less than 12 months, check that Change in accounting period	heck reas	on: Initial return	Final retur	n		
3a If this application is for Forms 990-BL, 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,					0.	
estimated tax payments made. Include any prior year overp			3b	\$	<u> </u>	
c Balance due. Subtract line 3b from line 3a. Include your pay using EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.	
Caution: If you are going to make an electronic funds withdrawal				nd Form 8879-EO fo		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions.

TAB 3



Ethics Policy Adopted by The Able Trust Board of Directors on 12-12-2014

POLICY STATEMENT

The Able Trust, legally incorporated as the Florida Endowment Foundation for Vocational Rehabilitation (Foundation) is a public/private 501(c) (3) not-for-profit foundation created by Florida Statute 413.615 and whose mission is to be a key leader in providing Floridians with disabilities opportunities for successful employment. The Able Trust is committed to lawful and ethical behavior in all of its activities and requires officers, directors, volunteers, and employees to act in accordance with all applicable laws, regulations and policies and to observe high standards of business and personal ethics in the conduct of their duties and responsibilities.

BOARD OF DIRECTORS

Members of the Board of Directors are appointed by the Governor of Florida and are therefore considered to be public officers and must adhere to ethics policies stated in Florida Statute 112.313. Board members serve in a volunteer capacity and subscribe to the following:

- 1. Take no action that could result in personal benefit or is in conflict with the bylaws of the Foundation, as referred to in the Conflict of Interest Policy;
- 2. Ensure that the Foundation is operated in a manner that upholds the organization's integrity and merits the trust and support of the public;
- 3. Uphold all applicable laws and regulations;
- 4. Deal with the President/CEO, Ambassadors, employees, volunteers, individuals served and the public in an honest, confidential and trustworthy manner;
- 5. Be a responsible steward of the Foundation's resources;
- 6. Carefully consider the public perception of personal and professional actions and the effect they could have, positively or negatively, on the Foundation's reputation in the community and elsewhere;

- 7. Refrain from unwarranted intrusion into the responsibilities of the Foundation's operational management;
- 8. Comply with the requirements of the Sunshine Amendment;
- 9. Uphold and act in compliance with the Code of Ethics for Public Officers (F.S. 112.313).

AMBASSADORS

Ambassadors are appointed by the Board of Directors, serve in a volunteer capacity and subscribe to the following:

- 1. Take no action that could result in personal benefit or is in conflict with the bylaws of the Foundation, as referred to in the Conflict of Interest Policy;
- 2. If, as a result of service as an Ambassador, an individual enjoys a direct personal or business benefit, he or she shall voluntarily resign the position of Ambassador.
- 3. Uphold all applicable laws and regulations;
- 4. Deal with the Board of Directors, President/CEO, employees, volunteers, and individuals served and the public in an honest, confidential and trustworthy manner;
- 5. Carefully consider the public perception of personal and professional actions and the effect they could have, positively or negatively, on the Foundation's reputation in the community and elsewhere.

PRESIDENT AND CEO

The President and CEO of the Foundation assumes a public trust, recognizes the importance of high ethical standards within the organizational leadership and subscribes to the following principles.

- 1. No action will be taken that could result in personal benefit or is in conflict with the bylaws of the Foundation, as referred to in the Conflict of Interest Policy.
- 2. The Foundation should operate in a manner that upholds the organization's integrity and merits the trust and support of the public.
- 3. The Foundation will be in compliance with all applicable laws and regulations.

- 4. The Board of Directors, Ambassadors, employees, volunteers, and individuals served and the public will be dealt with in an honest, confidential and trustworthy manner.
- 5. The President and CEO will be a responsible steward of the Foundation's resources.
- 6. The President and CEO will carefully consider the public perception of personal and professional actions and the effect they could have, positively or negatively, on the Foundation's reputation in the community and elsewhere.
- 7. Personal and professional growth will be addressed to improve effectiveness as the Foundation's President and CEO.
- 8. Caution will be exercised when engaging in political activity both from a candidate and issue perspective.

EMPLOYEES

The Foundation is an equal opportunity employer and will make reasonable accommodations, consistent with applicable laws, to the known disabilities of an otherwise qualified applicant or employee who is able to perform the essential functions of the position.

It is the Foundation's policy to not tolerate discrimination or harassment on the basis of race, color, religion, sex, national origin, age, marital status, sexual orientation, disability or other protected status (including sexual harassment), and to comply with all applicable federal, state and local laws on employment and employment practices.

Under the President and CEO, employees of the Foundation will work diligently to fulfill the mission according to approved goals and objectives and in compliance with approved policies and ascribe to the following..

- 1. Take no action that could result in personal benefit or is in conflict with the bylaws of the Foundation, as referred to in the Conflict of Interest Policy
- 2. Create and maintain a climate of loyalty, trust and mutual respect.
- 3. Support the decisions of management. Employees are encouraged to provide input, but the staff must ultimately follow management's decisions.
- 4. Uphold all applicable laws and regulations to protect and enhance the Foundation's ability to meet its mission.
- 5. Be a responsible steward of the Foundation's resources.

- 6. Strive for personal and professional growth to improve effectiveness of job duties.
- 7. Carefully consider the public perception of personal and professional actions and the effect they could have, positively or negatively, on the Foundation's reputation in the community and elsewhere.
- 8. Safeguard any information about a donor, agency or any internal business, documents, decisions and policies. All such information will be treated as confidential and will be used and disclosed only for legitimate Foundation business.
- 9. Use caution and discretion to protect the confidential nature concerning transactions or personal information about present and prospective agencies or donors.
- 10. Safeguard proprietary market research reports and data, financial information and other confidential and proprietary information regarding the Foundation. This information will not be released to any person unless it has been published in reports or otherwise made available to the public in accordance with applicable disclosure regulations currently in effect.
- 11. Safeguard personnel information.
- 12. As private citizens, employees are free to participate in the political process; however, any participation must be as an individual, and employment with the Foundation cannot be used or exploited in any way.

FINANCIAL PRACTICES

- 1. All financial practices shall be handled in accordance with applicable federal, state and local laws.
- 2. All financial matters shall be conducted within the standards of commonly accepted sound financial management practices.
- 3. All financial matters that fall within the purview of the organization's financial management policies shall comply with those policies
- 4. All financial matters covered by the organization's by-laws shall be handled in accordance with those by-laws.

FUNDRAISING ACTIVITIES

- 1. Fundraising activities will never knowingly mislead or misinform the public or misrepresent the Foundation.
- 2. Fundraising activities will uphold the integrity of the Foundation in order to merit the continued support and trust of the public.
- 3. Fundraising activities will not exploit the public by taking advantage of their empathy toward persons served by the Foundation.

TREATMENT OF INDIVIDUALS SERVED

The following will serve as guiding principles when dealing with individuals served by The Able Trust:

- 1. To promote self-esteem in those we serve and supervise
- 2. To treat individuals served with respect and dignity regardless of their disability
- 3. To cultivate an atmosphere that fosters learning and development in those we serve
- 4. To be mindful of attitudinal, architectural and communication barriers that may exist in the organization. Where barriers exist, the organization must consider corrective action.

ACKNOWLEDGEMENT:

Each officer, director, ambassador and employee shall sign a statement affirming that he/she:

- Has received a copy of the Ethics Policy;
- Has read and understands the policy;
- Has agreed to comply with the policy;
- Understands that the Foundation is a charitable foundation and in order to maintain its federal tax exemption, must engage primarily in activities that accomplish one or more of its tax exempt purposes.

Any employee who violates one of the organization's Ethics Policy may face corrective action. Board action may be taken with any director who violates the Ethics Policy.

in appropriate files in the office of the President and CEO	1 3
Accepted:	Date:
Print Name:	

EXTENDED TO MAY 17, 2021

(Rev. January 2020)
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)

OMB No. 1545-0047 9

▶ 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.

Open to Public Inspection

<u>A</u>	For tr	e 2019 calendar year, or tax year beginning 001	1, 2019 and	enaing U	UN 30, 404	10
В	Check i applicat	C Name of organization THE FLORIDA ENDOWMENT FOU	NDATION		D Employer iden	tification number
Г	Addr	ess DOD 1700AMTONAT DELIABELTMA				
Ē	Nam chan	mile and a morrow			59-3052	2307
F	Initia	And the District of the Control of t	n etreat address)	Room/suite	_	
	retur Final retur	3320 THOMASVILLE ROAD	sii eet auuress j	200	E Telephone num 850-224	
	termi ated	City or town, state or province, country, and ZIP or	foreign postal code		G Gross recelpts \$	34,110,385.
	Ame	TAUDADADADE, FU 32300-13			H(a) Is this a group	o return
	Appl	F Name and address of principal officer: ALLIEDO	N CHASE		for subordina	tes? Yes X No
	pend	SAME AS C ABOVE			H(b) Are all subordinat	es included? Yes No
			sert no.) 4947(a)(1)	or 527	If "No," attacl	a list. (see instructions)
		te: ▶ WWW.ABLETRUST.ORG			H(c) Group exemp	tion number
K	Form o	f organization: X Corporation Trust Association	on Other	L Year	of formation: 1991	M State of legal domicile: FL
P	art I	Summary				
_	1	Briefly describe the organization's mission or most signifi	cant activities: SEE	SCHEDU	LE O	
Activities & Governance						
r.	2	Check this box I if the organization discontinued	d its operations or dispo	sed of more	than 25% of its net	assets.
OVe	3	Number of voting members of the governing body (Part \			,	з 0
Ō	4	Number of independent voting members of the governing				4 0
S	5	Total number of individuals employed in calendar year 20				5 9
į	6	Total number of volunteers (estimate if necessary)				6 0
냚	7 a	Total unrelated business revenue from Part VIII, column (7a 0.
⋖		Net unrelated business taxable income from Form 990-T,				7b 0.
					Prior Year	Current Year
an an	8	Contributions and grants (Part VIII, line 1h)			661,428	
ĕ	9				40,825	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7		1,745,187		
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10			21,690	
	12	Total revenue - add lines 8 through 11 (must equal Part V			2,469,130	6,730,979.
	13	Grants and similar amounts paid (Part IX, column (A), line			4,688,308	
	14	Benefits paid to or for members (Part IX, column (A), line	4)			0.
(A)		Salaries, other compensation, employee benefits (Part IX			1,001,797	
Expenses	160	Professional fundraising fees (Part IX, column (A), line 116				0.
)e	102	Total fundraising expenses (Part IX, column (A), line 25)	_	0.		
ᄶ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24			648,289	508,076.
	18	Total expenses. Add lines 13-17 (must equal Part IX, colu			6,338,394	
	19	Revenue less expenses. Subtract line 18 from line 12			-3,869,264	
200	15	nevenue less expenses. Subtract line 16 from line 12			ginning of Current Yes	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		100	23,010,675	
SSE	20		***************************************		888,602	748,894.
uet/	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	······································		22,122,073	
The state of	art II	Signature Block	<i></i>		22,122,073	1 21,270,211.
		alties of perjury, I declare that I have examined this return, including	na accompanyina echadula	e and etatem	ante and to the best of	my knowledge and helief, it is
		ct, and complete. Declaration of preparer (other than officer) is ba				my knowledge and behel, it is
uuc	, come	L	SEG OII AN INTOTTIBLION OF W	mon preparer	las any knowicuge.	
e:-	_	Signature of officer			Date	
Sig		ALLISON CHASE, INTERIM PRI	ZGTDENÆ		24.0	
Her	·e	Type or print name and title	POIDEMI			
		<u>'</u>	aula alamatuur	IT	Date Check	PTIN
Da!	d	1	er's signature	٦	if	
Paid		STACEY T KOLKA	CONT D A		self-emi	
	parer	Firm's name THOMAS HOWELL FERGUS		^	Firm's EIN	59-3186310
USE	Only	Firm's address 2615 CENTENNIAL BLVI		U		E0 660 0100
		TALLAHASSEE, FL 3230			Phone no. 8	50-668-8100
May	the 1	RS discuss this return with the preparer shown above? (se	e instructions)			X Ves No

2,558,855.

Form 990 (2019)

) (Revenue \$

Other program services (Describe on Schedule O.)

Total program service expenses

Form 990 (2019) FOR VOCATION
Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	-	X	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
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,	- 0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			·
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		<u> X</u>
0	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	-	\dashv	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	40	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10	A	_
• •	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	- 110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	- 1	Х
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	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	40L	i	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes," complete Schedule E	12b	-	X
-	Did the organization maintain an office, employees, or agents outside of the United States?	13	-	X
h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
			- 1	v
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	<u>X</u>
13		45	Ī	х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-	
				v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
	pid the organization report a total or more than \$15,000 or expenses for professional fundralsing services on Part IX,	[37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- 1		
	complete Schedule G, Part III	19	\rightarrow	X
20a		20a		X
		20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ſ	T	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

FOR VOCATIONAL REHABILITATION, INC. 59-3052307 Page 4 Form 990 (2019) FOR VOCATIONAL REH
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	Х	
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
	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	\vdash	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	\vdash	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			Х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		12
С		28c		х
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? In Test, complete conservation			
30		30		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
UZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0-7	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u>Ш</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		-	
	(gambling) winnings to prize winners?	1c	000	<u></u>
00000	0.1 20.20	Form	990	(2019)

Page 5

	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
0-	Enter the number of ampleuses upported on Ferma M/O. Transmitted of Manager of Transmitted of Manager of Transmitted of Transm		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 9			
h	filed for the calendar year ending with or within the year covered by this return		х	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
32	Did the exemination have suppleted by since the control of the con	_		х
h	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3a 3b		_A
4a		30		┢
164	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	40		<u> </u>
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		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				_
	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).			
а	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		
С	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1 -)	
	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		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		i	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		_	—
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	_
h	Note: See the instructions for additional information the organization must report on Schedule O.			
IJ	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			
		145	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a	-	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b	-+	
	excess parachute payment(s) during the year?	15	ſ	x
	If "Yes," see instructions and file Form 4720, Schedule N.	10		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	<u></u>	\dashv	_
		Form §	990 (2019)

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

FOR VOCATIONAL REHABILITATION, INC. Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes' response to lines 2 through 7b below, and for a "No' response

Check if Schedule O contains a response or note to any line in this Part VI 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 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. 0 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7ь persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X 86 Each committee with authority to act on behalf of the governing body? 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 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 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 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? X a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ FL 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. ☐ Other (explain on Schedule O) W Upon request X Own website Another's website 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. State the name, address, and telephone number of the person who possesses the organization's books and records ALLISON CHASE - 850-224-4493 3320 THOMASVILLE ROAD, SUITE 200, TALLAHASSEE,

Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization of	or any related	orga	aniza	ation	ı coı	mpe	nsa	ted any current officer,	director, or trustee.	
(A)	(B)			- (0	Cl			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	DOX	, unie	ISS DE	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer ar	10 a c	nrecti T	or/trus	tee)	from	from related	other
	(list any	recto					ŀ	the	organizations	compensation
	hours for related	ord	e e			sated		organization	(W-2/1099-MISC)	from the
	organizations	natce	trust] ₂₂	opens		(W-2/1099-MISC)		organization
	below	nal tr	gonal		훒	100 1	١.			and related organizations
	line)	Individual trustce or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē			organizations
(1) BRIDGET PALLANGO (UNTIL 8/16/19	1.00	=	=	-	×	Ξ 65	=	-		
SECRETARY		Х		Х			1	0.	0.	0.
(2) KAREN B. MOORE (UNTIL 10/1/19)	5.00									
CHAIR		Х		X	<u> </u>			0.	0.	0.
(3) LES D. GOLDMAN (UNTIL 8/16/19)	1.00									
DIRECTOR		X						0.	0.	0.
(4) MARCY BENTON (UNTIL 8/16/19)	1.00									
VICE-CHAIR	1 00	X	Ш	X	<u> </u>			0.	0.	0.
(5) RICHARD COLE JR (UNTIL 8/16/19)	1.00									
TREASURER	1 00	X		X		-		0.	0.	0.
(6) SCOT M. LAFERTE (UNTIL 8/16/19)	1.00	х								
(7) ANTONIO T. CARVAJAL	50.00	≏	-	Щ	H	Н		0.	0.	0.
PRESIDENT & CEO	30.00			х				46,962.	0.	0
(8) GUENEVERE CRUM	40.00	\dashv	=			Н		40,902.		0.
SENIOR VICE PRESIDENT	1000			X				110,461.	0.	13,622.
(9) ALLISON CHASE	40.00	\dashv				П				13/0221
VICE PRESIDENT				х				110,108.	0.	13,604.
(10) SUSANNE F, HOMANT	50.00									
FORMER PRESIDENT & CEO	_						X	230,948.	0.	15,409.
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Y										
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	990 (2019) FOR VOCA!					_				59-30	1523	07	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	апо	d Hi	ghes	st C	compensated Employe	es (continued)			- 27
	(A)	(B)			(0				(D)	(E)		(1	=)
	• •	Average	ĺ	F	Posi	ition			Reportable	Reportable	- 1		nated
	Name and title	hours per	(do	not ch unle:	ieck r	more	than o	ne	compensation	compensation	, I		unt of
		week	offic	er and	da di	irecto	r/trusi	ea)	from	from related	'		ner
		(list any	15	П			ГТ		the	organizations	.		nsation
		hours for	individual frustee or director				_		organization	(W-2/1099-MIS			the
		related	20.0	gg gg			Highest compensated employee		(W-2/1099-MISC)	(11 27 1000 1110	~,		ization
		organizations	nstei	Institutional trustee		a:	튙		(***271033*****100)			~	elated
		below	la ta	ional	1	ploy	ទ្ធិន	_					zations
		line)	ě	慧	Officer	Key employee	e e	Former				organi	Zationio
			드	트	픠	ᆂ	포팅	요			-		_
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1b	Subtotal								498,479.		0.	42	,635.
	Total from continuation sheets to Part V								0.		0.		0.
	Total (add lines 1b and 1c)								498,479.		0.	42	,635.
	Total number of individuals (including but r	_+ limited to th		liete	d ol	hau	I						
2	_	iot iltiirea ro ri	1056	IISLE	ų ai	DOVE	e) wi	10 11	eceived more man a roc	,000 of reportable	6		3
	compensation from the organization	<u> </u>										TV	es No
												- 1	es No
3	Did the organization list any former officer,			кеу е	mpl	loye	e, or	hig	phest compensated emp	oloyee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual							*****		L	3 2	X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	ompe	ensa	ation	and	ot	her compensation from	the organization		11.5	
	and related organizations greater than \$15											4	K
5	Did any person listed on line 1a receive or												
39	rendered to the organization? If "Yes," com							UIII.	tod organization or more	10001 101 001 11000		5	х
	tion B. Independent Contractors	ipiete Scriedui	e 0 1	UI SU	ici i	pers	SOTT .					3 1	
580						_				*****			_
1	Complete this table for your five highest co										pensat	ion fro	m
	the organization. Report compensation for	the calendar y	ear	<u>endir</u>	ng v	vith	or w	ithir	n the organization's tax	year.			
	(A)							- 1	(B)			(C)	
	Name and business	address	N	INC			_		Description of s	services	Col	mpens	ation
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2	Total number of independent contractors (iot li	rnite	10		_	tec	above, who received h	nore trian			
	\$100,000 of compensation from the organi	zation 🕨				(0						
											F	orm 9 9	0 (2019)

	_		Check if Schedule O contains a	response	or note to any lin	e in this Part VIII			
						(A)	(日)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
र इ		1 a	Federated campaigns	1a	1			F	
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
چ کی			Fundraising events	1c	-				
# in	l		Related organizations	1d	3,318,089.				
S E	l		Government grants (contributions)	1e	549,823.				
Pig			All other contributions, gifts, grants, and	-					
the state			similar amounts not included above	1f	331,918.				
ĒΦ		g	Noncash contributions included in lines 1a-1f	1g \$	2,716,306.				
Se		_	Total. Add lines 1a-1f	1.914		4,199,830.			
	Г				Business Code				
ø	ء ا	2 a	HSHT PROGRAM		900099	17,500.	17,500.		
, <u>Ş</u>	"	 h	DEAM/DMD INCOME		900099	12,000.	12,000.		
Se		c	YOUTH LEADERSHIP TRAINING		900099	1,310.	1 310,		
EVe eve		d							
Program Service Revenue	1	e			-				<u> </u>
Ÿ.		f	All other program service revenue						
			Total. Add lines 2a-2f		•	30,810.			
	3		Investment income (including divide						
			other similar amounts)			1,083,185.			1,083,185.
	4	Ļ	Income from investment of tax-exen					· -	, , , , ,
	5	i	Royalties	-					· · · · · · · · · · · · · · · · · · ·
				i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
		d	Net rental income or (loss)						**
	7	a	Gross amount from sales of (i) S	ecurities	(ii) Other				
			assets other than inventory 7a 28,	754,674.					
		b	Less: cost or other basis						
ne			and sales expenses 7b 27,	379,406.	ļ				
Ne.		c		375,268.					
Other Revenue			Net gain or (loss)			1,375,268.			1,375,268.
Je.	8	а	Gross income from fundraising events (r	not					
₫			including \$	of					
			contributions reported on line 1c). S	ee					
			Part IV, line 18	8a	1				
		b	Less: direct expenses	8b					
			Net income or (loss) from fundraising						
ĺ	9	а	Gross income from garning activities	s. See					
			Part IV, line 19	9a					
		b	Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns	s \square					
l			and allowances						
ľ			Less: cost of goods sold	Land		UV III			
		С	Net income or (loss) from sales of inv	ventory	<u> </u>				
<u>س</u> آ					Business Code				
0 e	11	а	ADMINISTRATIVE FEES		900099	32,166.			32,166.
e a		b	OTHER		900099	9,720.	9,720.		
Miscellaneous Revenue		C							
ĔΞ		d	All other revenue						
_			(10)	<u></u> ,	>	41,886.			
	12		Total revenue. See instructions		<u></u>	6,730,979.	40,530.	0.	2,490,619

FOR VOCATIONAL REHABILITATION, INC.

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 (**D)** Fundraising Do not include amounts reported on lines 6b, Management and general expenses Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1,887,107 1,887,107 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 530,997. 358,133. 172,864 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 172,424. 83,226. 255,650. Other salaries and wages Pension plan accruals and contributions (include 3,104. 11,599. 14,703. section 401(k) and 403(b) employer contributions) 7,027. 49,313. 42,286. Other employee benefits 9 53,695. 38,808. 14,887. Payroll taxes 10 Fees for services (nonemployees): a Management b Legal 32,221. 32,221 C Accounting 10,546. 10.546.Professional fundraising services. See Part IV, line 17 4,000. 4,000. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 329 329 column (A) amount, list line 11g expenses on Sch O.) 47,522. 314. 47,208. Advertising and promotion 12 38,188. 38,188. Office expenses 13 8,054. 8,054. Information technology 14 Royalties 15 126,409. 126,409 16 Occupancy 113. 113. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... 54,158. 54,158. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 5,183. 5,183. 22 Depreciation, depletion, and amortization 13,903. 13,903. Insurance 23 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.) 67,822. ENDOWMENT DEPARTMENT 67,822 CEO PROGRAM MANAGEMENT 53,425. 2,017. 51,408 HIGH SCHOOL/HIGH TECH 35,204. 35,204. 7,088. 7,088. GRANTS ADMINISTRATION 3,911 3,546. 365 e All other expenses Total functional expenses. Add lines 1 through 24e 3,299,541. 2,558,855. 740,686. 0. 25 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)

Pa	rt 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
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	887,451.	2	1,882,215
	3	Pledges and grants receivable, net	883,684.	3	795,768
	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			
	l _	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	20 500	8	
•	9	Prepaid expenses and deferred charges	20,589.	9	6,204
	10a	Land, buildings, and equipment: cost or other			
	Ι.	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 331, 239. 207, 090.	102 (22		104 140
				10c	124,149
	11	Investments · publicly traded securities	20,993,568.	11	22,135,052
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	101 750	14	101 750
	15	Other assets. See Part IV, line 11	101,750. 23,010,675.	15	101,750
	16 17	Total assets. Add lines 1 through 15 (must equal line 33)	142,632.	16	25,045,138
	18	Accounts payable and accrued expenses	142,032.	17	40,582
	19	Grants payable	745,970.	18	708,312
	20	Deferred revenue Tay exempt hand liabilities	143,310.	19	/00,312
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20	<u> </u>
n	22	Loans and other payables to any current or former officer, director,		21	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
				22	
Ĭ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	-	24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	888,602.	26	748.894.
		Organizations that follow FASB ASC 958, check here			
3		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	22,122,073.	27	21,107,472.
	28	Net assets with donor restrictions		28	3,188,772.
		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	
ĺ		Paid-in or capital surplus, or land, building, or equipment fund		30	
		Retained earnings, endowment, accumulated income, or other funds		31	
		Total net assets or fund balances	22,122,073.	32	24,296,244.
		Total liabilities and net assets/fund balances	23,010,675.	33	25,045,138.

Form	1990 (2019) FOR VOCATIONAL REHABILITATION, INC.	59-30	152307	Pag	<u>e 12</u>
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
	· · · · · · · · · · · · · · · · · · ·				
21	Total revenue (must equal Part VIII, column (A), line 12)	1	6,730		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,299		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,431		
14	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,122		
5	Net unrealized gains (losses) on investments	5	-1,257	7,26	57.
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	24,296	5,24	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in 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	d on a			
	separate basis, consolidated basis, or both:				
	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 separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		- 1	
	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 Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	*********	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2	2019)

SCHEDULE A

(Form 990 or 990-EZ)

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.

2019

Open to Public Inspection

Name of the organization FLORIDA ENDOWMENT FOUNDATION **Employer identification number** FOR VOCATIONAL REHABILITATION, INC. 59-3052307 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, 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. 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. 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. 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. 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 Provide the following information about the supported organization(s). (iv) is the organization listed n your governing document (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions) FL. DEPT OF EDUC. DIV. OF VOCATIONAL 59-3474751 6 X 2,558,855. 2,558,855.

Schedule A (Form 990 or 990-EZ) 2019 FOR VOCATIONAL REHABILITATION, INC.

59-3052307 Page 2

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.)

Calendar year (or fixed year beginning in) Cale Calendar year (or fixed year beginning in) Calendar year (or fixed year beginning in) Calendar year	Sec	tion A. Public Support						
1. Gitts, grants, contributions, and membership fees received. (De not include any "unusual grants.") 2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on its limit of the expended on its limit of expended on its limit or expended on its limit or expended on its limit or expended on its limit or expended on its limit or expended on its limit or expended on its limit or expended on its limit or expended on its limit or expended on its limit or expended on its limit or expended on expended on its limit or expended on expended on its limit or expended on expended	Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
include any "unusual grants."). 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 change 4 Total. Add lines 1 through 3 5 The potion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Setrect lines from the 4 Section B. Total Support Calendaryers (or fixed year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 8 Gross income from interest, dividends, payments rescived on securities loans, entire, coyalities, and income from interest, dividends, payments rescived on securities loans, entire, coyalities, and income from interest, dividends, payments received on securities loans, entire, coyalities, and income from interest, dividends, payments received on securities loans, entire, coyalities, and income from interest, dividends, payments received on securities loans, entire, coyalities, and income from interest, dividends, payments received on securities loans, entire, coyalities, and income from interest, dividends, payments received on securities loans, entire, coyalities, and income from interest, dividends, payments received on securities loans, entire, coyalities, and income from interest, dividends, payments received on securities loans, entire the securities of the securities	1	Gifts, grants, contributions, and						
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 of the services o		membership fees received. (Do not						
ization's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total. Add lines 1 through 3. 5. 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). 6. Public support. Subtract line 5 from line 4. 8. Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from interest, dividends, payments received on securities loans, rents, royalities, and income from interest, dividends, payments received on securities loans, rents, royalities, and income from interest, dividends, payments received on securities loans, rents, royalities, and income from interest, dividends, payments received on securities loans, rents, royalities, and income from interest, dividends, payments received on securities loans, rents, royalities, and income from interest, dividends, payments received on securities loans, rents, royalities, and income from interest, dividends, payments received on securities loans, rents, royalities, and income from interest, dividends, payments received on securities loans, rents, royalities, and income from interest, dividends, payments received on securities loans, rents, royalities, and income from interest, dividends, payments received on securities loans, rents, royalities, and income from interest, dividends, payments rents and to payments are constituted on the sale of capital assess (Explain in Part VI). 12. Gross receipts from related activities, etc. (see instructions) 13. First five years. If the Form 900 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. The organization of will be supported organization of the sale of capital assesses (Explain in Part VI). 14. 15. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5		include any "unusual grants.")						
or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 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) column (f) 6 Public support, silvent line is from line 4 6 Public support, silvent line is from line 4 6 Gross income from interest, dividends, paymental received or securities loans, rents, royalties, and income from similar sources 9 Net income from line 4 6 Gross income from interest, dividends, paymental received or securities loans, rents, royalties, and income from similar sources 9 Net income from interest destinates activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add line 7 Timogh 10 2 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 15 First five years, if the Form Bools for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here. 16 Public support percentage for 2018 Schedule A, Part II, line 14 53 17/3% support sets - 2019. If the organization of lot not check the box on line 13, and line 14 is 33 17/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and-circumstances test - 2018. If the organization qualifies as a publicly supported organization meets the "facts and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, nf. 16b, nf. 77. a, and line 14 is 10% or more, and If the organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization qualif	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 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) 6 Public support assertine's rem line 4. Section B. Total Support Celledar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Section B. Total Support Celledar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Section B. Total Support Celledar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gross income from inferest, dividends, payments received on securifies loans, rents, royallies, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 C gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five 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 from 2018 Schedule A, Part II, line 14 15 5 56 Public support percentage from 2018 Schedule A, Part II, line 14 163 33 1/3% support test - 2019. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the "facts and-circumstances' test, theek this box and stop here. Explain in Part Vi how the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part Vi how the organization meets the "facts-an		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge at the organization without charge at the organization without charge at the organization without charge at the organization without charge at the organization 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) 6 Public support. Subsect line 5 sent line 4. Section B. Total Support Calledar year (or fissel year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources 9 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 2 Cross receipts from related activities, etc. (see instructions) 12 3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section SO1(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization stop here. The organization qualifies as a publicly supported organization or 13, 16a, or 16b, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 16 is 30 in 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 ox on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		or expended on its behalf						
the organization without charge 4 Total. Add lines 1 through 3 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) 6 Public support. Sebraci line 6 from line 4. Section B. Total Support Calledarysar (or fissel year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, spayments received on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 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 (a) 2 (a)	3	The value of services or facilities				ľ		
4 Total. Add lines 1 through 3 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) 6 Public support, substact the 5 train the 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 1 12 Gross receipts from related activities, etc. (see instructions) 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(a)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 19 33 173% support test - 2019. If the organization did not check he 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 meets the "facts-and-circumstances test - 2019. If the organization of check he box on line 13, 16a, 6b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in part VI how the organization meets the "facts-and-circumstances" test. The organiz		furnished by a governmental unit to			1			
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Schedule A (Form 990 or 990-EZ) 2019 FOR VOCATIONAL REHABILITATION, INC.

