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	s. 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) 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.	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 \$11,694,598 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 2020-21 academic year. The Foundation also acts as the fiscal agent for many private grants aimed at student success programs for the Division of Florida Colleges and the system. The Foundation is a 501(c)(3)

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. 	 Organize and prepare for additional grant writing Board members invite Chancellor and/or President to local industry to seek statewide partnership 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 		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 protecting the autonomy and local support of Florida's 28 colleges. Our strategic plan includes goals to increase

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
			 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 See the attached Strategic Plan Document under Tab 1. 		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 22 member Board of Directors will continue to cultivate public private partnerships for scholarships and programs.
The Florida Education Foundation, Inc. 325 West Gaines Street, Room 1524 Tallahassee, FL 32399-0400 850-245-5087 www.floridaeducationfoundation.org	s. 1001.24, F.S.	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.	The Florida Education Foundation supports the Florida Department of Education and highest student achievement 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.	See Tab 2.	The Foundation continues to directly support the Department of Education in alignment for the original purpose 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 Florida's public schools to improve student achievement.

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
					 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

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 Commissioner's Business Roundtables, the Sunshine State Scholars program, the Commissioner's 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	s. 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 provider in providing Floridians with disabilities opportunities for successful employment.	 Over the next three fiscal years, the organization plans to: Enhance its fundraising and grantwriting 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 	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; and Is actively engaged in developing and successfully executing innovative programs,

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	Authority		employment opportunities for Floridians with disabilities, with particular engagement around Disability Employment 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; • Reestablish regional business leadership and exchange networks across the state; and • Institute capacity-building efforts focused on strengthening local community rehabilitation providers and other partners that support the mission of meaningful and sustainable employment for Floridians with disabilities. 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		such as its statewide High School High Tech program, the development of business outreach and engagement programs, and outcome- focused statewide employment activities conducted with a variety of partnering organizations. The Able Trust 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. In FY 2019, The Able Trust supported a number of community organizations with technical and staff assistance as well as funding. The organization provided \$2,438,442 in grants and
					related support.

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	s. 413.0111, F.S.	The Blind Services Foundation of Florida,	due to be "sunset" by 1 October 2023 unless saved from repeal before that date. See the attached Strategic Plan Document under Tab 3. Over the next three fiscal years, the Blind	See Tab 4.	The Florida Division of Blind Services,
Inc. 325 W. Gaines St. Room 1114, Turlington Building, Tallahassee, Florida 32399 1-800-342-1828 www.blindservicesfoundation.org	3. 413.U111, F.3.	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.	 Services Foundation will focus on: Internal controls developed and implemented during this year The development and approval of a new approach to soliciting proposals Distribution of funds Marketing of the Bikers Care motorcycle tag Overseeing the development of a vocational evaluation tool and ancillary products See the attached Strategic Plan Document under Tab 4. 	Sec 180 4.	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; • Is an effective vehicle for cultivating meaningful partnerships between the FDBS and other stakeholders; and
Blind Services Foundation of Florida,					Is actively engaged in

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Inc.					developing and successfully
325 W. Gaines St. Room 1114,					executing innovative programs
Turlington Building,					such as the Bikers Care Tag
Tallahassee, Florida 32399					initiative and supports the
1-800-342-1828					efforts of the FDBS regarding
www.blindservicesfoundation.org					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
					new brochure, posters and an
Blind Services Foundation of Florida,	_				updated website that will

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Inc. 325 W. Gaines St. Room 1114, Turlington Building, Tallahassee, Florida 32399 1-800-342-1828 www.blindservicesfoundation.org					showcase its projects and bring awareness to the efforts of the Foundation.

TAB 1



Conflict of Interest Policy

As a nonprofit corporation, the proper governance of The Florida College System Foundation depends on the active participation of volunteer Board Members who freely donate their time and talents for the benefit of The Florida College System Foundation. The Foundation is aware; however, that this service may occasionally result in situations involving a dual interest on the part of one or more members of the Board of Directors that might be interpreted as a conflict of interest.

The Florida College System Foundation recognizes that it is inherent in the process of selection of members of the Board of Directors that they are and will continue to be active in the community and those dualities of interest will necessarily occur because of their varied interests and backgrounds. However, the Foundation believes that its Board should not be inhibited solely because of dualities of interest that might be interpreted as conflicts of interest. In fact, the Foundation believes that the matter of dualities of interest can best be handled through full disclosures of such interests, together with noninvolvement in any vote wherein such an interest may be relevant.

In light of this, the following policy is established:

- 1. Any duality of interest on the part of any member of the Board of Directors and/or staff member shall be disclosed to the other members of the Board.
- 2. When a member of the Board of Directors has a duality of interest which he or she reasonably believes is relevant to any matter before the Board or one of its committees, he or she shall call such interest to the attention of the Chairman of the Board or President of the Foundation. Such Director shall not vote on that matter and shall not use his or her personal in fluence in the discussion of the matter. However, any Director who is excluded from voting pursuant to this policy may briefly state his or her position on the matter and answer pertinent questions of other Directors when the member's knowledge regarding the matter will assist the board or committee.
- 3. The minutes of the meeting shall reflect that the Director having a duality of interest disclosed the name and that he or she abstained from voting on the matter.
- 4. A copy of this policy shall be furnished to any person who is or becomes a member of the Board of Directors of the Foundation and such Director will acknowledge, in writing, his or her receipt and understanding of the policy.

I acknowledge that I have received, read and "Policy on Conflict of Interest."	understand this Florida College System Foundation, Inc.,
Signature	Date
Print or type name	

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
- Board members invite Chancellor and/or President to local industry to seek statewide partnership
- 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

Form 8879-EQ

IRS e-file Signature Authorization

for an Exempt Organization OMB No. 1545-1878 For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19 ▶ Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization THE FLORIDA COLLEGE SYSTEM Employer Identification number FOUNDATION, INC. 65-0530384 Name and title of officer JUDY GREEN PRESIDENT/SEC 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 applicable 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 being 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 entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b _ 3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part VI, 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 examined a copy of the organization's 2018 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, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only CARROLL AND COMPANY, X I authorize to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 03/18/20 Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 59202577777 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) ERO's signature 03/18/20

Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2018)

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018 Open to Public Inspection