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, places complete Part II.)	

Se	ction A. Public Support			· ·			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, or facilities furnished in		ĺ				
	any activity that is related to the			i			
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-			ļ			
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						-
	furnished by a governmental unit to			1			
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						_
	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the					İ	
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtractine 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(=) 0010	(6 T-+-1
	Amounts from line 6	(a) 2010	(B) 2010	(6) 2017	(0) 2018	(e) 2019	(f) Total
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						•
ь	Unrelated business taxable income		_				
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				1		
c	Add lines 10a and 10b					-	
	Net income from unrelated business					_	
	activities not included in line 10b,						
	whether or not the business is regularly carried on				1		
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.)						
	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						>
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
_	Public support percentage from 2018					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box a						▶└-
	33 1/3% support tests - 2018. If the					-	
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	<u>n did not check a l</u>	box on line 14, 19a	a, or 19b, check th			
93202	3 09-25-19				Sche	edule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 FOR VOCATIONAL REHABILITATION, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	5		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1	х	
•	class or purpose, describe the designation. If historic and continuing relationship, explain.		22	
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	2		X
0-	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
38	(b) and (c) below.	3a		X
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 12a or 12b in Part I, answer (b) and (c) below.	4a		X
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 (b) and (c) 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			37
	was accomplished (such as by amendment to the organizing document).	5a		X
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			Х
_	Part VI.	6		<u>~</u>
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 or 990-EZ).	7		X
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		<u></u>
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		X
0-	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Эa	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		X
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	- 50		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		X
c	Did a disqualified person (as defined in 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		X
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 10b below.	10a		X
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the exceptation had except hydrogen hadings \	10b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2019 FOR VOCATIONAL REHABILITATION, INC.

59-3052307 Page 6

1	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instruction
	other Type III non-functionally integrated supporting organizations must co			
ect	ion 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		<u> </u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
_	Fair market value of other non-exempt-use assets	1c		
-	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	7		
	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 1-1/2% of line 3 (for greater amount,			
-	see instructions).	4		Ì
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	•	
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		1

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 FOR VOCATIONAL REHABILITATION, INC. 59-3052307 Page 7 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 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c Breakdown of line 7: a Excess from 2015 b Excess from 2016

Schedule A (Form 990 or 990-EZ) 2019

c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019	FOR VO	CATIONAL	REHABI	LITATION	, INC.	59-3052307 Pr	age 8
Part VI	Supplemental Inform Part IV. Section A. lines 1.2	lation. Pro	vide the explana 4c. 5a. 6. 9a. 9b	tions required	by Part II, line 1	0; Part II, line 17:) <u>.</u>
	(Oce mendenons.)	_			<u>-</u>			
						-	·	
	<u>-</u>							
		<u>. </u>						
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2019

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. 59-3052307 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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** For an organization described in section 501(c)(3) filling 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 or 990-EZ), 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) filling 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, 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, 990-EZ, or 990-PF).

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
THE FLORIDA ENDOWMENT FOUNDATION
FOR VOCATIONAL REHABILITATION, INC.

Employer identification number

59-3052307

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WELLS FARGO FOUNDATION 90 SOUTH 7TH STREET MINNEAPOLIS, MN 55402	\$10,000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE ABLE CHARITABLE FOUNDATION, INC. 8177 BLUE QUILL TRAIL TALLAHASSEE, FL 32312	\$601,782.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE ABLE CHARITABLE FOUNDATION, INC. 8177 BLUE QUILL TRAIL TALLAHASSEE, FL 32312	\$_2,716,306.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>N</u> o. 4	Name, address, and ZIP + 4 STATE OF FLORIDA DEPT. OF EDUCATION DIVISION OF VOCATIONAL REHAB. 2002 OLD ST. AUGUSTINE ROAD, BLDG A TALLAHASSEE, FL 32301	\$ 549,823.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MCKEON LEAD TRUST 1214 REMINGTON RD. WYNNEWOOD, PA 19096	\$ <u>174,463.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BARBARA LEROY ABILITY FUND 92 EGLIN PARKWAY, NE FORT WALTON BEACH, FL 32548	\$ 138,365.	Person X Payroll

Name of organization
THE FLORIDA ENDOWMENT FOUNDATION
FOR VOCATIONAL REHABILITATION, INC.

Employer identification number

59-3052307

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
3	PUBLICLY TRADED INVESTMENTS		
		\$ 2,716,306.	06/30/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization

Employer identification number

VOCA	RIDA ENDOWMENT FOUNDA ATIONAL REHABILITATIO	ON, INC.	59-3052307
fro con Us	em anu ana contributor. Complete columns (s	a) through (e) and the following line en . charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the try. For organizations less for the year. (Enter this into onc) \$
No. m rt l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- =			
		(e) Transfer of gif	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
io. m t i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- =			
		(e) Transfer of gif	it
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -		(e) Transfer of gif	t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
		I	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ 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

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(e)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiz	ations: Complete Part III,			
Nar	=	ORIDA ENDOWMENT	-		ployer identification number
	FOR VO	CATIONAL REHABIL	ITATION, INC		59-3052307
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organ Political campaign activity expend Volunteer hours for political campa	itures			
Pá	art I-B Complete if the or	ganization is exempt un	der section 501(c)	(3).	
1	Enter the amount of any excise ta				\$
2	Enter the amount of any excise ta	x incurred by organization mana	gers under section 495	5	\$
	If the organization incurred a secti				
	a Was a correction made?				
ŀ	o If "Yes." describe in Part IV.				
Pa	art I-C Complete if the or	ganization is exempt un	der section 501(c)	, except section 50	1(c)(3).
1	Enter the amount directly expende	ed by the filing organization for s	ection 527 exempt fund	tion activities	\$
2	Enter the amount of the filing orga		_		
	exempt function activities				\$
3	Total exempt function expenditure			•	
	line 17b				\$
4	Did the filing organization file Form				
5	Enter the names, addresses and e made payments. For each organiz contributions received that were p political action committee (PAC). It	ation listed, enter the amount pa romptly and directly delivered to	aid from the filing organi o a separate political org	zation's funds. Also enter panization, such as a sepa	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 F Part II-A Complete if the orga					election under
section 501(h)).					
A Check if the filing organization	on belongs to an	affiliated group (and list i	n Part IV each affiliated	group member's nar	me, address, EIN,
expenses, and share	of excess lobbyi	ng expenditures).			
B Check I if the filing organization	on checked box	A and "limited control" pr	ovisions apply.		
	on Lobbying Ex ares" means ar	penditures nounts paid or incurred.	,	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opini	on (grassroots Johnving)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add line					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or		lobbying nontaxable am			
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,000,0		0,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		,000 plus 10% of the ex			
Over \$1,500,000 but not over \$17,00		,000 plus 5% of the exce			
Over \$17,000,000		00,000.			
<u> </u>					
g Grassroots nontaxable amount (ente	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	or less, enter -0-				
i Subtract line 1f from line 1c. If zero of	or less, enter -0-				
j If there is an amount other than zero	on either line 1h	or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this ye	ear?				Yes No
(Some organizations that	t made a sectio	Averaging Period Under n 501(h) election do not parate instructions for li	have to complete all o	f the five columns	below.
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures		-			
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

59-3052307 Page 3

Schedule C (Form 990 or 990-EZ) 2019 FOR VOCATIONAL REHABILITATION, INC. 59-305230 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

of the lobbying a	esponse on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
or the loopying a	ctivity.	Yes	No	Amount
1 During the	year, did the filing organization attempt to influence foreign, national, state, or			
local legisla	ation, including any attempt to influence public opinion on a legislative matter			
or reference	lum, through the use of:			
a Volunteers	7		Х	
b Paid staff	or management (include compensation in expenses reported on lines 1c through 1i)?		Х	
	ertisements?		X	
d Mailings to	members, legislators, or the public?		Х	
	ns, or published or broadcast statements?		Х	
	other organizations for lobbying purposes?		Х	
	tact with legislators, their staffs, government officials, or a legislative body?	Х		10,54
	monstrations, seminars, conventions, speaches, lectures, or any similar means?		Х	
	rities?		Х	
	lines 1c through 1i			10,54
2a Did the act	tivities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
	nter the amount of any tax incurred under section 4912			
	nter the amount of any tax incurred by organization managers under section 4912			
	organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A C	complete if the organization is exempt under section 501(c)(4), section 01(c)(6).	on 501(c)	5), or se	ction
		<u> </u>	- 1	Yes No
1 Were subs	tantially all (90% or more) dues received nondeductible by members?		1	
	anization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the org	anization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	? 3	
	01(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part	III-A, line 3, is
	nswered "Yes."			III-A, line 3, is
1 Dues, asse	nswered "Yes."			III-A, line 3, is
1 Dues, asse 2 Section 16	nswered "Yes." ssments and similar amounts from members			III-A, line 3, is
1 Dues, asse 2 Section 16 expenses	nswered "Yes." ssments and similar amounts from members 2(e) nondeductible lobbying and political expenditures (do not include amounts of politic	eal .	1	III-A, line 3, is
Dues, asseSection 16.expensesCurrent year	nswered "Yes." ssments and similar amounts from members 2(e) nondeductible lobbying and political expenditures (do not include amounts of politic for which the section 527(f) tax was paid).	eal	1	III-A, line 3, is
Dues, asse Section 16 expenses Current year	nswered "Yes." Issments and similar amounts from members 2(e) nondeductible lobbying and political expenditures (do not include amounts of politic for which the section 527(f) tax was paid). ar from last year	eal	2a 2b	III-A, line 3, is
1 Dues, asse 2 Section 16. expenses a Current yea b Carryover f c Total 3 Aggregate	nswered "Yes." ssments and similar amounts from members 2(e) nondeductible lobbying and political expenditures (do not include amounts of politic for which the section 527(f) tax was paid). ar from last year amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	eal	2a 2b 2c	III-A, line 3, is
1 Dues, asse 2 Section 16. expenses a Current yea b Carryover f c Total 3 Aggregate	nswered "Yes." Issments and similar amounts from members 2(e) nondeductible lobbying and political expenditures (do not include amounts of politic for which the section 527(f) tax was paid). ar from last year	eal	2a 2b 2c	III-A, line 3, is
1 Dues, asse 2 Section 16: expenses: a Current yea b Carryover f c Total 3 Aggregate 4 If notices w	nswered "Yes." ssments and similar amounts from members 2(e) nondeductible lobbying and political expenditures (do not include amounts of politic for which the section 527(f) tax was paid). ar from last year amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ess	2a 2b 2c	III-A, line 3, is
1 Dues, asse 2 Section 16. expenses a Current yea b Carryover f c Total 3 Aggregate 4 If notices w does the or	Inswered "Yes." Insurance and similar amounts from members 2(e) nondeductible lobbying and political expenditures (do not include amounts of political for which the section 527(f) tax was paid). In array array amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues array are sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	ess olitical	2a 2b 2c 3	III-A, line 3, is
1 Dues, asse 2 Section 16. expenses: a Current yea b Carryover f c Total 3 Aggregate 4 If notices w does the or expenditure 5 Taxable am	Inswered "Yes." Inswered "Yes." Inspection of political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures (see instructions)	ess olitical	2a 2b 2c 3	III-A, line 3, is
Dues, asse Section 16. expenses Current yea Current yea Current yea Aggregate If notices we does the or expenditure Taxable am Part IV S	Inswered "Yes." Inswered "Yes." Inspection of political expenditures (do not include amounts of political expenditures (do not include amounts of political for which the section 527(f) tax was paid). In array amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues array amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceptant of agree to carryover to the reasonable estimate of nondeductible lobbying and perfect the enext year? In a political expenditures (see instructions)	ess olitical	2a 2b 2c 3 4 5	
Dues, asse Section 16. expenses Current yea Current yea Carryover f Total Aggregate If notices we does the or expenditure Taxable am Part IV Section 16.	Inswered "Yes." Inspect of the section 527(f) tax was paid). It is a mount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the except year? In a mount reported in section 6033(e) (1)(A) notices of nondeductible section 162(e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the except year? In a mount of lobbying and political expenditures (see instructions) In a mount of lobbying and political expenditures (see instructions) In a mount of lobbying and political expenditures (see instructions) In a mount of lobbying and political expenditures (see instructions)	ess olitical	2a 2b 2c 3 4 5	
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1 Dues, asse 2 Section 16. expenses a Current yea b Carryover f c Total 3 Aggregate 4 If notices w does the or expenditure 5 Taxable am Part IV Servide the descriptions); and PART II-E	Inswered "Yes." Inswered "Yes." Inspection 527(f) tax was paid). Instruction 162(e) dues are serious and the amount of the exception 162(e) dues are serious agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions) Insurance of the exception 162(e) dues are serious agree to carryover to the reasonable estimate of nondeductible lobbying and pair enext year? Insurance of lobbying and political expenditures (see instructions) Insurance of part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group 1941 II-B, line 1. Also, complete this part for any additional information.	ess olitical list); Part II-	2a 2b 2c 3 4 5 5 A, lines 1 a	nd 2 (see
1 Dues, asse 2 Section 16. expenses a Current yea b Carryover f c Total 3 Aggregate 4 If notices w does the or expenditure 5 Taxable am Part IV S Provide the desc instructions); and PART II-E	Inswered "Yes." Inspection of the section 527(f) tax was paid). It is a mount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeding an agree to carryover to the reasonable estimate of nondeductible lobbying and perfect the section of lobbying and political expenditures (see instructions) Insurance in the section 6033(e)(1)(A) notices of nondeductible lobbying and perfect the section 162(e) dues are reported to a mount on line 3, what portion of the exceeding an agree to carryover to the reasonable estimate of nondeductible lobbying and perfect the section 162(e) dues are reported to a mount of lobbying and political expenditures (see instructions) Insurance in the section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are reported to a mount of line 3, what portion of the exceeding an agree to carryover to the reasonable estimate of nondeductible lobbying and perfect the section 162(e) dues are reported to a mount of line 3, what portion of the exceeding and political expenditures (see instructions) Insurance in the section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are reported to a mount of line 3, what portion of the exceeding and political expenditures (see instructions) Insurance in the section 527(f) tax was paid).	ess olitical list); Part II-	2a 2b 2c 3 4 5 5 A, lines 1 a	nd 2 (see
1 Dues, asse 2 Section 16. expenses a Current yea b Carryover f c Total 3 Aggregate 4 If notices w does the or expenditure 5 Taxable am Part IV S Provide the descriptorions); and PART II-E DIRECT CO	Inswered "Yes." It is sments and similar amounts from members 2(e) nondeductible lobbying and political expenditures (do not include amounts of politic for which the section 527(f) tax was paid). It is a mount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceptant of agree to carryover to the reasonable estimate of nondeductible lobbying and per extra year? In it is a mount of lobbying and political expenditures (see instructions) In it is a part II-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group in Part II-B, line 1. Also, complete this part for any additional information. In it is a part II-B, line 1. Also, complete this part for any additional information. In it is a part II-B, line 1. Also, complete this part for any additional information. In it is a part II-B, line 1. Also, complete this part for any additional information. In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions)	ess olitical list); Part II-	2a 2b 2c 3 4 5 5 A, lines 1 a	nd 2 (see
1 Dues, asse 2 Section 16. expenses a Current yea b Carryover f c Total 3 Aggregate 4 If notices w does the or expenditure 5 Taxable am Part IV S Provide the descriptorions); and PART II-E DIRECT CO	Inswered "Yes." It is sments and similar amounts from members 2(e) nondeductible lobbying and political expenditures (do not include amounts of politic for which the section 527(f) tax was paid). It is a mount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceptant of agree to carryover to the reasonable estimate of nondeductible lobbying and per extra year? In it is a mount of lobbying and political expenditures (see instructions) In it is a part II-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group in Part II-B, line 1. Also, complete this part for any additional information. In it is a part II-B, line 1. Also, complete this part for any additional information. In it is a part II-B, line 1. Also, complete this part for any additional information. In it is a part II-B, line 1. Also, complete this part for any additional information. In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions)	ess olitical list); Part II-	2a 2b 2c 3 4 5 5 A, lines 1 a	nd 2 (see
Dues, asse Section 16. expenses Current yea Current yea Carryover f Total Aggregate If notices w does the or expenditure Taxable am Part IV Security Securit	Inswered "Yes." It is sments and similar amounts from members 2(e) nondeductible lobbying and political expenditures (do not include amounts of politic for which the section 527(f) tax was paid). It is a mount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceptant of agree to carryover to the reasonable estimate of nondeductible lobbying and per extra year? In it is a mount of lobbying and political expenditures (see instructions) In it is a part II-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group in Part II-B, line 1. Also, complete this part for any additional information. In it is a part II-B, line 1. Also, complete this part for any additional information. In it is a part II-B, line 1. Also, complete this part for any additional information. In it is a part II-B, line 1. Also, complete this part for any additional information. In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions) In it is a mount of lobbying and political expenditures (see instructions)	ess olitical list); Part II-	2a 2b 2c 3 4 5 5 A, lines 1 a	nd 2 (see