A	For the 2018 (calendar year, or tax year beginning 07/01/18, and ending 06/30/1	9		
В	Check if applicable:	C Name of organization THE FLORIDA COLLEGE SYSTEM	1	Employe	er identification number
	Address change	FOUNDATION, INC.			
[-1	Name change	Doing business as		65-0	530384
لسا				Telephor	ne number
Ш	Initial return Final return/	FL DEPT EDUCATION P.O. DRAWER 10503		850-	245-9494
Ш	terminated	City or town, state or province, country, and ZIP or foreign postal code	- 1		
	Amended return	TALLAHASSEE FL 32302-0503		Gross rec	eipts\$ 5,839,512
	Application pending	F Name and address of principal officer:	H(a) Is this a group	return for s	rhordinates? Yes X No
L	Application perioning	JUDY GREEN	-		
		FL DOE, P.O. DRAWER 10503	H(b) Are all subon		h
_		TALLAHASSEE FL 32302-0503	If "No," a	ttach a list.	(see instructions)
\perp	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
1		LORIDACOLLEGESYSTEMFOUNDATION.ORG	H(c) Group exemp	tion numbe	
K	Form of organization		r of formation: 19	94	M State of legal domicile: F1
		mmary			
		escribe the organization's mission or most significant activities:			(1)4. (1)
93	SEE	SCHEDULE O			
Jan	en 137	AND THE RESIDENCE OF LABOUR.			ONL TO ANNUAL PROPERTY.
Activities & Governance		······································			
Ó	2 Check th	is box ▶ if the organization discontinued its operations or disposed of more than 25%	of its net asset	ts.	
මේ	3 Number	of voting members of the governing body (Part VI, line 1a)		3	19
es	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	19
Ž	5 Total nur	nber of individuals employed in calendar year 2018 (Part V, line 2a)	0.000	5	0
Act	6 Total nur	nber of volunteers (estimate if necessary)		6	21
	7a Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0
_	b Net unre	ated business taxable income from Form 990-T, line 38		7b	0
Revenue			Prior Year		Current Year
		ions and grants (Part VIII, line 1h)	1,238,		369,702
		service revenue (Part VIII, line 2g)		254	17,807
	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	1,278,		1,023,941
		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		304	1,663
-	12 Total rev	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,567,		1,413,113
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)	1,089,	209	1,271,199
	14 Benefits	paid to or for members (Part IX, column (A), tine 4)			0
S	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
SUS	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0
Expenses		draising expenses (Part IX, column (D), line 25) ▶ 0			
ш		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	536,		526,355
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,625,		1,797,554
. 10		less expenses. Subtract line 18 from line 12	942,	302	-384,441
0 80	66 T	- 10 AM F - 40	leginning of Curren		End of Year
Net Assets or Fund Balances	20 Total ass	ets (Part X, line 16)	24,432,		24,468,930
tel	21 Total liab	lities (Part X, line 26)		358	48,669
_		s or fund balances. Subtract line 21 from line 20	24,344,	940	24,420,261
_		gnature Block			
tru	nder penaities of p ie. correct, and co	erjury, I declare that I have examined this return, including accompanying schedules and statements implete. Declaration of preparer (other than officer) is based on all information of which preparer has	, and to the best	of my kno	owledge and belief, it is
_		report 2 2000 of property (office that officer) is based on all illionitation of which preparer has	any knowledge.	1	
Sig	(n) s	gnature of officer			
Hei	11.			Date	
1161		JUDY GREEN PRESIDE	ENT/SEC		
_		preparer's name Proper's signature	I.e.	_	T-1
Paid	a	I as Donated Land	Date	Check	if PTIN
	harer	744	03/18/20	0 self-emp	
	Only Firm's nar		Firm's	S EIN 🕨	59-3038528
	- 1	2640-A MITCHAM DRIVE			
Mari	the IPS discuss		Phon	e no.	850-877-1099
For	Panaguert Bad	s this return with the preparer shown above? (see instructions) ction Act Notice, see the separate instructions.			X Yes No
DAA	- aherwork Kedu	ction Act mattee, see the separate instructions.			Form 990 (2018)

		COLLEGE SYSTEM	65-0530	384	Page
Part III		ram Service Accomplishm contains a response or not			X
1 Briefly d	escribe the organization's r		e to any line in this rait in		Section 1
	CHEDULE O				
			B2	9111	
	•	significant program services durin	g the year which were not listed of		
	m 990 or 990-EZ?			Yes 2	X: N
	describe these new service				
Did the o		ing, or make significant changes in	n how it conducts, any program	Yes X	ΧN
	describe these changes or				
		n service accomplishments for eac			
		01(c)(4) organizations are required		d allocations to others,	
the total	expenses, and revenue, if	any, for each program service repo	orted.		
a (Code:) (Expenses \$	1,682,865 including	grants of \$ 1,271,1	.99) (Revenue \$ 17,8	307
GRANT!		FLORIDA COLLEGES	TO FUND SCHOLAR	SHIPS FOR STUDENTS AN	
OTHER	ACTIVITIES ST	JPPORTING THE FLO	RIDA COLLEGE SYS	Tem.	
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	100, 100VI V.			e ee ee ee ee	
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Other pro	gram services (Describe in	Schedule O.1			
Other pro (Expense	gram services (Describe in	Schedule O.) including grants of \$) (Revenue	\$	

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 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 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 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 X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 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 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 x Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 X 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII X 110 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 X 12a 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 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 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 X 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) X 17 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 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 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II x

	ift 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 individ	luals o	n			Г
	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					Г
	organization's current and former officers, directors, trustees, key employees, and highest compens	sated			1	1
	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 th	an	10.00 11 .00			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer	lines 2	?4b			
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception	1?		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during t	he yea	r			
	to defease any tax-exempt bonds?			24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year			24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exc	ess be	enefit			
	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 pr	rior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	990-E	Z?			
	If "Yes," complete Schedule L, Part I			25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to	any				
	current or former officers, directors, trustees, key employees, highest compensated employees, or					
	disqualified persons? If "Yes," complete Schedule L, Part II		11-1-1	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employed					
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% contri	olled		1		
_	entity 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 Schedu	ıle L,				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			1 100		135-0
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I		811100	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	8				
_	Schedule L, Part IV			28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member	therec	of)			
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		***************************************	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete School		****	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or quality	fied		11		
31	conservation contributions? If "Yes," complete Schedule M	-	ive come	30		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sche		, Part I	31	-	X
,,,	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes complete Schedule N, Part II					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Re		it tere	32	-	X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	guiatio	ins			-
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pa		100	33		X
	no Mill and David March					~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with			35a	-	_
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, fin	a a 2		255	ı	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charita	hlo		35b		-
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		х
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	nizatio	en ann aire an	. 30	_	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			37		x
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines				\neg	
	19? Note, All Form 990 filers are required to complete Schedule O.			38	x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			100		
	Check if Schedule O contains a response or note to any line in this Part	/				
		70	ì		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9	10.728		PT->
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	m1.1.11					
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				x	

P	art V. Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		2011	168
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.0	100	P
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	-	~
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30		_
744	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4.		x
b	If "Yes," enter the name of the foreign country:	4a		_
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			語能
5a		1	13	
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b	_	X
c 6a		5c	-	-
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			4.
ь	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	l		
-	gifts were not tax deductible?	6b	-	12/503
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		6	37 14.1
_	and services provided to the payor?	7a		x
0	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			-2
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\rightarrow	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			erron.
11	Section 501(c)(12) organizations. Enter:			-
а	Gross income from members or shareholders			12
þ	Gross income from other sources (Do not net amounts due or paid to other sources			3
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	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.			200
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.	73		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	3.3		18
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	干箱		£ 1.
16	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.			

P	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an	d for a		age
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ns.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction 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 19	113		
	If there are material differences in voting rights among members of the governing body, or		19	
	if the governing body delegated broad authority to an executive committee or similar	1 3		188
	committee, explain in Schedule O.			177
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19	18		100
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	158	-	
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	<u> </u>	 	
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	1	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 	X
6	Did the organization have members or stockholders?	6	-	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-	1	- 42
	one or more members of the governing body?			x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	-	-
	stockholders, or persons other than the governing body?	-		
В	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	na dia	X
a	The governing body?			1
b	Each committee with authority to act on behalf of the governing body?	8a	X	
9		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	9	Ь.	X
900	tion B. I oncies This Section B requests information about policies not required by the internal Revenue C	oue.)		T
10a	Did the organization have local chapters, branches, or affiliates?		Yes	-
b		10a	-	X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			1
440	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	28	1.19	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			
42	110	12c	X	_
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	- 7		
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1818		
a	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b		X
460	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	_	X
D	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	133	- 2	
500	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed FL			
10	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,			
40	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year.			
20 .πι	State the name, address, and telephone number of the person who possesses the organization's books and records P.O. DRAWER 10503			
	7 9 9 7 9 Admin		_	
DAA	LLAHASSEE FL 32302 850	-24	5-9	494

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.

 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

	hours for related		ficer a	and a d	erson	than o is both or/trust	an	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation	
	organizations below dotted fine)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-21033-M3C)	from the organization and related organizations
(1) DR. JOHN BELOHLA		T		T		-				
	3.00	l								
DIRECTOR	0.00	X	_	-		Ш		0	0	0
(2) WENDY WALKER	3.00									
DIRECTOR	0.00	x						o	o	•
(3) MARVA JOHNSON	0.00	1		\vdash	\vdash			U		0
(5,5==500)	3.00									
DIRECTOR	0.00	x						o	0	0
(4) TIM MORRIS						П				
TREASURER	6.00	x		x				o	0	0
(5) DR. JEFFREY ALL		Ť								
DIRECTOR	3.00	x						o	0	0
(6) TERESA BORCHECK		1								
	6.00									
VICE CHAIR	0.00	X		X				0	0	0
(7) DR. JOHN GYLLIN										
DIRECTOR	3.00 0.00	x						o	o	0
(8) GEORGE I. PLATT	III									
DIRECTOR	3.00 0.00	x						О	o	0
(9) VIOLETA SALUD										
COMMITTEE CHAIR	6.00 0.00	x		x				0	o	0
(10) LARRY STEWART										
DIDECTOR	3.00	_					1	4		
DIRECTOR (11) MICHAEL HIGHTOWE	0.00	х			-	\dashv	\dashv	0	0	0
	3.00									
DIRECTOR	0.00	x						0	o	0