SCHEDULE D

Department of the Treasury Internal Revenue Service

Name of the organization

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.

THE FLORIDA ENDOWMENT FOUNDATION

FOR VOCATIONAL REHABILITATION, INC.

Open to Public

Employer identification number 59-3052307

OMB No. 1545-0047

Inspection

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 23,465. Aggregate value of contributions to (during year) 2 Ο. Aggregate value of grants from (during year) 3 73,108. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes are the organization's property, subject to the organization's exclusive legal control? 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 X Yes impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

the following amounts required to be reported under FASB ASC 958 relating to these items:

provide the following amounts relating to these items:

b Assets included in Form 990, Part X

Schedule D (Form 990) 2019

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.

(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

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

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

		ATIONAL RE				<u> </u>	<u> 59-30</u>	52307	Page 2
	rt III Organizations Maintaining C								ed)
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that	make si	gnificant	use of its	3	
_	collection items (check all that apply):		Γ 1.						
a	Public exhibition	d		hange progran	n				
b	Scholarly research	е	Other	···					
C	Preservation for future generations								
4	Provide a description of the organization's c						ose in Pai	rt XIII.	
5	During the year, did the organization solicit of							٦	
Da	to be sold to raise funds rather than to be mrt IV Escrow and Custodial Arran	aintained as part of t	ne organization's c	ollection?				_ Yes	No No
ra	reported an amount on Form 990, Pa		ete if the organization	on answered "Y	res" on l	Form 990), Part IV,	line 9, or	
12	Is the organization an agent, trustee, custod		lian, for contribution	as or other ass	ote net i	nohidad			
16	on Form 990, Part X?							٦٧	□ No
Ь	If "Yes," explain the arrangement in Part XIII			***************************************			ــــ ـــــــــــــــــــــــــــــــــ	⊔ Yes	LL INO
	in res, explain the arrangement in rait XIII	and complete the lo	nowing table.			` —	·	A	
С	Beginning balance					10	-	Amount	
	Additions during the year								
	Distributions during the year								
f	Ending balance					1e			
2a	Did the organization include an amount on F	orm 900 Part Y line	21 for accrow or o	uetodial accou	nt liabilit		· .	Yes	No
	If "Yes," explain the arrangement in Part XIII.					у:		_1 162	
	t V Endowment Funds. Complete i					າ			<u> </u>
		(a) Current year	(b) Prior year	(c) Two years	$\overline{}$		ears back	(e) Four y	ears hack
1a	Beginning of year balance	21,234,168.	25,310,580.	24,929,			79,771.		61,488.
	Contributions	362,827.	38,393.		124.		84 747.		89,196.
	Net investment earnings, gains, and losses	4,162,270.	-1,807,908.	 			57,780.		10.087,
	Grants or scholarships	, ,	, ,	154,	_		43,000.		81,000.
	Other expenditures for facilities								,
·	and programs	2,424,741.	2,306,897.	1,110,	000	9	50,000.		
f	Administrative expenses		, , , ,	,			<u>,</u> •.	-	
	End of year balance	23,334,524.	21,234,168.	25,310,	580.	24 9	29,298.	24 1	79,771.
2	Provide the estimated percentage of the curr					,	<u>, </u>	,-	, , , , , , ,
	Board designated or quasi-endowment	100.00	%	2), 11014 46.					
	Permanent endowment	%							
		 .~							
_	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	•	ition that are held a	nd administere	ed for the	e organiz	ation		
	by:				- G 101 G10	o garnz	adon	V	es No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					00	
Par									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, F	Part X, Iir	ne 10.			
	Description of property	(a) Cost or ot				umulate	<u>, </u>	(d) Book v	alue
		basis (investm	1 ' '			eciation		(u) Dook v	aluo
1a	Land							•	
	Buildings		-			_			
	Leasehold improvements		16	4,921.		47,24	1.	117	680.
	Equipment			3,438.		28,02			416.
	Other			2,880.		31,82			053.
	Add lines 1a through 1e. (Column (d) must ed						D		149.

Schedule D (Form 990) 2019

	TTO 0 3 M T 0 1 7 7	******	TERRETOR	TATO
FOR	VOCATIONAL	KEHABIL	ITATION	TNC

Complete if the organization answered "Yes" a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
Financial derivatives			· · · · · · · · · · · · · · · · · · ·
Closely held equity interests			
Other _		-	
(A)			
(B)			
		<u> </u>	
(C)		··	
(D)	·		
(E)			
(F)			
(G)			
(H)		·	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art 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 valu
(1)		7.2.	
(2)		<u>-</u>	
3)			
(4)			
(5)			
(6)			
(7)			
8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	·		
art IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)	=		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	15.)	-	
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.		11e or 11f. See Form 990. Part X. line 25.	
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (11e or 11f. See Form 990, Part X, line 25.	
(a) Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability (b) must equal Form 990, Part X, col. (B) lines (c) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	
(1) Federal income taxes (2) al. (Column (b) must equal Form 990, Part X, col. (B) lines art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	
(a) Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability (1) Federal income taxes (3) (3)		11e or 11f. See Form 990, Part X, line 25.	
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.	
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.	
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.	
(9) (a) (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line		

Schedule D (Form 990) 2019

59-3052307 Page 4 FOR VOCATIONAL REHABILITATION, INC. Schedule D (Form 990) 2019 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. Total revenue, gains, and other support per audited financial statements 5,473,712. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d -1,257,267. Add lines 2a through 2d 6,730,979. 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 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. Total expenses and losses per audited financial statements 3,299,541. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2b 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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 XI, 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 V, LINE 4: PERMANENT ENDOWMENTS RECEIVED FROM DONORS ARE INVESTED IN PERPETUITY WITH DISTRIBUTIONS DESIGNATED MOSTLY FOR THE ABLE TRUST'S GENERAL PURPOSES, WITH A FEW OF THE PERMANENT ENDOWMENT FUNDS DESIGNATED FOR HIGH SHCOOL/HIGH TECH PROGRAMS OR RELATED PROGRAMS. THE BOARD DESIGNATED ENDOWMENTS REPRESENT RESOURCES CONTRIBUTED BY THE FOUNDATION TO INCREASE INVESTMENT PRINCIPAL. PART X, LINE 2: THE FOUNDATION HAS FILED ALL REQUIRED TAX RETURNS IN ALL JURIDICTIONS IN WHICH IT OPERATES. TAX YEARS AFTER 2016 REMAIN SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. 932054 10-02-19 Schedule D (Form 990) 2019

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Schedule D (Form 990) 2019

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Part

2 Des

Grants and Other Assistance to Organizations, Governments, and Individuals in the United State

Complete if the organization answered "Yes" on Form 990, Part

Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

ed States	IV, line 21 or 22.	

Open to Public OMB No. 1545-0047

Inspection

2 Employer identification number 59-3052307 X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed FOR VOCATIONAL REHABILITATION, INC. THE FLORIDA ENDOWMENT FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (f applicable) cash grant	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WFSU FOUNDATION 1600 RED BARBER PLAZA TALLAHASSEE, FL 32310	59-6152180	501(C)(3)	6,272.	0			VOCATIONAL PROGRAMS
ABILITIES, INC. OF FL DBA SERVICE SOURCE - 2735 WHITNEY ROAD - CLEARWATER, FL 33760-1610	59-0874493	501(C)(3)	46,000.	0			VOCATIONAL PROGRAMS
ABILITY 1ST 1823 BUFORD COURT TALLAHASSEE, FL 32308	59-2091522	501(C)(3)	.000,89	0			VOCATIONAL PROGRAMS
ARC BROWARD, INC. 10250 NORTHWEST 53RD ST. SUNRISE, FL 33351	59-0809623	501(C)(3)	50,188	0			VOCATIONAL PROGRAMS
ARC GATEWAY, INC. 3932 NORTH TENTH AVE. PENSACOLA, FL 32503	59-0940528	501(C)(3)	40,812.	°°			VOCATIONAL PROGRAMS
ARC JACKSONVILLE 1050 NORTH DAVIS ST. JACKSONVILLE, FL 32209	59-6209603	501(C)(3)	.000,69	°0			VOCATIONAL PROGRAMS

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

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Schedule I (Form 990) (2019)

Schedule | (Form 990) FOR VOCATIONAL REHABILITATION, INC.

| Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.)

59-3052307

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the Ur	nited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BASCOM PALMER EYE INSTITUTE P.O. BOX 0160880 MIAMI, FL 33101-6880	59-0624458	501(C)(3)	.000,09	0			VOCATIONAL PROGRAMS
BEST BUDDIES INTERNATIONAL, INC. 105 E. ROBINSON ST., #540 ORLANDO, FL 32801	52-1614576	501(C)(3)	.000,26	0.			VOCATIONAL PROGRAMS
BREVARD SCHOOLS FOUNDATION 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 32940-6699	59-2895155	501(C)(3)	23,000,	• 0		:	VOCATIONAL PROGRAMS
CAREER SOURCE FLORIDA CROWN 1389 US HIGHWAY 90 W, SUITE 170B LAKE CITY, FL 32055	59-3531927	501(C)(3)	92,000,	0			VOCATIONAL PROGRAMS
CAREER SOURCE FLAGLER VOLUSIA 329 BILL FRANCE BLVD. DAYTONA BEACH, FL 32114	59-3391587	501(C)(3)	31,386.	0			VOCATIONAL PROGRAMS
CENTER FOR IND LIV OF BROWARD 4800 N. STATE ROAD 7 BLDG. F, SUITE 102 - FT. LAUDERDALE, FL	65-0292125	501(C)(3)	46,000,	0			VOCATIONAL PROGRAMS
CENTER FOR IND, LIVING CENTRAL FL 720 NORTH DENNING DR. WINTER PARK, FL 32789	59-1828770	501(C)(3)	23,000.	0			VOCATIONAL PROGRAMS
CENTER FOR IND, LIVING N, CENTRAL FL - 222 SW 36TH TERRACE - GAINESVILLE, FL 32607	59-2177488	501(C)(3)	138,000.	0	:		VOCATIONAL PROGRAMS
CENTER FOR IND. LIVING JACKSONVILLE - 2709 ART MUSEUM DR. - JACKSONVILLE, FL 32207	59-1842440	501(C)(3)	83,500.	0,0			VOCATIONAL PROGRAMS
							Schedule I (Form 990)

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. Schedule I (Form 990)

59-3052307

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the Ur	nited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TR. NAPLES, FL 34109	59-6000557	SOVT	22,000,	0.			VOCATIONAL PROGRAMS
DYSLEXIA RESEARCH INSTITUTE 1934 STATE ROAD 30A PORT ST, JOE, FL 32456	59-1820902	501(C)(3)	23,000	0			VOCATIONAL PROGRAMS
EC CHILDREN'S ADVOCACY CENTER P.O. BOX 1237 NICEVILLE, FL 32589	59-3454168	501(C)(3)	46,369.	0.			VOCATIONAL PROGRAMS
EDUCATIONAL FOUNDATION OF LAKE COUNTY - 2045 PRUITT ST LEESBURG, FL 34748	59-2764174	501(C)(3)	23,000.	0.			VOCATIONAL PROGRAMS
EMBRACE FAMILIES FORMERLY COMMUNITY INIT - 4001 PELEE STREET, SUITE 200 - ORLANDO, FL 32817	01-0631375	501(C)(3)	23,000	•0			VOCATIONAL PROGRAMS
FL ASSOC. CENTERS FOR INDEPENDENT LIVING - 325 JOHN KNOX RD., BLDG. C, SUITE 132 - TALLAHASSEE, FL 32303	59-3241960	501(C)(3)	25,000.	0			VOCATIONAL PROGRAMS
FLAGLER COUNTY EDUCATION FOUNDATION - 1769 E. MOODY BLVD., BLDG. 2 - BUNNELL, FL 32110	59-3006312	501(C)(3)	23,000.	0.			VOCATIONAL PROGRAMS
FLORIDA CHAMBER FOUNDATION P.O. BOX 11309 TALLAHASSEE, FL 32302	59-6209605	501(C)(3)	25,000.	0.			VOCATIONAL PROGRAMS
FLORIDA PUBLIC MEDIA P.O. BOX 1691 ST. PETERSBURG, FL 33731-1691	59-2085219	501(C)(3)	.660,8	0.0			VOCATIONAL PROGRAMS