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (E) (F) Name and title Position Reportable Average Reportable Estimated (do not check more than one hours per compensation compensation from amount of box, unless person is both an from refated week other officer and a director/trustee) (list any organizations the compensation organization (W-2/1099-MISC) hours for from the institutional Key employee (W-2/1099-MISC) related organization ighest compensated mployee director organizations and related organizations below dolted line) irustee (12)TAMI CULLENS 6.00 0.00 PAST CHAIR X 0 0 0 (13) DR. THOMAS E FURLONG, JR 3.00 DIRECTOR 0.00 X 0 0 0 (14) WILLIAM CRAMER 3.00 DIRECTOR 0.00 X 0 0 0 (15) LYN STANFIELI 3.00 DIRECTOR 0.00 X 0 0 0 (16) KAREN MOORE 6.00 CHAIR X X 0.00 0 0 0 (17) CLAUDIA DAVANT 3.00 DIRECTOR 0.00 X 0 0 0 (18) SHEROD HALLIBURTON 3.00 DIRECTOR 0.00 X 0 0 0 (19) RANDALL VITALE 3.00 DIRECTOR 0.00 0 0 1b Sub-total 90,200 Total from continuation sheets to Part VII, Section A 34,100 Total (add lines 1b and 1c) 90,200 34,100 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such Individual 3 X For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. X 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization DAA Form 990 (2018)

Part VIII Statement of Revenue

		i v				or note to any line (A) Total revenue	Rei e: fu	(B) lated or kempt nction venue		(C) Unrelated business revenue		(D) Rever excluded to under se 512-5	nue from tax ctions
Contributions, Giffs, Grants and Other Similar Amounts	1a	Federated ca	mpaigns	1a		No.	1799	20.77	-	Teav.	e 1,	Title	
200	t	Membership	dues	1b		el 1	500		-	1994	1 -		1 34.44
S) A	c	: Fundraising e		1c									
S F	0	Related organ	nizations	1d			44						
υE	e	Government grants	s (contributions)	1e	35,000				B.				
S	1	f All other contribution	ons, gitts, grants,				0-	1 246	1000				3
T P		and similar amoun	ts not included above	1f	334,702		h =:		1				
50	g	Noncash contributi	ons included in lines 1a	-1f: \$					Mr.			24.0	
3	H	Total. Add lin	ies 1a-1f			369,702			-				
Program Service Revenue					Busn. Code	-5 -35		- 1	112 11	198		, <u>1</u>	一変なった
Ven	2a	SEMINAF	REGISTRATIO	N FEES	900099	17,807		17,807					
8	ь)		********									
Ę.	c										_		
Sen	d	1											
E	e	1									_		
ğ	1	All other prog	ram service reve	nue									
2	9		es 2a-2f			17,807		131	1991	3.713		143	-
	3		come (including							C35143	T		_
			ilar amounts)			600,959					- 1	60	0,959
	4		investment of tax						-		\rightarrow	- 00	10,333
	5										\rightarrow		
			(i) Real		(ii) Personal		-18-	1965 198		345	4		5.87
	6a	Gross rents		_	(1), (1)	2.7	W1_1_ C				7.4		
	b	Less: rental exps.		-		#1		250					
	C	Rental inc. or (loss)		_		1885				100			**
	d	Net rental inco				- 4			14	A STATE OF		1:56	2
		Gross amount from	(i) Securities		(ii) Other		97-w		13				
		sales of assets	4 040	3.91	(II) Oblist				- 20		1		
	ь	other than inventory Less: cost or other	4,045,	301		Že.			3				
		basis & sales exps.	4,426,	300	I.	44			191		19		
	_	Gain or (loss)				1			5770		-0.0	764	
	d	Net gain or (lo		902		422 002							
			om fundraising eve			422,982			523		_	42	2,982
9	Va	(not including \$		its		140		15% = 1					80.
enueve			reported on line 1c)			August 188	1				236		
8		See Part IV, line			1			100					1:20
널				- a									
₹		Less: direct ex		. P		· · · · · · · · · · · · · · · · · · ·		-11					
Other Re			(loss) from fund om gaming activitie		ents		2. 2.				-		
	Φđ	Cop Part IV See	oni yanılığı açlıvı(le: -10	٥.		2 2 4			5				
- 1	l.	Less diseases	19	. a			1346						
1		Less: direct ex		. D			5023				11.5		
			(loss) from gami f inventory, less	ng activiti	es				50.	17000			
	, ud	returns and all				- 一			AWA,				
	h	Less: cost of g				7.		1:					
			(loss) from sales	of invert	An.	95			1 19				
ł	_		cellaneous Revenue	oi invent	Busn. Code						- 54		
ı	11a					1 663					W.		100
	b	ar of Epital	EOUS INCOME		900099	1,663							1,663
	c		titette sinte - ce								-		
	d	All other reven	1 KO	##•• III # 0	-1-						-		
-		Total. Add line	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1,663	. 19	V	160	Wes	_		-
1	12		. See instruction		—	1,413,113			-			- 19 July 1	THE .
_	120	· viai ieveiiue	. See manucion	J		T, 413, 113		17,807			0	1,02	5,604

Part IX Statement of Functional Expenses

-	Check if Schedule O contains a resp		*****		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	4 040 400		566 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 74 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	and domestic governments. See Part IV, line 21	1,243,108	1,243,108	LESS DE LA COMPANSION D	
2		20 001	20 001		Harley - Gallery
2	individuals. See Part IV, line 22 Grants and other assistance to foreign	28,091	28,091		
3	ů ,				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			F F F F F F F F F F F F F F F F F F F	
A	Benefits paid to or for members				
5	Compensation of current officers, directors,				Mark State of the
3	trustees, and key employees		1		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(I)(1)) and	1			
	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)	J			
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees):				
а					
b	Legal				
C	Accounting	22,147		22,147	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	173,724	173,104	620	
9					
	(A) amount, list line 11g expenses on Schedule Q.)	117,168	115,063	2,105	
12	Advertising and promotion	7,270	6,773	497	
13	Office expenses	37,197	22,434	14,763	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	41,181	30,486	10,695	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	67,991	22,052	45,939	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,517		1,517	
23	Insurance	886	- 100 Personal Person	886	
24	Other expenses, itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
			to train		
а	(A) amount, list line 24e expenses on Schedule O.) PROJECT AND WORKGROUPS	32,161	22 161		
b	MISCELLANEOUS	10,829	32,161 6,545	4 204	
c	COMMUNICATIONS	6,988	3,048	4,284	
d	SEMINARS	3,903	3,040	3,940	
e	All other expenses	3,393		3,303	
25	Total functional expenses. Add lines 1 through 24e	1,797,554	1,682,865	114,689	0
	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	27.37.7334	1,002,003	114,009	

Part X Balance Sheet

					(A)		(B)
_	4	Cook non interest handes			Beginning of year		End of year
	1	Cash—non-interest bearing	15 ==	1	223,370 1,702,558		360,865
- 1	2	Savings and temporary cash investments		-			1,949,076
	3	Pledges and grants receivable, net	# S - Y		667,034		300,067
	4	Accounts receivable, net			25,000	4	30,306
	5	Loans and other receivables from current and forme trustees, key employees, and highest compensated Complete Part II of Schedule L	rs,		5	1 2 V	
2	6	Loans and other receivables from other disqualified 4958(f)(1)), persons described in section 4958(c)(3) sponsoring organizations of section 501(c)(9) volunt organizations (see instructions). Complete Part II of	(B), and contribut lary employees' b	ing employers and		6	(1994) (1994) (1994) (1994) (1994)
Assets	7	Notes and loans receivable, net	*****			7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or			被抵抗。	4	
		other basis. Complete Part VI of Schedule D	10a	26,384		sa wire is	Entro En artic
	b	Less: accumulated depreciation	10b	14,672	3,135	10c	11,712
- 1	11	Investments—publicly traded securities			21,781,985		21,780,216
- 1		Investments—other securities. See Part IV, line 11				12	
- 1		Investments-program-related. See Part IV, line 11		100 (1-5) (40) (10)		13	
- -		Intangible assets			14		
1		Other assets. See Part IV, line 11		D+1101	29,216	15	36,688
_ [.		Total assets. Add lines 1 through 15 (must equal lin		24,432,298		24,468,930	
		Accounts payable and accrued expenses			2,358		23,669
- [-		Grants payable	0000 110 100	,	18	23,002	
- -		Deferred revenue	· ·			19	
		Tax-exempt bond liabilities				20	
- 1		Escrow or custodial account liability. Complete Part	IV of Schedule D			21	
		Loans and other payables to current and former office		31 1 1 1		21	
Clabinities		trustees, key employees, highest compensated emp disqualified persons. Complete Part II of Schedule L	oloyees, and		199-19		
3 .		Secured mortgages and notes payable to unrelated				22	
- 1		Unsecured notes and loans payable to unrelated this				23	
- 1	25	Other liabilities (including federal income tax, payable parties, and other liabilities not included on lines 17-	es to related third			24	
		of Schedule D		T.	85,000	25	25,000
	26	Total liabilities. Add lines 17 through 25		20274	87,358		48,669
Т		Organizations that follow SFAS 117 (ASC 958), c		and		-	20,003
ß		complete lines 27 through 29, and lines 33 and 3	-				
[]:		Unrestricted net assets			45,600	27	43,813
8 2	28	Temporarily restricted net assets			8,297,110		8,374,218
	29	Permanently restricted net assets			16,002,230		16,002,230
Cache of the balances		Organizations that do not follow SFAS 117 (ASC complete lines 30 through 34.	958), check here	▶ and			12070017250
3	30	Capital stock or trust principal, or current funds	1		30		
į 3		Paid-in or capital surplus, or land, building, or equipm			31		
<u> </u>		Retained earnings, endowment, accumulated incom-				32	
		Total net assets or fund balances			24,344,940	33	24,420,261
		Total liabilities and net assets/fund balances			24,432,298		24,468,930

For	m 990 (2018) THE FLORIDA COLLEGE SYSTEM	65-0530384			Pa	ge 14
P	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this	Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,4	13,	113
2	Total expenses (must equal Part IX, column (A), line 25)		2	1,7	97,	554
3	Poverus loca average Cubicaci line 2 from line 1		3	-3	84,	441
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column	(A))	4	24,3		
5	Net unrealized gains (losses) on investments		5			762
6	Donated services and use of facilities		6		•	
7	Investment expenses		7			
8	Prior period adjustments		8			
9		H H 0 1 1 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Pa	art X, line				
	33, column (B))		10	24,4	20,	261
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this	Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual	Other		10.00	913	
	If the organization changed its method of accounting from a prior year or checked "Otl	her," explain in			5111	1
	Schedule O.				38-8-	3.5
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 w	ere compiled or			Ev.	
	reviewed on a separate basis, consolidated basis, or both:			133		
	Separate basis Consolidated basis Both consolidated and separate	ate basis			2	3555
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 w	ere audited on a		- 10		气息
	separate basis, consolidated basis, or both:					製
	X Separate basis Consolidated basis Both consolidated and separate			1 1	1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respon	sibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an Inde	pendent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the	e tax year, explain in				1
	Schedule O.					4.20
3a	As a result of a federal award, was the organization required to undergo an audit or au	idits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization of					
	required audit or audits, explain why in Schedule O and describe any steps taken to ur	ndergo such audits	maria.	3b		
				For	990	(2018)

						_	_	65-053		Page
t VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	od	x, unli icer a	Pos check ess pe nd a d	ition more rson i lirecto	s both	an ie)	(b) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	dividual trustee director	stitutional trustee	ficer	y employee	ghest compensated oployee	mer	(44-5) (033-WISC)		organization and related organizations
TO SECURITION OF THE PARTY OF T	40.00			x				o	90,200	34,10
[80 see [0 - 100]])										
particular terminal con-										
m, name mineral										
· Bathamanana,										
Total from continuation shee	ets to Part VII, 5	Secti	on A	242	2211	i			90,200	34,10
Total number of individuals (increased and increased and i	cluding but not li	mite	d to	those	e list	ed at	ove	who received more than	\$100,000 of	
Did the organization list any for employee on line 1a? If "Yes,"	mer officer, dire complete Sched	ector	l for	such	ind	ividus	3/			Yes No
organization and related organ individual Did any person listed on line 1a	izations greater	than rue c	\$15 omp	0,000 ensa	0? <i>If</i>	"Yes	," co anv	mplete Schedule J for suc	h individual	
ior services removined to the or	anization (If "Y	es."	com	lete	Sch	edule) J fc	or such person	***************************************	5
Complete this table for your five	e highest compe	ensal	ed in	ndep	ende	ent co	ontra	ctors that received more th	nan \$100,000 of	
Name and t	(A) xusiness address	/IIIpe	1001	A-911 1	OI III	Codi	GIIOB	Description	(B) on of services	(C) Compensation
										Outgetsalight
						+				
						- 1				1
	(A) Name and title) JUDY GREEN SIDENT/SEC Sub-total Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (increportable compensation from Did the organization list any formore individual indi	(A) Name and title Average hours per week (list any hours for related organizations below dotted line) 3 JUDY GREEN A0.00 SIDENT/SEC A0.00 SIDENT/SEC A0.00 Color of the organization list any former officer, dine employee on lidical sited on line 1a, is the sum organization and related organizations greater individual control organization and related organizations greater individual person listed on line 1a receive or accident services rendered to the organization? If "Yon B. Independent Contractors Complete this table for your five highest compositions or the organization of the organization or the organization? If "Yon B. Independent Contractors Complete this table for your five highest compositions or the organization or the organization or the organization? If "Yon B. Independent Contractors Complete this table for your five highest compositions or the organization or the organization or the organization? If "Yon B. Independent Contractors Complete this table for your five highest compositions or the organization or the organization? If "Yon B. Independent Contractors"	(A) Name and title Na	(A) Name and title Na	(A) Name and title Average hours per week (list any hours for related organizations below dotted line) JUDY GREEN 40.00 SIDENT/SEC 0.00 X SUB-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those reportable compensation from the organizations greater than \$150,000 individual Did any person listed on line 1a receive or accrue compensator or services rendered to the organization? If "Yes," complete on B. Independent Contractors Complete this table for your five highest compensated indep compensation from the organization. Report compensation from the organization.	(A) Name and title Average hours per week (list any hours for related organization below dotted line) SIDENT/SEC O . 00 SIDENT/SEC SEC SEC O . 00 SIDENT/SEC O . 00 SIDENT/SEC O . 00 SIDENT/SEC O . 00 SIDENT/SEC	(A) Name and title Average hours per week (its any hours for related organizations below dotted line) SIDENT/SEC A0.00 SIDENT/SEC A0.00 SIDENT/SEC A0.00 SIDENT/SEC A0.00 SIDENT/SEC Compensation from the organization Did the organization list any former officer, director, or trustee, key er employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation from services rendered to the organization? If "Yes," complete Schedule Did any person listed on line 1a receive or accrue compensation from for services rendered to the organization. Report compensation in from the organization from the organization from the organization from for services rendered to the organization. Report compensation from the organization f	(A) Name and title Average Position Position	(A) Name and title Average hours per week (list any bouns for related organizations below dotted line) Did DENTY/SEC A 0.00 SIDENTY/SEC O.00 X Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than reportable compensation from the organizations Per april individual subset on line 1a; its the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual For any individual listed on line 1a; its the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual For any individual listed on line 1a; its the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual For any individual listed on line 1a; the sum of reportable compensation and other compensation of for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Note that the sum of reportable compensation and other compensation or for services rendered to the organization? If "Yes," complete Schedule J for such individual Did any person listed on line 1a; receive or accrue compensation from any unrelated organization or for services rendered to the organization? If "Yes," complete Schedule J for such person. The line possible to the subject to the calendary year ending with or within compensation from the organization.	(A) Allowed the Marke and title Allowed the Marke and Allowed the Marke an

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.

Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number

OMB No. 1545-0047

Name of the organization

THE FLORIDA COLLEGE SYSTEM

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

FOUNDATION, INC.