Schedule I (Form 990)

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. Schedule I (Form 990)

59-3052307

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the Ur	ited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR ORANGE CO. PUBLIC SCHOOLS - 550 S. ROLA AVE ORLANDO, FL 32801	59-2788435	501(C)(3)	46,000,	0.			VOCATIONAL PROGRAMS
FRIENDS OF ARROW ROCK P.O. BOX 124 ARROW ROCK, MO 65320	43-6051356	501(C)(3)	7,347.	.0			VOCATIONAL PROGRAMS
GOODWILL EASTER SEALS GULF (AL) 2440 GORDON SMITH DR. MOBILE, AL 36617-2319	63-0363472	501(Ĉ)(3)	46,000.	.0			VOCATIONAL PROGRAMS
GULFSTREAM GOODWILL INDUSTRIES, INC 1715 TIFFANY DRIVE EAST - WEST PALM BEACH, FL 33407	59-1197040	501(C)(3)	23,000.	.0			VOCATIONAL PROGRAMS
HARDEE COUNTY SCHOOL DISTRICT 200 SOUTH FLORIDA AVE. WAUCHULA, FL 33873	59-6000631	TAOS	11,000.	0			VOCATIONAL PROGRAMS
LIGHTHOUSE CENTRAL FLORIDA 2500 KUNZE AVE. ORLANDO, FL 32806	59-2418228	501(C)(3)	64,000.	0			VOCATIONAL PROGRAMS
LIGHTHOUSE FOR THE BLIND AND LOW VISION - 1106 WEST PLATT ST TAMPA, FL 33606	59-0637876	501(C)(3)	23,000.	0.			VOCATIONAL PROGRAMS
MACDONALD TRAINING CENTER 5420 W. CYPRESS ST. TAMPA, FL 33607	59-0777827	501(C)(3)	78,000.	0	:		VOCATIONAL PROGRAMS
MADLSON COUNTY SCHOOL BOARD 210 NE DUVAL AVE. MADLSON, FL 32340	59-6000721	30VT.	23,000.	0.			VOCATIONAL PROGRAMS
							Schedule I (Form 990)

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. Schedule I (Form 990)

59-3052307

Part II Continuation of Grants and Other Assistance to Governmen	Assistance to Go	vernments and Orgar	izations in the Ur	nited States (Sche	ts and Organizations in the United States (Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI DADE COLLEGE 11011 SW 104TH STREET BUILDING 9, R MIAMI, FL 33176	59-1210485	501(C)(3)	123,500.	0.			VOCATIONAL PROGRAMS
MIAMI LIGHTHOUSE FOR THE BLIND 601 SW 8TH AVENUE MIAMI, FL 33130	59-0637847	501(C)(3)	46,000,	0			VOCATIONAL PROGRAMS
NASSAU COUNTY SCHOOL DISTRICT 1201 ATLANTIC AVE. FERNANDINA BEACH, FL 32034	59-6000756	TVOE	23,000,	0			VOCATIONAL PROGRAMS
SCHOOL DISTRICT OF DESOTO COUNTY 494 N. MANATEE AVE. ARCADIA, FL 34266	59-6000580	тлос	23,000.	0			VOCATIONAL PROGRAMS
THE HAVEN 4405 DESOTO ROAD SARASOTA, FL 34235	59~1305522	501(C)(3)	122,976.	0.			VOCATIONAL PROGRAMS
THE KEY CLUBHOUSE OF SOUTH FL 1400 NW 54TH ST., SUITE 102 MIAMI, FL 33142	26-3727540	501(C)(3)	.000, 63	0.0			VOCATIONAL PROGRAMS
VOLUNTEER FLORIDA FOUNDATION 1545 RAYMOND DIEHL RD., SUITE 250 TALLAHASSEE, FL 32308	01-0973168	501(C)(3)	10,000.	0.			VOCATIONAL PROGRAMS
VOLUSIA COUNTY SCHOOL DISTRICT 1250 REED CANAL RD. PORT ORANGE, FL 32129	59-6000884	POVT	22,000.	0			VOCATIONAL PROGRAMS
							Schedule I (Form 990)

FOR VOCATIONAL REHABILITATION,

Page 2

59-3052307

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2019). Part

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) ന Part IV | Supplemental Information. Provide the information required in Part I, line 2: Part III, column (b); and any other additional information. TIMES PER YEAR, DEPENDING ON THE TERMS OF THE CONTRACT. THE FOUNDATION'S TO ASSESS HOW Q R STAFF REVIEWS PERIODIC REPORTS FROM GRANTEES TO DETERMINE IF CONTRACT ~ I ALL GRANTS ARE MADE VIA CONTRACTS THAT REQUIRE REGULAR REPORTING (d) Amount of non-cash assistance SITE VISITS ARE ALSO CONDUCTED (c) Amount of cash grant (b) Number of recipients GRANTEES ARE MEETING DELIVERABLES. DELIVERABLES ARE BEING MET. (a) Type of grant or assistance LINE 2: PART I,

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

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.

THE FLORIDA ENDOWMENT FOUNDATION

Employer identification number 59-3052307

OMB No. 1545-0047

Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

FOR VOCATIONAL REHABILITATION, INC.

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. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Discretionary spending account 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 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. Written employment contract X Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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? 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 If "Yes" on line 6a or 6b, describe in Part III. 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 X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2019

THE FLORIDA ENDOWMENT FOUNDATION

FOR VOCATIONAL REHABILITATION, INC.

Schedule J (Form 990) 2019

59-3052307

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.

	Γ	(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·(J)(B)	in column (B) reported as deferred on prior Form 990
(1) SUSANNE F. HOMANT FORMER PRESIDENT & CEO	€ €	121,144.	19,384.	90,420.	7,026.	8,383.	246,357.	000
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THE FLORIDA ENDOWMENT FOUNDATION

FOR VOCATIONAL REHABILITATION, INC.

Schedule J (Form 990) 2019

59-3052307

Page 3

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. Part III Supplemental Information

										Schedule J (Form 990) 2019
	PACKAGE OF \$90,420 WAS ACCRUED AT JUNE 30, 2019									
PART I, LINE 4A:	SUSANNE HOMANT'S SEVERANCE PACKAGE	AND PAID JULY 15, 2019.								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. Employer identification number 59-3052307

Pai	rt I Types of Property						
•		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determinencesh contribution	_	s
1	Art - Works of art						
2	Art - Historical treasures	-					
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		1	2,716,306.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
• •	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles		1				
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts					*	
25	Other • ()						
26	Other ()						
27	Other ()		-				
28	Other (
29	Number of Forms 8283 received by the organ	ization durin	a the tax vear for a	contributions			
	for which the organization completed Form 82						
	TO WHO WE STAND OF THE STAND OF THE STAND OF	,				Yes	No
30a	During the year, did the organization receive b	v contributio	on any property re	norted in Part L lines 1 throu	oh 28. that it	1.00	110
-	must hold for at least three years from the dat	-					
	exempt purposes for the entire holding period			·			х
b	If "Yes," describe the arrangement in Part II.	'					
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	utions? 31		Х
	Does the organization hire or use third parties						
uza	contributions?		•	•			x
le.	If "Yes," describe in Part II.				02a		
33	If the organization didn't report an amount in a	column (c) fo	r a type of propert	v for which column (a) is che	ocked		
-	describe in Part II.	Johanni (O) TC	. a type or propert	y to milest colonia (a) is one			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

THE FLORIDA ENDOWMENT FOUNDATION

ched <u>ule N</u>	1 (Form 990) 2019 Supplemental	FOR VOCATIONA	TP KEHWRIP	TTATION,	INC.	<u>59</u> -305230	7 Page
Part II	Supplemental	Information. Provide	the information req	uired by Part I, li	nes 30b, 32b, a	and 33, and whether the or a combination of both. Also	ganization
	is reporting in Part	I, column (b), the number	of contributions, th	e number of iter	ns received, or	a combination of both. Also	o complete
	uns part for any ac	iditional information.					
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932142 09-27-19

Schedule M (Form 990) 2019

SCHEDULE 0 (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information. THE FLORIDA ENDOWMENT FOUNDATION

Employer identification number

59-3052307 FOR VOCATIONAL REHABILITATION, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO BE A KEY LEADER IN PROVIDING FLORIDIANS WITH DISABILITIES OPPORTUNITIES FOR SUCCESSFUL EMPLOYMENT. FORM 990, PART VI, SECTION A, LINE 8A: FOR THE FISCAL YEAR, NONE OF THE BOARD OF DIRECTOR POSITIONS WERE FILLED. AS A RESULT, THE BOARD DID NOT MEET DURING THE FISCAL YEAR. FORM 990, PART VI, SECTION A, LINE 8B: FOR THE FISCAL YEAR, NONE OF THE BOARD OF DIRECTOR POSITIONS WERE FILLED. AS A RESULT, THE BOARD COMMITTEES DID NOT MEET DURING THE FISCAL YEAR. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 AND ACCOMPANYING SCHEDULES ARE PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE ORGANIZATION'S MANAGEMENT REVIEWS THE FORM 990 AND ACCOMPANYING SCHEDULES. ALL QUESTIONS AND ISSUES ARE RESOLVED WITH THE INDEPENDENT ACCOUNTING FIRM PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE CENTER. FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE AND THEN SENT TO THE FULL BOARD FOR REVIEW AND VOTE. FORM 990, PART VI, SECTION B, LINE 12C: THERE WAS NO BOARD IN PLACE FROM AUGUST 19, 2019 THROUGH JUNE 30, 2020. THEREFORE, NO MONITORING WAS NECESSARY DURING THAT TIME.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE BASE SALARY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

Employer identification number 59-3052307

AND ANNUAL INCENTIVE OPPORTUNITIES OF THE PRESIDENT. THE PRESIDENT DID NOT RECEIVE A RAISE DURING THE FISCAL YEAR ENDING JUNE 30, 2020. THERE WILL BE AN EXECUTIVE COMMITTEE IN PLACE FOR FISCAL YEAR ENDING JUNE 30, 2021.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC. SOME DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THE REMAINDER ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

BRIDGET PALLANGO (UNTIL 8/16/19) - 2121 NW 21ST STREET, MIAMI, FL 33142

KAREN B. MOORE (UNTIL 10/1/19) - 2011 DELTA BLVD., TALLAHASSEE, FL 32303

LES D. GOLDMAN (UNTIL 8/16/19) - 8125 HIGHWOODS PALM WAY, TAMPA, FL 33647

MARCY BENTON (UNTIL 8/16/19) - P.O. BOX 407, LAKELAND, FL 33802

RICHARD COLE JR (UNTIL 8/16/19) - 1720 SAINT JAMES CIRCLE

THE VILLAGES, FL 32162

SCOT M. LAFERTE (UNTIL 8/16/19) - 1000 UNIVERSAL PLAZA, ADMIN BUILDING

ORLANDO, FL 32819

REGULATION SECTION 1.263(A)-1(F) - DE MINIMIS SAFE HARBOR ELECTION

TAXPAYER NAME: THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL

REHABILITATION, INC.

TAXPAYER ADDRESS: 3320 THOMASVILE RD., STE 200, TALLAHASSEE, FL 32308

TAXPAYER ID NUMBER: 59-3052307

YEAR-END: 06/30/2020

UNDER IRC REGULATION SECTION 1.263(A)-1(F), THE TAXPAYER HEREBY ELECTS

TO APPLY THE DE MINIMIS SAFE HARBOR ELECTION.

932212 09-06-19

Schedule O (Form 990 or 9	99U-EZ) (ZU[19]	Othicasia :		ONT	Page
Name of the organization	THE	FLORIDA END	OWMENT .	FOUNDATT(ON	Employer identification numbe 59 - 3052307
	FOR	VOCATIONAL	REHABIL	TTATION,	INC.	59-3052307
						
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Go to www.irs.gov/Form990 for instructions and the latest information. Attach to Form 990. FOR VOCATIONAL REHABILITATION, INC. THE FLORIDA ENDOWMENT FOUNDATION

Employer identification number 59-3052307 Open to Public Inspection

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part	Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ions. Complete if the organization ans	wered "Yes" on Form 990, Par	t IV, line 34, becaus	se it had one or more re	elated tax-exempt

(a)	(q)	(0)	(P)	(e)	(£)	(8)	
. Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13)
of related organization		foreign country)		status (if section		entlty?	
				501(c)(3))		Yes	2
THE ABLE CHARITABLE FOUNDATION, INC						-	
82-1822879, 8177 BLUE QUILL TRAIL,							
TALLAHASSEE, FL 32312	CHARITABLE	FLORIDA	501(C)(3)	LINE 7	N/A		×

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

Schedule R (Form 990) 2019

THE FLORIDA ENDOWMENT FOUNDATION

FOR VOCATIONAL REHABILITATION, INC.

Schedule R (Form 990) 2019

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

Page 2

59-3052307

Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. 3 General or F managing partner? Yes Code V-UBI amount in box 20 of Schedule 1 K-1 (Form 1065) **Disproportionate** Yes No allocations? Ξ Share of end-of-year assets 6 Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Part IV

Section 512(b)(13) controlled entity? Yes No Percentage ownership Ξ Share of end-of-year assets <u>6</u> Share of total income Type of entity (C corp, S corp, or trust) <u>e</u> Direct controlling entity Ē Legal domicile (stats or foreign country) 9 Primary activity 9 Name, address, and EIN of related organization æ

Schedule R (Form 990) 2019

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932162 09-10-19

Page 3

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

×× × × × × × ē 9 2 5 <u>+</u> 19 ᆕ * ᄩ 두 0 4 2 Method of determining amount involved 4 Sale of assets to related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Dividends from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 318,089.FMV/ACTUAL Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Amount involved 3 Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Щ Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. INC. Other transfer of cash or property from related organization(s) Other transfer of cash or property to related organization(s) (1) THE ABLE CHARITABLE FOUNDATION, Gift, grant, or capital contribution to related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) 932163 09-10-19 ō ۵ Ε <u>N</u> <u></u> **3** 9 9

Schedule R (Form 990) 2019

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Page 4

THE FLORIDA ENDOWMENT FOUNDATION

Schedule R (Form 990) 2019 FOR VOCATIONAL REHABILITATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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6	Dispuyor- Code V-UBI General or Percentage totals amount in box 20 menaging overership allocations? of Schedule K-1 partner?	(route topo)																					Schedule R (Form 990) 2019
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(p)	Predomi (related excluded i	sections 3 (2-3 (4)																					
(c)	Legal domicile (state or foreign																						
(q)	Primary activity																						
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Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

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 a 6-month automatic extension of time to file any of the forms fisted below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of t	this form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-n	on-profits.			
Auton	natic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).			
	orations required to file an income tax return other than Fo e Form 7004 to request an extension of time to file incom			os, REMIC	s, and trusts	
Type or print	THE FLORIDA ENDOWMENT FOUND	DATIO		Taxpayer	identification num	. ,
File by the due date fo filing your	FOR VOCATIONAL REHABILITAT: Number, street, and room or suite no. If a P.O. box, s 3320 THOMASVILLE ROAD, NO.	ee instruc			59-30523	07
return. Sea instruction		oreign add	lress, see instructions.			
Enter th	e Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above) ALLISON CHASE	06	Form 8870			12
Telep	cooks are in the care of ▶ 3320 THOMASVILIDation No. ▶ 850-224-4493 organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶	s in the Ur Group Exe	Fax No. ited States, check this box emption Number (GEN) I	If this is fo	r the whole group,	▶ □
th	equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or x tax year beginning JUL 1, 2019 the tax year entered in line 1 is for less than 12 months, c	anization's	s return for:		npt organization ref	urn for
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	sing EFTPS (Electronic Federal Tax Payment System). See :: If you are going to make an electronic funds withdrawal)
instructi						
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868 (F	Rev. 1-2020)

923541 12-30-19



STRATEGIC PLAN – PLANNING PERIOD 2019 - 2021

EXECUTIVE SUMMARY

The Able Trust develops the organization's strategic direction using a three year planning period. This strategic plan covers the 2019 – 2021 calendar years. The strategies as developed are extensively dependent on state laws, as the organization operates under Florida Statutes as a Direct Service Organization (DSO) of the Florida Department of Vocational Rehabilitation/Department of Education. The Board has much discretion within the statutory direction, which directs the organization to raise funds from various sources, to receive, hold and manage property (which would include investments), and to make expenditures for the benefit of rehabilitation programs approved by the Board of Directors. The statute further expands the discretion of the Board, authorizing expenditures to organizations, agencies, associations, individuals, and basically to any organization or Foundation operated for charitable, educational or scientific purposes – generally to any 501(c)(3) entity that addresses rehabilitation issues, be that funding of programs, education of key leaders and businesses, research, communications, and the development of its own internal programs, among other options.