65-0530384 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

1	l conf	A church, co	invention of	churches, or	association	of churches d	escribed	d in section	on 170(b)(1	()(A)(i).		
2		A school de	scribed in s	ection 170(b)	(1)(A)(ii). (A	ttach Schedul	le E (For	rm 990 or	990-EZ).)			
3				ive hospital se						iii).		
4		A medical re	esearch orga	nization oper	ated in conju	inction with a	hospital	describe	d in sectio	n 170(b)(1)(A)(iii). Enter the	hospital's name,	
		city, and sta	te:									
5		An organiza	tion operate	d for the bene	fit of a colle	ge or universi	ty owner	d or opera	ited by a go	overnmental unit described in	minute in the second	
	-			. (Complete P								
6				government o								
7	X			mally receives 0(b)(1)(A)(vi),			support f	rom a gov	/emmental	unit or from the general publ	lic	
8		A communit	y trust desci	ribed in sectio	n 170(b)(1)	(A)(vi). (Com	plete Pa	rt II.)				
9		An agricultu	ral research	organization (described in	section 170((b)(1)(A)	(ix) opera	ted in conj	unction with a land-grant coll-	ege	
		or university university:	or a non-lai	nd-grant colleg	ge of agricult	ture (see insti	ructions)	. Enter th	e name, cit	y, and state of the college or		
10		An organizat	tion that nor	mally receives	: (1) more th	nan 33 1/3% (of its sur	port from	contributio	ons, membership fees, and g) no more than 33 1/3% of its	ross	
		support from	gross inves	stment income	and unrelate	led business	taxable i	income (le	ess section	511 tax) from businesses	5	
	_	acquired by	the organiza	ition after Jun	e 30, 1975.	See section	509(a)(2). (Compl	ete Part III.)		
11	ber. red			ed and operate								
12		An organizat	ion organize	ed and operate	ed exclusive	ly for the beni	efit of, to	perform	the function	ns of, or to carry out the purp	oses	
		of one or mo	re publicly s	upported orga	nizations de	escribed in se	ction 50	09(a)(1) o	section 5	09(a)(2). See section 509(a))(3).	
										nd complete lines 12e, 12f, ar		
	a	Type I. /	A supporting	organization	operated, su	pervised, or	controlle	d by its so	upported or	ganization(s), typically by giv	ring	
		the supp supportin	orted organi ng organizat	ization(s) the pion. You mus	oower to reg t complete	ularly appoint Part IV, Sect	l or elect ions A a	t a majorit and B.	y of the dire	ectors or trustees of the		
	b								its support	ted organization(s), by having	1	
		control o	r managem	ent of the supp	porting organ	nization veste	d in the	same per	sons that c	ontrol or manage the suppor	ted	
				must compli								
	C	its suppo	functionally rted organiz	integrated. / ation(s) (see	A supporting instructions)	organization . You must c	operate complete	d in conne e Part IV,	ection with,	and functionally integrated v	with,	
	d	Type III	non-functio	nally integra	ted. A suppo	orting organiz	ation op	erated in	connection	with its supported organization	on(s)	
		that is no	t functional	y integrated. 1	l'he organiza	ation generally	y must s	atisfy a di	stribution re	equirement and an attentiven	ness	
				tructions). Yo								
	е	Check th	is box if the	organization	eceived a w	ritten determi	ination fr	rom the IF	S that it is	a Type I, Type II, Type III		
	f			d, or Type III i ported organiz		ally integrated	a suppor	ning orgai	nization.			_
	9			mation abou		and organizati	on(e)			···		_
(i)	_	e of supported		ii) EIN	7			That he	instinction			_
(.,		anization	'	ny Ens	1	Type of organizate scribed on lines 1-		1 3 1	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
					abo	ve (see instruction	ns))		ment?	instructions)	instructions)	
								Yes	No			
(A)												
(B)	_				+				-			
(0)												
(C)												_
(D)	_				-							_
(E)												
							Nat.					_
otal			1 1 1		1 68							

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	1						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54,003	124,001	160,900	1,238,250	369,702	1,946,856	
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	130,994	132,833	132,863	141,042	179,448	717,180	
4	Total. Add lines 1 through 3	184,997	256,834	293,763	1,379,292	549,150	2,664,036	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on				3 9			
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	Salley						
6	Public support. Subtract line 5 from line 4	81				All the second of the second o	0.664.036	
Sec	ction B. Total Support					a transaction and a	2,664,036	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	184,997	256, 834	293,763	1,379,292	549,150	2,664,036	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	519,214	448,498	536,115	546,143	600,959	2,650,929	
9	Net income from unrelated business activities, whether or not the business is regularly carried on					663	663	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	53,082	61,716	73,665	50,558	17,807	256,828	
12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(coo instructions)				The specific .	5,572,456	
13	First five years. If the Form 990 is for the			porteo. Essencias		12	210,602	
	organization, check this box and stop here	organization 5 ilist					E 173	
Sec	tion C. Computation of Public Su	pport Percent	age					
14	Public support percentage for 2018 (line 6,	column (f) divided	by line 11, column	n (f))		14	47.81%	
15	Public support percentage from 2017 Sche	dule A, Part II, line	14			15	43.23%	
16a								
	box and stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test—2017. 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 of	on qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is							
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						. [
b	10%-facts-and-circumstances test—2017. 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							
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions					>		

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	T	(f) Total
1	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							.,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempl purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b						_	
8	Public support. (Subtract line 7c from							
Sac	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(4) 2017	(-) 2040	_	ID Total
9	Amounts from line 6	(8) 2014	(6) 2015	(C) 2010	(d) 2017	(e) 2018	+	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b							
11	Net income from unrelated business activities not included 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)						1	
14	First five years. If the Form 990 is for the	organization's first	second third for	unih or 68h iau wa	ar an a costion 50	1/a)/2)		
	organization, check this box and stop here		second, mird, lot					
Sec	tion C. Computation of Public Su		age		1.1111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
15	Public support percentage for 2018 (line 8,	column (f), divide	d by line 13, colum	n (f))		1	5	%
16	Public support percentage from 2017 Sche	dule A. Part III, lin	ie 15				6	%
	tion D. Computation of Investmer	nt Income Per	centage					
17	Investment income percentage for 2018 (lin	ie 10c, column (f).	, divided by line 13	, column (f))		1	7	%
18	Investment income percentage from 2017 :	Schedule A, Part I	II, line 17				8	%
19a	33 1/3% support tests—2018. If the organ	ization did not che	eck the box on line	14, and line 15 is	more than 33 1/3	%, and line		
	17 Is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization					▶□		
Ь	33 1/3% support tests—2017. If the organ	ization did not che	eck a box on line 1	4 or line 19a, and	line 16 is more th	an 33 1/3%, and	i	
20	line 18 is not more than 33 1/3%, check this	s box and stop he	ere. The organization	on qualifies as a p	oublicly supported	organization		
-0	Private foundation. If the organization did	not check a box o	on line 14, 19a, or 1	i yo, check this bo	x and see instruct	ions		📭 🔝

Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2018

(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

- 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.
- 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.
- 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.
- 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.
- 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).
- 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.
- 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
	Finals	1. F
1		
		A
2		
3a		
- 00	9696	1
3b		
	1000	
3c	N. A. T. C.	**************************************
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4b		1 092
4c	147-1-31	3.00
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10b m 990	or 990-E	

DAA

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule A (Form 990 or 990-EZ) 2018