Members of the Able Trust Board, Ambassadors and staff met on June 21 and September 20 to analyze data, the current environment and the resources of the organization to consider its direction for the next planning period. The June 21 session included a facilitated session on fundraising. Many ideas and concepts were brought to those sessions. The Board further reviewed the first draft of the executive summary at its December 2018 meeting. In this process, the following six areas were identified as strategic for The Able Trust for the planning period of calendar years 2019 – 2021. The Executive Summary of the Strategic Plan is presented below, with data and analysis in the sections that follow.

Strategy One: Sustainability of the organization: Critical to all future planning is the taking of actions that will assure the continuation of operations. Since the current Florida statutes call for the organization to cease operations in October of 2019, legislative action is necessary during the 2019 Florida legislative session to eliminate the sunset date. It is imperative that the sunset issue be resolved before October, thus the primary strategy of The Able Trust for the planning period is the dedication of resources to working with state legislators to allow the organization to continue its operations and the mission. For 2019, this means effective communications with legislators, including outcomes data and individual employment successes to help pass legislation removing the sunset language from the statutes. A full legislative team, along with Board members, Ambassadors and staff will continue their work in informing and building relationships with the legislative decision-makers, to assure passage of legislation to assure legal sustainability.

<u>Strategy Two: Continuation of programs directed at youth and young adults:</u> The Able Trust's High School High Tech (HSHT) program continues as the signature youth program of the organization, successfully serving Florida High School students with disabilities for 19 years. It is a program

producing excellent outcomes, is respected and supported by DVR/DOE and the communities it serves, and should be continued at 43 sites in the 40 counties where the program was available in 2018. In addition, The Able Trust should fully fund one new start-up program during school year 2019-2020 from its grant budget. The program will continue using the five national HSHT guideposts and a sixth communications guidepost, designed by The Able Trust. The Able Trust should also launch the first of its Leadership Academy programs for young workers with disabilities who wish to add to their employability (soft) skills to enhance their hard skills, to enable them to bring greater value to their employers and to increase their own satisfaction in their career pursuits. The curriculum for the Academy will be developed in 2019, with one training conducted by year end. This training will be targeted at young adults, early in their careers. Results of the 2019 Academy will guide continuation into future years.

Strategy 3: Work Experiences: Research, both formal and informal has clearly shown that work experiences – internships, mentoring, apprenticeships, job shadowing, part time seasonal work, etc. – are significan in identifying the most effective route to career decisions and a career path for all workers. Florida's business and education leaders are identifying work experiences as the most important education activities for job and career goals. The Able Trust knows this is especially true for people with disabilities, who have additional challenges gaining entry into the world of work. All of the programs of The Able Trust that encourage and create work experiences should continue into the next planning period. This includes growing the effective Disability Employment Awareness Month (DEAM) program, continuing the emphasis on work experiences in the HSHT program, and prioritizing providing grants to organizations that include work experiences in their activities which assist their program participants in identifying a job and career path.

Strategy 4: Grant Program: The Able Trust has been known as a source of grant funding for employment and rehabilitation programs that serve Floridians with disabilities, and statutes require the continuation of such activity. Grants should continue to be offered in three categories: multi-year strategic grants, annual HSHT grants, and grants to other nonprofit organizations for education, communications and research purposes. An analysis of employment outcomes for the past four years for the funded rehabilitation organizations indicates that the multi-year grants produce a significantly larger number of employed participants than the general annual grants. In addition, the cost per individual employed for the longer term grants is far less. The Able Trust will increase its long term strategic grant support to two or three awards in FY 2020, and will add one funded HSHT program in FY 2020. The emphasis on longer term, larger grants will continue into years two and three of the planning period provided outcomes continue to support the strategy and funding remains available. Each funded workforce program must provide workforce experiences to at least 50% of the program participants, and clearly recognize The Able Trust as a champion funding organization in their promotional materials and in their communities.

Grants to non-profit organizations for education, communications and research purposes will continue to be budgeted for each year of the planning period. This will satisfy the statutory requirements for encouraging public and private support to enhance the employment of Floridians with disabilities, and use of funds to perform planning, research and policy development.

Strategy 5: Communications & Research: These two strategic areas are very closely connected, and must be considered together. The Able Trust has a charge to use some of its resources to provide for "education, communication and research purposes" Communications require good data to be effective, and the data must be supported and credible, which requires research that is statistically significant. Research will include completion of the longitudinal study of Able Trust grantee programs and the effectiveness of their activities in the first half of 2019, with results used in communications and program design. A statewide study of business leader perceptions on the hiring of people with disabilities will be scheduled for year 2 or 3 of the planning period. Three key audiences will be targets of Able Trust communications and research results; state policy-makers and their staff; Florida business leaders; and those policy-makers at the federal level that affect opportunities for workers with disabilities. In addition, the Able Trust will continue to maintain a public presence through public radio spots in the Florida major media markets, through publicity generated by grant awards, and through an effective use of print and social media.

During the first half of 2019, a formal communications plan for The Able Trust Alumni Association will be developed and implemented.

Strategy 6: Fundraising and Development: Since 2017 The Able Trust has adjusted its operations to comply with changes to its governing statutes, which affected its fundraising and development functions. The organization was required to account for private and public funds separately, while complying with ethical and legal obligations to assure that donor funds are used per donor requests. Private donations will continue to be directed to a non-profit entity with a similar mission to assure use as private donors direct, with donor-directed funds available to The Able Trust via a grant request process.

Per an analysis of past fundraising efforts, a restructure of the fundraising function is indicated. During calendar year 2019, fundraising will be directed to obtaining financial support for specific programs and activities. A consultant or fundraising entity will be hired to assist in the fundraising activities. During 2019, fundraising will be analyzed and a plan for years 2020 and 2021 will be developed, which will include an analysis of the ability to secure major endowments, and address the solicitation of donations from individuals and businesses.

Guiding Principles

In the process of developing and implementing the strategic direction of The Able Trust for the planning period 2019 - 2021, the following three questions will guide tactical decisions, as they did in the implementation of the 2016 - 2018 plan.

- I. How does this activity and use of our resources advance our mission our litmus test? (How can The Able Trust be "Disproportionately Influential"?)
- II. Is this investment of our resources an investment in the change we desire? (Catalytic Philanthropy)
- III. Does this activity promote The Able Trust as a key player in Florida in a greater national movement of equal opportunities for successful employment for all people with disabilities?

TAB 4

Blind Services Foundation of Florida Inc.

Annual Report 2020-2021

Our primary project during this fiscal year involved funding and, to a degree, overseeing a Rate Study which was contracted with San Diego State University. We have met once with representatives of that university and representatives of the Division of Blind Services to set out the initial parameters of the study. While our funding covered the fiscal year from July 2020 till the end of June 2021, the actual study itself will not be completed until the end of the calendar year.

Essentially, this study aims to look at the current values of a variety of contracted services delivered by local agencies serving people who are blind, who have low vision or are deaf and blind. These current costs will be compared with a range of other parameters within the state and across the country to try to decide what changes seem appropriate to implement a system that optimizes the cost of services delivered by these agencies in a number of areas and to a range of populations.

The Blind Services Foundation also continued to spend time working on the project that we had funded over the previous two years. This project involved the development and assessment of a vocational tool designed to test the current work readiness of people who are blind or have low vision. There is a good deal of interest at the national level to adopt this tool for use across the country. It is also being employed in Canada and in Denmark and, within Florida during this fiscal year, more than fifty individuals have been evaluated. Additional work was also done this year to refine the tool and the manual which accompanies it. The Division of Blind Services also worked with the Department of Education to encourage the legislature to pass a law that would have allowed DOE to copyright the tool and pertinent additional documents and place it in the Creative Commons on the internet. This would have and, hopefully, will provide protection for the state while making the tool available to those who would like to use it.

The Blind Services Foundation has completely updated our web site this year. We have also prepared and approved a new brochure. We are currently at work on a new poster that we hope to use to increase our fund raising by encouraging various entities to display it.

The Blind Services Foundation continues to have a majority of its Board who are blind or have low vision. We meet four to five times a year and our budget committee develops and implements a budget each year. All of our meetings are open and are publicly noticed.

It is an honor for all of us to have the opportunity to serve people who are blind in this state with our work on the Foundation Board. We believe that the projects we have funded since our inception have done a lot to make the lives of people who are blind in Florida better! We appreciate the opportunity to serve!

CODE OF ETHICS

BLIND SERVICES FOUNDATION OF FLORIDA, INC.

State of Florida Direct Support Organization

BOARD MEMBERS:
PAUL EDWARDS
BRUCE MILES
ROBERT KELLY
SHERYL BROWN
PATRICIA LIPOVSKY
DWIGHT SAYER
JOE MINICHIELLO

EX OFFICIO: ROBERT L. DOYLE, III DIRECTOR, DIVISION OF BLIND SERVICES





BLIND SERVICES FOUNDATION OF FLORIDA, INC. 'ENABLING THE BLIND'

State of Florida Direct Support Organization Code of Ethics

Policy Statement

The Blind Services Foundation of Florida, Inc., is a not-for-profit corporation created by the Florida Legislature in 2004 under s. 413.0111 F.S., The purpose of the Foundation is to raise funds to support services provided by the Florida Department of Education (FDOE), Florida Division of Blind Services (FDBS). The Blind Services Foundation of Florida is committed to lawful and ethical behavior in all of its activities and requires officers, directors, volunteers, and employees to act in accordance with all applicable laws, regulations and policies and to observe high standards of business and personal ethics in the conduct of their duties and responsibilities.

Board of Directors

Board members serve in a volunteer capacity and subscribe to the following:

- No member of the Board of the Foundation shall have any financial interest, direct or indirect, with any firm engaged in business transactions for the Foundation, unless fully disclosed and approved by a majority;
- 2. Take no action that could result in personal benefit or is in conflict with the bylaws of the Foundation, as referred to in the Conflict of Interest Questionnaire;
- 3. No member of the Board of the Foundation shall request, solicit, demand, accept, receive or agree to receive any gift, favor, service, or other thing of value from any individual or firm transacting business under the supervision or regulation of the Foundation;
- 4. Ensure that the Foundation is operated in a manner that upholds the Foundation's integrity and merits the trust and support of the public;
- 5. Uphold all applicable laws and regulations;
- 6. Deal with employees, volunteers, individuals served and the public in an honest, confidential and trustworthy manner;
- 7. Be a responsible steward of the Foundation's resources;
- 8. Carefully consider the public perception of personal and professional actions and the effect they could have, positively or negatively, on the Foundation's reputation in the community and elsewhere;
- 9. Comply with the requirements of the Sunshine Amendment;
- 10. Uphold and act in compliance with the Code of Ethics for Public Officers (F.S. 112.313).

Employees

The Foundation is an equal opportunity employer and will make reasonable accommodations, consistent with applicable laws, to the known disabilities of an otherwise qualified applicant or employee who is able to perform the essential functions of the position.

It is the Foundation's policy to not tolerate discrimination or harassment on the basis of race, color, religion, sex, national origin, age, marital status, sexual orientation, disability or other protected status (including sexual harassment), and to comply with all applicable federal, state and local laws on employment and employment practices.

Under the Board of Directors, employees of the Foundation will work diligently to fulfill the mission according to approved goals and objectives and in compliance with approved policies and ascribe to the following:

- 1. No employee of the Foundation shall have any financial interest, direct or indirect, with any firm engaged in business transactions for the Foundation, unless fully disclosed and approved by a majority;
- 2. Take no action that could result in personal benefit or is in conflict with the bylaws of the Foundation, as referred to in the Conflict of Interest Questionnaire;
- 3. No employee of the Foundation shall request, solicit, demand, accept, receive or agree to receive any gift, favor, service, or other thing of value from any individual or firm transacting business under the supervision or regulation of the Foundation;
- 4. No employee of the Foundation shall accept any compensation that is given to influence their actions while acting on behalf of the Foundation;
- 5. No employee of the Foundation shall use or attempt to use his or her position with the Foundation to secure a special privilege, benefit or exemption for himself, herself or others;
- 6. Create and maintain a climate of loyalty, trust and mutual respect;
- 7. Support the decisions of management. Employees are encouraged to provide input, but the staff must ultimately follow management's decisions;
- 8. Uphold all applicable laws and regulations to protect and enhance the Foundation's ability to meet its mission;
- 9. Be a responsible steward of the Foundation's resources;
- 10. Strive for personal and professional growth to improve effectiveness of job duties;
- 11. Carefully consider the public perception of personal and professional actions and the effect they could have, positively or negatively, on the Foundation's reputation in the community and elsewhere;

- 12. Safeguard any information about a donor, agency or any internal business, documents, decisions and policies. All such information will be treated as confidential and will be used and disclosed only for legitimate Foundation business;
- 13. Use caution and discretion to protect the confidential nature concerning transactions or personal information about present and prospective agencies or donors;
- 14. Safeguard proprietary market research reports and data, financial information and other confidential and proprietary information regarding the Foundation. This information will not be released to any person unless it has been published in reports or otherwise made available to the public in accordance with applicable disclosure regulations currently in effect;
- 15. Safeguard personnel information;
- 16. As private citizens, employees are free to participate in the political process; however, any participation must be as an individual, and employment with the Foundation cannot be used or exploited in any way.