4

5

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

emergency temporary reduction (see instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Sect	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exempt p	urposes			
2	Amounts paid to perform activity that directly furthers exempt purp				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of	supported organizations			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)			1	
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 the organizations	anization is responsive			
	(provide details in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , , ,			
9	Distributable amount for 2018 from Section C. line 6				
0	Line 8 amount divided by line 9 amount				
		(i)	(ii)	(III)	
	Section E - Distribution Allocations (see instructions)	Excess Distribution	, ,		
	,		Pre-2018		
1	Distributable amount for 2018 from Section C, line 6		: 1800 0 3550 - 100	Autodit for 2010	
2	Underdistributions, if any, for years prior to 2018	1086		Ne.	
	(reasonable cause required-explain in Part VI). See	188			
	instructions.		b b		
3	Excess distributions carryover, if any, to 2018	8 A 10 A		SATE OF THE PARTY	
a	From 2013	No. 1 No. 1 No. 1			
	From 2014				
	From 2015	A SECTION ASSESSMENT			
	From 2016	- 1985 198	sately and a line of	. 230	
e	From 2017			1.00 180	
	Total of lines 3a through e				
	Applied to underdistributions of prior years	TO A STATE OF THE		150 Yes	
	Applied to 2018 distributable amount		THE STREET AND ADDRESS.		
	Carryover from 2013 not applied (see instructions)	381 01 3980	7,3,00		
4	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		199 / EBS 1 1797		
4	Distributions for 2018 from	The state of the s	THE REPORT OF THE PERSON NAMED IN COLUMN TWO		
76.	Section D, line 7:	V. W., * .	A STATE OF THE STA	F 1994 - 1975	
_	Applied to underdistributions of prior years	1 (4) (1 (4) (4) (4) (4) (4) (4)			
	Applied to 2018 distributable amount				
	Remainder, Subtract lines 4a and 4b from 4.	and the			
		0.61			
5	Remaining underdistributions for years prior to 2018, if	134			
	any. Subtract lines 3g and 4a from line 2. For result			· · · · · · · · · · · · · · · · · · ·	
_	greater than zero, explain in Part VI. See instructions.	118811-1718		1 M M = 1	
	Remaining underdistributions for 2018. Subtract lines 3h	Ar Pai			
	and 4b from line 1. For result greater than zero, explain in	· 蒙· · · · · · · · · · · · · · · · · ·			
_	Part VI. See instructions.	- IN II 32 132	#		
	Excess distributions carryover to 2019. Add lines 3j			12 12 12	
	and 4c.		the District Control	Essential Million	
	Breakdown of line 7:				
	Excess from 2014	18 19 19 19 19 19 19 19 19 19 19 19 19 19			
	Excess from 2015 .			建设等等。	
	Excess from 2016				
	Excess from 2017			100	
	Excess from 2018			35.	

Schedule A (Form 990 or 990-EZ) 2018

THE FLORIDA COLLEGE SYSTEM

65-0530384

ane 8

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.)

lines 2, 5, and 6. Also complete this part for any add	
PART II, LINE 10 - OTHER INCOME DETAIL	
OTHER INCOME \$	46,226
SEMINAR REGISTRATION \$	175,602
ADMINISTRATIVE FEES \$	35,000
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The test seek the straight work and state (4) to	

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

2018

THE FLORIDA FOUNDATION,	COLLEGE SYSTEM INC.	65-0530384					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	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						
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See					
General Rule							
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 or property) from any one contributor. Complete Parts I and II. See instructions for determinantifibutions.						
Special Rules							
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part that received from any one contributor, during the year, total contributions of the greater of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts	rt II, line of (1)					
contributor, during the literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an he year, total contributions of more than \$1,000 exclusively for religious, charitable, scientifical purposes, or for the prevention of cruelty to children or animals. Complete Parts I (enter instead of the contributor name and address), II, and III.	fic,					
contributor, during the contributions totaled during the year for a	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an the year, contributions exclusively for religious, charitable, etc., purposes, but no such if more than \$1,000. If this box is checked, enter here the total contributions that were receiven exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the set to this organization because it received nonexclusively religious, charitable, etc., contributions during the year	ived e					
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form lust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9 to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or §	990-EZ or on its					

Name of organization THE FLORIDA COLLEGE SYSTEM

Employer identification number 65-0530384

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		s 25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		s 50,000	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 Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
4.	Traine, dutiess, and zir + 4	Total contributions \$ 10,000	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
5		s 206,931	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6.		s 25,000	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.

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

OMB No. 1545-0047 2018

Open to Public Inspection

Name of the organization THE FLORIDA COLLEGE SYSTEM		Employer identification number
FOUNDATION, INC.		65-0530384
Part I Organizations Maintaining Donor Advised I Complete if the organization answered "Yes" or	Funds or Other Similar Funds or an annual Funds or an an annual Funds or an annual Funds	Accounts.
	(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 to		
funds are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors		
only for charitable purposes and not for the benefit of the donor or d		
conferring impermissible private benefit?		Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (che	eck all that apply).	
Preservation of land for public use (e.g., recreation or education) Preservation of a historically imp	ortant land area
Protection of natural habitat	Preservation of a certified histori	
Preservation of open space		
2 Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form of a conse	ervation
easement on the last day of the tax year.		Held at the End of the Tax Yes
a Total number of conservation easements		
b Total acreage restricted by conservation easements		2b
c Number of conservation easements on a certified historic structure is	ncluded in (a)	2c
d Number of conservation easements included in (c) acquired after 7/2	25/06, and not on a	
bilatania atmost no Potoni in the standard on the standard on the standard of		2d
Number of conservation easements modified, transferred, released,	extinguished, or terminated by the organiza	tion during the
tax year 🕨	,	
Number of states where property subject to conservation easement	is located >	
5 Does the organization have a written policy regarding the periodic m		
violations, and enforcement of the conservation easements it holds?		Yes No
Staff and volunteer hours devoted to monitoring, inspecting, handling		
PPERFECT 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
7 Amount of expenses incurred in monitoring, inspecting, handling of v	violations, and enforcing conservation easen	nents during the year
> \$		
Does each conservation easement reported on line 2(d) above satisf	fy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?	···········	Yes No
in Fait Air, describe now the organization reports conservation ease	ements in its revenue and expense statemen	it, and
balance sheet, and include, if applicable, the text of the footnote to the	ne organization's financial statements that d	escribes the
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Ar	A Block of the Control of the Contro	
Part III Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" or	t, Historical Treasures, or Other to Form 990, Part IV, line 8.	Similar Assets.
1a If the organization elected, as permitted under SFAS 116 (ASC 958).	, not to report in its revenue statement and t	palance sheet
works of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furthe	erance of
public service, provide, in Part XIII, the text of the footnote to its finar	ncial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958).	, to report in its revenue statement and balar	nce sheet
works of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furthe	erance of
public service, provide the following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line 1	The Horaston Landau China	\$
(ii) Assets included in Point 990, Part X		S
If the organization received or held works of art, historical treasures,	or other similar assets for financial gain, pro	vide the
following amounts required to be reported under SFAS 116 (ASC 958	B) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	THE RESIDENCE PROPERTY OF THE PARTY OF THE P	
b Assets included in Form 990, Part X		\$
Paperwork Reduction Act Notice, see the Instructions for Form 99	0.	Schedule D (Form 990) 2018