Financial Practices

- 1. All financial practices shall be handled in accordance with applicable federal, state and local laws.
- 2. All financial matters shall be conducted within the standards of commonly accepted sound financial management practices.
- 3. All financial matters that fall within the purview of the Foundation's financial management policies shall comply with those policies.
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- 1. Fundraising activities will never knowingly mislead or misinform the public or misrepresent the Foundation.
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Acknowledgement

Each board member and employee shall sign a statement affirming that he/she:

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- Has read and understands the Code of Ethics;
- Has agreed to comply with the Code of Ethics;
- Understands that the Foundation is a charitable foundation and in order to maintain its
 federal tax exemption, must engage primarily in activities that accomplish one or more of
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Any employee who violates one of the Foundation's Code of Ethics may face corrective action. Board action may be taken with any director who violates the Code of Ethics. Statements of acknowledgement of board members and employees shall be kept in appropriate files in the office of the Chairman of the Board of Directors.

Signature:	Date: 2/9/17
Print Name: Paul Edwards	

BLIND SERVICES FOUNDATION OF FLORIDA, INC. 'ENABLING THE BLIND'

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State of Florida Direct Support Organization Code of Ethics

Policy Statement

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- 5. Uphold all applicable laws and regulations;
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- 7. Be a responsible steward of the Foundation's resources;
- 8. Carefully consider the public perception of personal and professional actions and the effect they could have, positively or negatively, on the Foundation's reputation in the community and elsewhere;
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Signature: Sunt. Mill

Print Name: BRUCE A. MILES

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State of Florida Direct Support Organization Code of Ethics

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Signature:	MILL	Da	ate:	2/9/17
Print Name: _	ROBERT T.	KELLY		

BLIND SERVICES FOUNDATION OF FLORIDA, INC. 'ENABLING THE BLIND'

State of Florida Direct Support Organization Code of Ethics

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Signature:	Shenge	Brown	Date: 2/9/17
Print Name:	Shery	Orown	

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Signature: _	~ *.*		Date: 2/9/17	
Print Name:	Patricia	Liposky		:

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- 14. Safeguard proprietary market research reports and data, financial information and other confidential and proprietary information regarding the Foundation. This information will not be released to any person unless it has been published in reports or otherwise made available to the public in accordance with applicable disclosure regulations currently in effect;
- 15. Safeguard personnel information;
- 16. As private citizens, employees are free to participate in the political process; however, any participation must be as an individual, and employment with the Foundation cannot be used or exploited in any way.

Financial Practices

- 1. All financial practices shall be handled in accordance with applicable federal, state and local laws.
- 2. All financial matters shall be conducted within the standards of commonly accepted sound financial management practices.
- 3. All financial matters that fall within the purview of the Foundation's financial management policies shall comply with those policies.
- 4. All financial matters covered by the Foundation's by-laws shall be handled in accordance with those by-laws.

Fundraising Activities

- 1. Fundraising activities will never knowingly mislead or misinform the public or misrepresent the Foundation.
- 2. Fundraising activities will uphold the integrity of the Foundation in order to merit the continued support and trust of the public.
- 3. Fundraising activities will not exploit the public by taking advantage of their empathy toward persons served by the Foundation.

Treatment of Individuals Served

The following will serve as guiding principles when dealing with individuals served by the Foundation:

- 1. To promote self-esteem in those we serve and supervise;
- 2. To treat individuals served with respect and dignity regardless of their disability;
- 3. To cultivate an atmosphere that fosters learning and development in those we serve;
- 4. To be mindful of attitudinal, architectural and communication barriers that may exist in the Foundation. Where barriers exist, the Foundation must consider corrective action.

Acknowledgement

Each board member and employee shall sign a statement affirming that he/she:

- Has received a copy of the Code of Ethics;
- Has read and understands the Code of Ethics;
- Has agreed to comply with the Code of Ethics;
- Understands that the Foundation is a charitable foundation and in order to maintain its
 federal tax exemption, must engage primarily in activities that accomplish one or more of
 its tax exempt purposes.

Any employee who violates one of the Foundation's Code of Ethics may face corrective action. Board action may be taken with any director who violates the Code of Ethics. Statements of acknowledgement of board members and employees shall be kept in appropriate files in the office of the Chairman of the Board of Directors.

	Lough D. S.	alalin	
Signature:	Skyna -	Date:////	_
Print Name:	Divigit D. Sayer	1	



BLIND SERVICES FOUNDATION OF FLORIDA, INC. 'ENABLING THE BLIND'

State of Florida Direct Support Organization Code of Ethics

Policy Statement

The Blind Services Foundation of Florida, Inc., is a not-for-profit corporation created by the Florida Legislature in 2004 under s. 413.0111 F.S., The purpose of the Foundation is to raise funds to support services provided by the Florida Department of Education (FDOE), Florida Division of Blind Services (FDBS). The Blind Services Foundation of Florida is committed to lawful and ethical behavior in all of its activities and requires officers, directors, volunteers, and employees to act in accordance with all applicable laws, regulations and policies and to observe high standards of business and personal ethics in the conduct of their duties and responsibilities.

Board of Directors

Board members serve in a volunteer capacity and subscribe to the following:

- 1. No member of the Board of the Foundation shall have any financial interest, direct or indirect, with any firm engaged in business transactions for the Foundation, unless fully disclosed and approved by a majority;
- 2. Take no action that could result in personal benefit or is in conflict with the bylaws of the Foundation, as referred to in the Conflict of Interest Questionnaire;
- 3. No member of the Board of the Foundation shall request, solicit, demand, accept, receive or agree to receive any gift, favor, service, or other thing of value from any individual or firm transacting business under the supervision or regulation of the Foundation;
- 4. Ensure that the Foundation is operated in a manner that upholds the Foundation's integrity and merits the trust and support of the public;
- Uphold all applicable laws and regulations;
- 6. Deal with employees, volunteers, individuals served and the public in an honest, confidential and trustworthy manner;
- 7. Be a responsible steward of the Foundation's resources;
- 8. Carefully consider the public perception of personal and professional actions and the effect they could have, positively or negatively, on the Foundation's reputation in the community and elsewhere;
- 9. Comply with the requirements of the Sunshine Amendment;
- 10. Uphold and act in compliance with the Code of Ethics for Public Officers (F.S. 112.313).

Employees

The Foundation is an equal opportunity employer and will make reasonable accommodations, consistent with applicable laws, to the known disabilities of an otherwise qualified applicant or employee who is able to perform the essential functions of the position.

It is the Foundation's policy to not tolerate discrimination or harassment on the basis of race, color, religion, sex, national origin, age, marital status, sexual orientation, disability or other protected status (including sexual harassment), and to comply with all applicable federal, state and local laws on employment and employment practices.

Under the Board of Directors, employees of the Foundation will work diligently to fulfill the mission according to approved goals and objectives and in compliance with approved policies and ascribe to the following:

- 1. No employee of the Foundation shall have any financial interest, direct or indirect, with any firm engaged in business transactions for the Foundation, unless fully disclosed and approved by a majority;
- 2. Take no action that could result in personal benefit or is in conflict with the bylaws of the Foundation, as referred to in the Conflict of Interest Questionnaire;
- 3. No employee of the Foundation shall request, solicit, demand, accept, receive or agree to receive any gift, favor, service, or other thing of value from any individual or firm transacting business under the supervision or regulation of the Foundation;
- 4. No employee of the Foundation shall accept any compensation that is given to influence their actions while acting on behalf of the Foundation;
- No employee of the Foundation shall use or attempt to use his or her position with the Foundation to secure a special privilege, benefit or exemption for himself, herself or others;
- 6. Create and maintain a climate of loyalty, trust and mutual respect;
- 7. Support the decisions of management. Employees are encouraged to provide input, but the staff must ultimately follow management's decisions;
- 8. Uphold all applicable laws and regulations to protect and enhance the Foundation's ability to meet its mission;
- 9. Be a responsible steward of the Foundation's resources;
- 10. Strive for personal and professional growth to improve effectiveness of job duties;
- 11. Carefully consider the public perception of personal and professional actions and the effect they could have, positively or negatively, on the Foundation's reputation in the community and elsewhere;

- 12. Safeguard any information about a donor, agency or any internal business, documents, decisions and policies. All such information will be treated as confidential and will be used and disclosed only for legitimate Foundation business;
- 13. Use caution and discretion to protect the confidential nature concerning transactions or personal information about present and prospective agencies or donors;
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- 2. To treat individuals served with respect and dignity regardless of their disability;
- 3. To cultivate an atmosphere that fosters learning and development in those we serve;
- 4. To be mindful of attitudinal, architectural and communication barriers that may exist in the Foundation. Where barriers exist, the Foundation must consider corrective action.

Acknowledgement

Each board member and employee shall sign a statement affirming that he/she:

- · Has received a copy of the Code of Ethics;
- · Has read and understands the Code of Ethics;
- · Has agreed to comply with the Code of Ethics;
- Understands that the Foundation is a charitable foundation and in order to maintain its
 federal tax exemption, must engage primarily in activities that accomplish one or more of
 its tax exempt purposes.

Any employee who violates one of the Foundation's Code of Ethics may face corrective action. Board action may be taken with any director who violates the Code of Ethics. Statements of acknowledgement of board members and employees shall be kept in appropriate files in the office of the Chairman of the Board of Directors.

Signature:	- AND AND AND AND AND AND AND AND AND AND	Date: 3/23/17
	C C C C C C C C C C C C C C C C C C C	
Print Name:	Spe Minichielle	

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning Jul 1 , 2019, and ending ,2020 Jun 30 B Check if applicable: C Name of organization D Employer identification number Address change Blind Services Foundation of Florida, Inc 55-0888147 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 325 W Gaines St Turlington Bldg 1114 (850)245-0392 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Tallahassee, FL 32399 Number ▶ Application pending G Accounting Method: H Check ► X if the organization is not www.floridablindservices.org required to attach Schedule B J Tax-exempt status (check only one) - X 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF). K Form of organization: X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . . . 1 68,303. 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 1,455. 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) C 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . c Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances . . . 7a **b** Less: cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 69,758. 10 Grants and similar amounts paid (list in Schedule O) 10 64,974. 11 11 Salaries, other compensation, and employee benefits 12 12 13 Professional fees and other payments to independent contractors . . . 13 14 14 15 15 16 Other expenses (describe in Schedule O) See. Line 16. Stmt . 16 3,329. Total expenses. Add lines 10 through 16 17 17 68,303. 18 1,455. Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 95,746. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 97,201. 21

Pe	Balance Sheets (see the instructions		may to manter			
	Check if the organization used Schedule	e O to respond to a	iny question in this			🗆
22	Cook covings and investment			(A) Beginning of year		(B) End of year
23	Cash, savings, and investments			95,746.	22	97,201.
24	Other assets (describe in Schedule O)				23	
25	Total assets			05.546	24	
26				95,746.	25	97,201.
27	Net assets or fund balances (line 27 of column			95,746.	26 27	07 201
Pai	Statement of Program Service Accom				21	97,201.
	Check if the organization used Schedule			D		Expenses
Wha	t is the organization's primary exempt purpose?	See Part III		Part III 📋		uired for section
	cribe the organization's program service accompl					c)(3) and 501(c)(4) nizations; optional for
as r	neasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe th ach program title.	e services provided	I, the number of	other	
28	Quality services and programs to them to gain or substain independence. Endo program expenses from income gene	wment investment	fund established t	e to fund future		
	(Grants \$ 64,974.) If this amount	includes foreign gra	ants, check here .	▶ 🗆	28a	64,974.
29						
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	29a	
30						
	/O					
24		includes foreign gra			30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount					
32	Total program service expenses (add lines 28a	includes foreign gra	ants, check here .		31a 32	64 074
Par	List of Officers, Directors, Trustees, and Ke					64,974.
	Check if the organization used Schedule	O to respond to a	nv question in this			
	and the constant and a conformal	(b) Average	(c) Reportable	(d) Health benefits,	Ť	
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe benefit plans, and deferred compensation	ot	Estimated amount of her compensation
Pau	l Edwards				1	
	irman	10.00	0.	0.		0.
	ght Sayer				T	
	e Chairman	10.00	0.	0.		0.
	ryl Brown					
	retary ce Miles	10.00	0.	0.		0.
	asurer					
	Minichiello	10.00	0.	0.	-	0.
	rd Member	10.00				
	ert Kelly	10.00	0.	0.	+	0.
	rd Member	10.00	0.	0.		0
	ricia Lipovsky	10.00	0.	0.	+-	0.
	rd Member	10.00	0.	0.		0
	ert Doyle			0.	+	0.
Ex-	Officio Board Member	10.00	0.	0.		0.
					1	<u> </u>
			1			
					1	

Part				
-	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь 38а	Did the organization file Form 1120-POL for this year?	37b		×
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38a		×
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ▶ Selena Sickler Telephone no. ▶ (850)		5-03	29
b	Located at ► 325 W Gaines St Room 1114 Turlington Bldg, Tallahassee FL ZIP + 4 ► 3239 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	9 9 	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	> []
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		×
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		×

							Yes	No
46		he organization engage, directly or in						
		ndidates for public office? If "Yes," of		Part I		- 46		×
Part	VI	Section 501(c)(3) Organization						
		All section 501(c)(3) organization	is must answer que	stions 47–49b and	52, and complete th	ne tables fo	or line	es
		50 and 51.		I I was not the property of the control of the cont				
		Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI			
47	Did +	ho organization engage in labbuire		ti			Yes	No
47	vear?	he organization engage in lobbying If "Yes," complete Schedule C, Par	activities or nave a s	section 501(n) electio	The course being and the contract of the contr			
48		organization a school as described in				47		<u>×</u>
49a		ne organization make any transfers t						×
b		es," was the related organization a se						<u>×</u> _
50		plete this table for the organization's	9				e an	d kov
00		oyees) who each received more than						u key
	op.	ayeasy wile each received more than	T	Γ	(d) Health benefits,	lo, ontor 140	5110.	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employee	(e) Estimated		
			devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other comp	oensat	ion
None	,							