	CIDA COLLEGE			0-0530384	Page
Part III Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, or C	Other Similar Asset	s (continued)
3 Using the organization's acquisition, access collection items (check all that apply):	ssion, and other records	, check any of the foll	owing that are a s	significant use of its	
a Public exhibition	d L	oan or exchange prog	grams		
b Scholarly research	3	Other			
c Preservation for future generations	\$1.00	******* ** * **			
4 Provide a description of the organization's	collections and explain	how they further the o	rganization's exe	mpt nurpose in Part	
XIII.		,	3		
5 During the year, did the organization solici			•		
assets to be sold to raise funds rather than Part IV Escrow and Custodial A		of the organization	s collection?	****	Yes No
Complete if the organization 990, Part X, line 21.	•	on Form 990, Par	rt IV, line 9, or	reported an amoun	t on Form
1a is the organization an agent, trustee, custo	dian or other intermedia	ary for contributions of	nther assets not		
included on Form 990, Part X?					Yes No
b If "Yes," explain the arrangement in Part X	III and complete the foll	owing table:		384444	are all too life its
					Amount
c Beginning balance				1c	
d Additions during the year			11 11 11 11 11 11 11 11 11 11 11 11 11	1d	
d Additions during the year	entinentoco vio vieti	190-6 9911111		1e	
e Distributions during the year f Ending balance	311 F225501115 H 194			1f	
2a Did the organization include an amount on	Form 000 Part Y line 1	21 for economics cust	adial account light		Vac Na
b If "Yes," explain the arrangement in Part X					Yes No
Part V Endowment Funds.	in. Oneon flore if the ex	nanauon nas been pi	Wided Off Fait All	1	
Complete if the organization	n answered "Vec"	on Form 900 Par	t IV/ line 10		
Complete ii the organizati				40.75	1
4s. Decision of user belows	(a) Current year 16,002,230	(b) Prior year	(c) Two years back		(e) Four years back
1a Beginning of year balance	16,002,230	16,002,230	16,002,2	16,002,23	0 16,002,230
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and					
programs					
f Administrative expenses					
g End of year balance	16,002,230	16,002,230	16,002,2	30 16,002,23	0 16,002,230
2 Provide the estimated percentage of the cu				20,002,20	0 20,002,250
a Board designated or quasi-endowment ▶	%	(iii io ig, ooidiiii (a)/i	icia us.		
b Permanent endowment ▶ 100.00 %	the state of the s				
c Temporarily restricted endowment					
The percentages on lines 2a, 2b, and 2c sh	ould oqual 100%				
3a Are there endowment funds not in the poss	ossion of the consider	46-4 6-444	almatata ka a a a di ka		
organization by:	ession of the organizati	on that are nelo and a	idministered for tr	ie	
• •					Yes No
(i) unrelated organizations				Transfer Hills.	3a(i) X
(ii) related organizations		The fairless		THE THE C	3a(ii) X
b If "Yes" on line 3a(ii), are the related organi	zations listed as require	d on Schedule R?			3b
4 Describe in Part XIII the intended uses of the	ne organization's endow	ment funds.			
Part VI Land, Buildings, and Equ					
Complete if the organization				See Form 990, Part	X, line 10.
Description of property	(a) Cost or other bas			(c) Accumulated	(d) Book value
	(învestment)	(other		depreciation	
1a Land					
b Buildings	1.				
c Leasehold improvements	7.1				
d Equipment	7.	2	6,384	14,672	11,712
e Other					
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X	(, column (B), line 10c)		11,712

DAA

	Complete if the organization answered "Yes" or	I I OI III OOO. I GIL IV. III.	C 110. SEC FURILMAN. PAR A MOR 17
	(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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	eld equity interests		
(3) Other	**************************************		
(A)	**************************************		
(B)	1 10 10 1000		
(C)	2 lec H4 100000		
(D)	THE ST 10 (10 miles in) 11 - 10 (4)		
(E)	THE CHARLEST HE RESTRICT THE CONTRACT OF THE C		
(F)	STESSAL HILLERS CONTRACTOR SOLDER		
(G)			
(H)	The state of the s		
	n (b) must equal Form 990, Part X, col. (B) line 12.)		The state of the s
Part VIII	Investments—Program Related.	E	44 0 =
	Complete if the organization answered "Yes" on		
	(a) Description of investment	(b) Book value	(c) Method of valuation:
(4)			Cost or end-of-year market value
(1)			
(2)			
(3)		-	
(5)		-	
(6)			
(7)		-	
1/			
(8)			
(8)			
(9)	n (b) must equal Form 990. Part X, col. (B) line 13.) ▶		
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Other Assets.		
(9) Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
(9) Total. (Column Part IX	Other Assets.	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
(9) Fotal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Total. (Column Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Fotal. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Total. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line	
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, line	
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of Riability		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ncome taxes	Form 990, Part IV, line	(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal i (2) REFUN	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of Riability	Form 990, Part IV, line	(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal i (2) REFUN (3)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ncome taxes	Form 990, Part IV, line	(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X . (1) Federal i (2) REFUN (3) (4)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ncome taxes	Form 990, Part IV, line	(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X . (1) Federal i (2) REFUN (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ncome taxes	Form 990, Part IV, line	(b) Book value
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(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal i (2) REFUN (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ncome taxes	Form 990, Part IV, line	(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal i (2) REFUN (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ncome taxes	Form 990, Part IV, line	(b) Book value

Schedule D (Form 990) 2018 THE FLORIDA COLLEGE SYSTEM		65-053038		Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta			turn.	
Complete if the organization answered "Yes" on Form 99 1 Total revenue, gains, and other support per audited financial statements	90, Part IV, line	e 12a.		1 070 500
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	1,878,599
a Net unrealized gains (losses) on investments	2a	459,762		
h Donated services and use of facilities	26	179,448	6	
c Recoveries of prior year grants	26 2c	2/3/220	e e	
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	639,210
3 Subtract line 2e from line 1		1900 1000001111	3	1,239,389
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		4	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	173,724	18.5	
b Other (Describe in Part XIII.)	4b		Serte and	
c Add lines 4a and 4b			4c	173,724
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,413,113
Part XII Reconciliation of Expenses per Audited Financial Sta			eturn	•
Complete if the organization answered "Yes" on Form 99	0, Part IV, line	12a.		
1 Total expenses and losses per audited financial statements			1	1,803,278
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities		179,448		
b Prior year adjustments	2b		erona La la	
d Other (Decembe in Rank VIII.)	2c 2d			
d Other (Describe in Part XIII.) e Add lines 2a through 2d	[2 a]		3	170 446
e Add lines 2a through 2d	·		2e	179,448
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	- T - T -	DELETTION OF THE P	3	1,623,830
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	173,724		
b Other (Describe in Part XIII.)		2/3//22		
c Add lines 4a and 4b			4c	173,724
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,797,554
ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to property. LINE 4 - INTENDED USES FOR ENDOWM THE INVESTMENT RETURN FROM THE ENDOWMENT SCHOLARSHIP ASSISTANCE.	vide any additiona ENT FUNDS	al information.		((:::u;·····(:::))::u(::::()
	FUNDS IS	TO BE USED	FOR	
MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES	THAT WOU	ILD JEOPARD	[ZE	THE
FOUNDATION'S TAX-EXEMPT STATUS, AND BELIE	VES IT HA	S NO UNCER	PAIN	TAX
POSITIONS THAT QUALIFY FOR EITHER RECOGNIT	TION OR I	SCLOSURE 1	IN T	HE
FINANCIAL STATEMENTS AS OF AND FOR THE YE	ars ended	JUNE 30, 2	2019	AND 2018.
THE FOUNDATION IS SUBJECT TO ROUTINE AUDIO	IS BY TAX	ING JURISDI	CTI	ONS ;
NOWEVER, THERE ARE CURRENTLY NO AUDITS IN				**********
		and a second		

Part X		plemental									
THE	FOUND	ATION E	BELIEV	ES IT	IS N	O LONGE	R SUBJ	ECT TO	INCOME	TAX	EXAMINATION
FOR	FISCA	YEARS	ENDI	NG PR	IOR T	o june	30, 20	16.			
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				almin, in			. 5,5		******		
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SCHEDULE I

Name of the organization 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.

Open to Public Inspection 2018

OMB No. 1545-0047

Employer identification number 65-0530384

THE FLORIDA COLLEGE SYSTEM ► Go to www.irs.gov/Form990 for the latest information.

FOUNDATION, INC.						6	65-0530384
	Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the the selection criteria used to award the grants or assistance?	e amount of the g	rants or ass	sistance, the grantees'	eligibility for the grant	grants or assistance, and	Q.	
be	itoring the use of	grant funds	in the United States.				No.
Part IV. line 21 for any recipient that received more than \$5 000 Part IV. line 21 for any recipient that received more than \$5 000 Part IV. line 21 for any recipient that received more than \$5 000 Part IV. line 21 for any recipient that received more than \$5 000 Part IV.	mestic Organi	zations	and Domestic Go		plete if the orga	nization answ	Complete if the organization answered "Yes" on Form 990,
2	eceived more	than \$5,0	00. Part II can be		ional space is n	eeded.	
1 (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) BROWARD COLLEGE					Circi		
OLAS BLVD.							VARIOUS AWARDS
(2) CHIPOLA COLLEGE	ACKTOT/-C2	L	103,625				
3094 INDIAN CIRCLE MARIANNA FL 32446	59-2074070	ل م	1 Ap				VARIOUS AWARDS
(3) COLLEGE OF CENTRAL FLORIDA							
P.O. BOX 1388 PL 34478	59-6139037	W	27.403				VARIOUS AWARDS
COLLEGE							
P.O. BOX 2811 DAYTONA BEACH FL 32120	59-1581805	W	53, &55 55				VARIOUS AWARDS
$\overline{}$							
COCOA FL 32922	59-1747177	فد	880 76				VARIOUS AWARDS
(6) FLORIDA GATEWAY COLLEGE	\rightarrow						
GE PLACE FL 32025	59-1627997	ω	20,190				VARIOUS AWARDS
(7) FLORIDA KEYS COMMUNITY COLLEGE 5901 COLLEGE ROAD							VARTOTIC AWARDS
	59-6173174	ω	31,604				
(8) FLORIDA SOUTHWESTERN STATE COLLEGE							
FORT MYERS FL 33906	59-6173638	ω	35,321				VARIOUS AWARDS
(9) FLORIDA STATE COLLEGE AT JACKSONVIL							
JACKSONVILLE FL 32202	23-7168438	ω	64,906				VARIOUS AWARDS
	rganizations listed	in the line	:				▼ 22 80
3 Enter total number of other organizations listed in the line 1 table	1 table					- ASTON - PERSONAL	•
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	or Form 990.						Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

(Form 990) SCHEDULE I

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.