							Control of	
f	Total	number of other employees paid ov	er \$100.000	. ▶		L		
51		olete this table for the organization			contractors who eac	h received r	more	than
0.		,000 of compensation from the orga			contractors who can	11 10001100 1	11010	triari
	(0)	Name and business address of each independ	lant contractor	(b) Tune of some	ino (a) Componentia		
	(a)	name and business address of each independ	Jeni comractor	(b) Type of serv	ice (c) Compensation	n	
None								
					Ô			

d	Total	number of other independent contra	actors each receiving	over \$100,000 l				
d 52	Did 1	he organization complete Schedu				h a		
	Did 1				nizations must attac	h a . ▶⊠ Y es		lo
52 Under p	Did of composition	he organization complete Schedu	ule A? Note: All se	ction 501(c)(3) organ	nizations must attack	.▶X Yes		
52 Under petrue, cor	Did of composition	the organization complete Scheduleled Schedule A	ule A? Note: All se	ction 501(c)(3) organ	nizations must attack	. Yes		
52 Under potrue, cor	Did of composition	the organization complete Scheduleted Schedule A	ule A? Note: All se	ction 501(c)(3) organ	nizations must attack nts, and to the best of my kas any knowledge.	. Yes		
52 Under petrue, cor	Did of composition	the organization complete Schedule A	ule A? Note: All se	ction 501(c)(3) organ	nizations must attack nts, and to the best of my kas any knowledge.	. Yes		
52 Under potrue, cor	Did of composition	the organization complete Scheduleted Schedule A	alle A? Note: All se	ction 501(c)(3) organ	nizations must attack nts, and to the best of my kas any knowledge. 07/22/2020 Date	. Yes nowledge and b		
Under potrue, cor	Did of composition	the organization complete Scheduleted Schedule A	ule A? Note: All se	ction 501(c)(3) organ	nizations must attack nts, and to the best of my kas any knowledge. 07/22/2020 Date Check	.▶⊠ Yes nowledge and b	belief,	it is
Under protrue, cor	Did compensations	the organization complete Scheduleted Schedule A	alle A? Note: All se	ction 501(c)(3) organ	nizations must attack ints, and to the best of my knowledge. 07/22/2020 Date Check //23/2020 self-emplo	nowledge and b	belief,	it is
Under pretrue, corresponding to the corresponding t	Did compensations rect, and	the organization complete Schedule A	return, including accompany officer) is based on all info	ction 501(c)(3) organ ving schedules and stateme rmation of which preparer h Dat 07	nizations must attack ints, and to the best of my knowledge. 07/22/2020 Date Check 2/23/2020 self-emplo	PTIN P0025	650	it is
Under potrue, corresponding to the corresponding to	enalties rect, an	the organization complete Schedule A	return, including accompany officer) is based on all info	ction 501(c)(3) organ ving schedules and stateme rmation of which preparer h Dat 07 sulting 33629	nizations must attack ints, and to the best of my knowledge. 07/22/2020 Date Check 2/23/2020 self-emplo	nowledge and b	650	it is

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses

Continuation Statement

Description	Amount
Insurance	768.
Licenses and Permits	136.
Accounting	335.
Web Fees	663.
Print Brochures	1,427.
Total	3,329.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Part III: Purpose

Continuation Statement

Organization's Primary Exempt Purpose	
lind Services Foundation of Florida is a direct-support organization	****
o the Division of Blind Services of the Florida Department of Education	
nder chapter 617, Florida statute, which is organized to raise funds, request an	ıd
eceive grants for the benefit of blind persons in the state of Florida and to ma	ke

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Name	of the organization					Employer identification	n number	
COLUMN TWO IS NOT THE OWNER.	nd Services Foundation o				TENTE DE LA CONTRACTION DE LA	55-0888147		
Par							ons.	
	organization is not a private founda							
1	A church, convention of church							
2	A school described in section		D) (2)					
3	☐ A hospital or a cooperative hos ☐ A medical research organization						/:::\	4
4	hospital's name, city, and state		onjunction with a nosp	Dital desc	inbed in s	section 170(b)(1)(A)	(III). Erite	er trie
5	An organization operated for	the benefit of a	college or university	owned o	r operate	ed by a government	al unit	described in
-	section 170(b)(1)(A)(iv). (Com		oonogo or armorony	0111100	, opolan	ou by a government		300011000 III
6	☐ A federal, state, or local govern	BOARD CLOSED. SEE MODEL-PROPERTY.	mental unit described	in secti	on 170(b)	(1)(A)(v).		
7	An organization that normally						n the ge	neral public
	described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)					
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organi							
	or university or a non-land-gra university:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the coll	lege or
10	An organization that normally r	eceives: (1) mor	e than 331,0% of its si	innort fr	m contri	hutions membershi	n face s	and arose
10	receipts from activities related	to its exempt fu	nctions-subject to c	ertain exc	ceptions.	and (2) no more tha	n 331/3%	6 of its
	support from gross investment acquired by the organization a						busines	ses
11	An organization organized and		- BOS 60 10 10 10 10 10 10 10 10 10 10 10 10 10					
	☐ An organization organized and						rry out t	he purposes
	of one or more publicly suppo	orted organizatio	ns described in secti	ion 509(a	1)(1) or se	ection 509(a)(2). Se	e sectio	on 509(a)(3).
	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	oporting o	organizati	on and complete line	s 12e, 1	12f, and 12g.
а	☐ Type I. A supporting organ							
	the supported organization					he directors or trust	ees of th	ne
	supporting organization. You	1.50						
b	☐ Type II. A supporting organ							
	control or management of to organization(s). You must				persons	triat control or man	age trie	supported
С	☐ Type III functionally integ	77			onnectio	n with, and function	ally inter	arated with.
U	its supported organization(,	,,
d	☐ Type III non-functionally i	ntegrated. A su	pporting organization	operate	d in conn	ection with its suppo	orted org	ganization(s)
	that is not functionally integ	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
	requirement (see instruction				85			
е	☐ Check this box if the organ	ization received	a written determination	on from t	ne IRS th	at it is a Type I, Type	₃ II, Type	e III
	functionally integrated, or 7						Г	
f	Enter the number of supported or Provide the following information	organizations .	orted organization(s)				[
g	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	I Was Ivor State	organization	(v) Amount of monetary	(vi)	Amount of
	(i) Name of supported organization	(ii) Liiv	(described on lines 1-10	listed in you	ur governing	support (see	other s	support (see
			above (see instructions))	docu	ment?	instructions)	inst	tructions)
				Yes	No			
(A)								
(B)								
				<u> </u>				************
(C)								
/D)								
(D)					The state of the s			- Company of the Comp
(E)								
Total								

Par	t II Support Schedule for Organiza	ations Descr	ribed in Sect	tions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	rage z
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	f Part I or if th	ne organizatio	on failed to au	alify under
	Part III. If the organization fails to	qualify und	er the tests li	sted below, p	lease compl	ete Part III.)	,
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	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)						
6	Public support. Subtract line 5 from line 4						
	ion B. Total Support	/) 0045	#1.0040	1.1.0047	(0.0010	T	
7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	(see instruction	ons)		or fifth toy w	12	- 504(-)(0)
10	organization, check this box and stop her	e organization e	is iirst, secon	a, thira, tourth	, or ππη tax ye	ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Support	t Percentage	Α				
14	Public support percentage for 2019 (line 6			1 column (f))		14	%
15	Public support percentage from 2018 Sch					15	%
16a	331/3% support test-2019. If the organize	zation did not	check the box	on line 13, ar	nd line 14 is 33	31/3% or more,	check this
	box and stop here. The organization quali						
b	33 ¹ /3% support test—2018. If the organization of this box and stop here. The organization of						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta umstances" te	ances" test, ch	eck this box a zation qualifies	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the leets the "fact	e "facts-and-c s-and-circums	circumstances" stances" test.	' test, check t The organization	this box and son qualifies as	top here.
18	Private foundation. If the organization did instructions	not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, checl	k this box and	

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.)

Section A. Public Support

Cal	andar year (or fleed year)				and the same		
1	endar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	59,575.	59,766.	75,222.	71,143.	68,303.	334,009.
_	SOID Or services performed or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
4	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							
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6							
7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	59,575.	59,766.	75,222.	71,143.	68,303.	334,009.
10	received from disqualified persons .	_				99	
	At the second se						
b	initial included of lifes 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					1	
С							
8							
o	Public support. (Subtract line 7c from						
Sect	ine 6.)						334,009.
	ndar year (or fiscal year beginning in)	(-) 2015	(1-) 0040	() a = 1			
9	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
10a		59,575.	59,766.	75,222.	71,143.	68,303.	334,009.
110,000	payments received on securities loans, rents,						
	royalties, and income from similar sources .	1,074.		1 000	_		
b		1,074.		1,263.	1,406.	1,455.	5,198.
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С		1,074.		1 262	1 105		
11	Net income from unrelated business	1,071.		1,263.	1,406.	1,455.	5,198.
	activities not included in 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.)					1	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	60,649.	59,766.	76,485.	72,549.	69,758.	339,207.
14	First five years. If the Form 990 is for the	organization's	first, second	, third, fourth, o	or fifth tax yea	r as a section	501(c)(3)
0	organization, check this box and stop nere						▶ □
Secti	on C. Computation of Public Support	Percentage					
15	Public support percentage for 2019 (line 8,	column (f), divi	ided by line 13	3, column (f)) .		15	98.47 %
16 Sootii	Public support percentage from 2018 Sche	dule A, Part III,	, line 15			16	98.85 %
17	on D. Computation of investment inco	ome Percent	age				
17	Investment income percentage for 2019 (lin	ne 10c, column	(f), divided by	line 13, colum	n (f))	17	1.53 %
18 19a	Investment income percentage from 2018 9	Schedule A, Pa	rt III, line 17.			18	3 3 5 0/
198	331/3% support tests—2019. If the organiza	ation did not cl	neck the box	on line 14, and	line 15 is mor	e than 331/3%,	and live
b	17 is not more than 331/3%, check this box ar	ia stop here. Ti	ne organizatior	qualifies as a p	oublicly support	ed organization	n . ▶ 🔀
D	331/2% support tests – 2018. If the organization 18 is not more than 331/2% check this ha	tion did not che	ck a box on lir	ne 14 or line 19a	a, and line 16 is	more than 331	/3%, and
	inte 10 is not more than 33 /3%, check this bo	ox and stop her	e. The organiza	ation qualifies as	a publicly sup	ported organiza	ation > \pi
20	Private foundation. If the organization did	not check a bo	x on line 14. 1	9a, or 19b, che	ck this hox an	id soo instructi	one N

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	on A. All Supporting Organizations			
		Total Springer	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 (b) and (c) 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		
С	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 12a or 12b in Part I, answer (b) and (c) 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		
С	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		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 in 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		
С	Did a disqualified person (as defined in 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	the state of proteins and the state of proteins and the state of proteins	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		

-	30 - 1 (1 m 30 0 1 300-L2) 2019			Page 🕻
Part	Supporting Organizations (continued)			
44	Hos the experientian account of a 10 miles of the first o		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
Coot	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u></u>	
Sect	ion B. Type I Supporting Organizations			
	Did the division to the	100000000000000000000000000000000000000	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2		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.			
Secti	on C. Type II Supporting Organizations	2		
0000	on o. Type if Supporting Organizations		24	
1	Word a majority of the organization's divestors by trustees during the towards and it is a fill of the		Yes	No
	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).			
Secti	on D. All Type III Supporting Organizations	1		
OCCI	on B. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	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	leystini.	
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 in (2), 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		HOUSELL
Secti	on 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 it	nstruc	tions	;),
а	☐ 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 government entity (see ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	
а	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 in (a) 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	3850	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		- Constant of the second
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 Or	ganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	a trus	t on Nov. 20, 1970 (exp	lain in Part VI). See tions 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		1
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 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-functionall	y integ	grated Type III supportin	ng organization (see

Schedule A (Form 990 or 990-EZ) 2019

Pa	rt V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	izations (continued)	Page
Sec	ction D-Distributions		(**************************************	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pur	Doses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets		a neations	
5	Qualified set-aside amounts (prior IRS approval required			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8				
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	tion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g				
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	4. The state of th			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

	Page o
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 O (Form 990 or 990-EZ)

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.

Open to Public

Employer identification number

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Blind Services Foundation of Florida, Inc	55-0888147
Other: Part I, Line 10. Grants & Donations	
Pt I, Line 10:	
Description: Grants & Donations	
Class of activity: Class 1	
Amount given: \$64,974	
Pt I, Line 16:	
Description: Insurance \$768	
Description: Licenses and Permits \$136	
Description: Accounting \$335	
Description: Web Fees \$663	
Description: Print Brochures \$1,427	

Form **8879-E0**

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning Jul 1 , 2019, and ending Jun 30, 20 20

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

▶ Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

name or exempt organization	Employer identification number			
Blind Services Foundation of Florida, Inc Name and title of officer	55-0888147			
Paul Edwards, Chairman				
Part I Type of Return and Return Information (Whole Dollars Only)				
Check the box for the return for which you are using this Form 8879-EO and enter the applications of the return for which you are using this Form 8879-EO and enter the applications of the return for which you are using this Form 8879-EO and enter the applications of the return for which you are using this Form 8879-EO and enter the applications of the return for which you are using this Form 8879-EO and enter the applications of the return for which you are using this Form 8879-EO and enter the applications of the return for which you are using this Form 8879-EO and enter the applications of the return for which you are using this Form 8879-EO and enter the applications of the return for which you are using this Form 8879-EO and enter the applications of the return for the re	ole amount, if any, from the return. If you			
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return b	eing filed with this form was blank then			
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you ent	tered -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 ▶ ☐ b Total revenue, if any (Form 990, Part VIII, column (A), line	12) 1b			
2a Form 990-EZ check here ▶ 🗵 b Total revenue, if any (Form 990-EZ, line 9)	2b 69,758.			
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	I, line 5) 4b			
5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c)	5b			
Part II Declaration and Signature Authorization of Officer				
Under penalties of perjury, I declare that I am an officer of the above organization and that I have	ve examined a copy of the			
organization's 2019 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			
organization's electronic return. I consent to allow my intermediate service provider, transmitter	r, or electronic return originator (ERO)			
to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement the transmission (b) the recent for any delay in present in the return to the IRS (a) and acknowledgement the transmission (b) the recent for any delay in present in the return to the IRS (a) and acknowledgement the transmission (b) the recent for any delay in present in the IRS (a) and acknowledgement to the IRS (b) the recent for any delay in present in the IRS (a) and acknowledgement the IRS (b) the recent for any delay in present in the IRS (c) and acknowledgement to the	nt of receipt or reason for rejection of			
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the dat authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds with	te of any refund. If applicable, I			
financial institution account indicated in the tax preparation software for payment of the organization	ration's federal taxes awad on this			
return, and the financial institution to debit the entry to this account. To revoke a payment, I mu	ist 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 electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	my signature for the organization's			
Officer's PIN: check one box only				
EDO firm name	as my signature			
II A M ANTONIO	Enter five numbers, but do not enter all zeros			
on the organization's tax year 2019 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 progra	m, I also authorize the aforementioned			
ERO to enter my PIN on the return's disclosure consent screen.				
V A				
As an officer of the organization, I will enter my PIN as my signature on the organization's	tax year 2019 electronically filed return.			
If I have indicated within this return that a copy of the return is being filed with a state ager the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	ncy(les) regulating charities as part of			
	7/22/2020			
Part III Certification and Authentication	77 227 2020			
ERO's EFIN/PIN. Enter your six-digit electronic filing identification				
number (EFIN) followed by your five-digit self-selected PIN.	5 9 5 8 9 8 3 3 6 2 9			
	Do not enter all zeros			
certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically	/ filed return for the organization			
indicated above. I confirm that I am submitting this return in accordance with the requirements of Information for Authorized IRS e-file Providers for Business Returns.	of Pub. 4163, Modernized e-File (MeF)			
FDO/s signature b	07/02/0000			
Date •	07/23/2020			
ERO Must Retain This Form — See Instructions				
Do Not Submit This Form to the IRS Unless Requested To Do So				