Open to Public

Inspection

OMB No. 1545-0047 2018

Employer identification number

(9) PASCO-HERNANDO STATE COLLEGE (8) PALM BEACH STATE COLLEGE (7) NORTHWEST FLORIDA STATE COLLEGE (6) NORTH FLORIDA COMMUNITY COLLEGE (5) MIAMI DADE COLLEGE NEW PORT RICHEY LAKE WORTH (3) INDIAN RIVER STATE COLLEGE (2) HILLSBOROUGH COMMUNITY COLLEGE NICEVILLE MADISON MIAMI LEESBURG (4) LAKE-SUMTER STATE COLLEGE FORT PIERCE PANAMA CITY (1) GULF COAST STATE COLLEGE Name of the organization Part I 4200 CONGRESS AVE 100 COLLEGE BLVD 9501 US HIGHWAY 441 10230 RIDGE ROAD 300 NE SECOND AVE #4102 3209 VIRIGINA AVE P.O. BOX 31127 325 NW TURNER DAVIS DRIVE 5230 W HIGHWAY 98 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 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. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (a) Name and address of organization Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, General Information on Grants and Assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed or government FOUNDATION, THE FLORIDA COLLEGE SYSTEM FL 33631 H H FL 32340 FL 34654 FL 34981 FL 32578 F FL 32401 33461 33132 34788 INC 59-1731676 59-1818556 59-1105591 3 59-2865698 59-6179948 59-6169745 59-1810717 59-1682455 3 59-1990323 (b) EIN w (c) IRC section (if applicable) (d) Amount of cash 113,356 31,901 48,736 51,868 20,347 17,715 47,426 19,676 35,516 (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal. noncash assistance (g) Description of 65-0530384 VARIOUS AWARDS VARIOUS (h) Purpose of grant or assistance AWARDS No.

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

Marian Ma

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

Schedule I (Form 990) (2018)

86.

SCHEDULE (Form 990)

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.

Mattach to Form 990.

Open to Public Inspection 2018

OMB No. 1545-0047

FOUNDATION, INC. THE FLORIDA COLLEGE SYSTEM ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Department of the Treasury Internal Revenue Service

65-0530384 Employer identification number

canta General Information on Grants and Assistance	Assistance						
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the g 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. 	he amount of the grants or assince? nitering the use of grant funds i	rants or as	sistance, the grantees'	eligibility for the grant	rants or assistance, and	ď	Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be dunlicated if additional space is needed	mestic Organ	izations than \$5.0	and Domestic Go	vernments. Con	plete if the orga	inization answe	complete if the organization answered "Yes" on Form 990, and the same is needed
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
(1) PENSACOLA STATE COLLEGE		(appropriate tal			oller		
1000 COLLEGE BLVD PL 32504	59-6173057	W	42,220				VARIOUS AWARDS
(2) POLK STATE COLLEGE							
999 AVE H, NE WINTER HAVEN FL 33881	59-1819213	ω	41,208				VARIOUS AWARDS
(3) SANTA FE COLLEGE 3000 NORTHWEST 83RD ST							VARIOUS AWARDS
	51-0240884 3	e.	31,886				
100 WELDON BLVD		'					VARIOUS AWARDS
ORIDA STATE COLI							
13 EAST MAIN ST	59-3050497	ω	33,598				VARIOUS AWARDS
(6) ST. JOHNS RIVER STATE COLLEGE 5001 ST. JOHNS AVE							VARIOUS AWARDS
PALATKA FL 32077	23-7336585	W	24,055				
(7) ST. PETERSBURG COLLEGE P.O. BOX 13489 ST. PETERSBURG ST. PETERSBURG	10mA	J	J >				VARIOUS AWARDS
(8) STATE COLLEGE OF FLORIDA, MANATEE- P.O. BOX 1849	Ø	•					VARIOUS AWARDS
. 21	59-2091480 3	ו	46.959				VARIOUS AWARDS
 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 	organizations listed	in the line	8			THE PERSON NAMED IN	41-1001-1001-100-100-100

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2244 03/18/2020 6:49 AM

(Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

► Attach to Form 990.

FOUNDATION, INC. THE FLORIDA COLLEGE SYSTEM ► Go to www.irs.gov/Form990 for the latest information.

> Open to Public Inspection OMB No. 1545-0047 2018

FOUNDATION, INC.	MELCIC						Employer identification number
اما	Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	e amount of the gr	ants or ass	istance, the grantees'	eligibility for the grant	s or assistance, an		
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	itoring the use of	rant funds	in the United States.	TOTAL CONTROL OF THE	THE PERSON NAMED IN COLUMN		Yes
Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if	mestic Organia eceived more to	zations a	and Domestic Go	A1	Complete if the organizational space is needed.	Inization ans	Complete if the organization answered "Yes" on Form 990, additional space is needed.
 (a) Name and address of organization or government 	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant or assistance
CIA					Sign		
P.O. BOX 3028 PL 32802	23-7442785	ω	83,121				VARIOUS AWARDS
(2)							
may region and make the region of the control of th							
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	rganizations listed	in the line 1	table		2000		•
Ser Proposet Coloring of other organizations listed in the line 1 table	1 table						•
For Paperwork Reduction Act Notice, see the instructions for Form 990.	or Form 990.						Schedule I (Form 990) (2018)

Page 2

47

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.

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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 \$179,448. 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.

Name of the organization
THE FLORIDA COLLEGE SYSTEM

Employer Identification number

65-0530384

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 4562

Department of the Treasury

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

Internal Revenue Service Name(s) shown on return THE FLORIDA COLLEGE SYSTEM Identifying number FOUNDATION, INC. 65-0530384 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) 1,000,000 Total cost of section 179 property placed in service (see instructions) 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,500,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2019. 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.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 1,517 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2018 17 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 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/investment use (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. SIL h Residential rental 27.5 yrs. MM SIL property 27.5 yrs. MANA S/L Nonresidential real 39 yrs. MM S/L property S/L Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L С 30-year 30 yrs. MM S/L d 40-year 40 yrs. S/L Summary (See instructions.) 21 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 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 1,517 For assets shown above and placed in service during the current year, enter the

TAB 2

The Florida Education Foundation DSO Report – 2020

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

www.floridaeducationfoundation.org



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

53

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:

- 1. 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.



out in a y our acceptor in air

Adopted by the FEF Board of Directors in XXXX

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

54

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



55

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.



Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning $\;JUL\;\;1\;\;$, 2018, and ending $\;JUN\;\;30\;\;$, 20 $\;\underline{19}\;$ Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenus Service Go to www.irs.gov/Form8879EO for the latest information. Employer identification number Name of exempt organization FLORIDA EDUCATION FOUNDATION, INC. 59-2718509 Name and title of officer BETHANY SWONSON, EXECUTIVE DIRECTOR EXECUTIVE DIRECTOR 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 applicable 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 being 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 entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b ____ 1a Form 990 check here b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here b Balance Due (Form 8868, line 3c) _____5b Part II **Declaration and Signature Authorization of Officer** Under cenalties of periury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 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, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to Initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize THOMAS HOWELL FERGUSON P.A. 18509 to enter my PIN Enter five numbers, but do not enter all zeros as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 59163316699 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

OMB No. 1545-1878

828051 10-26-18



Certified Public Accountants
www.thf-cpa.com

April 29, 2020

Ms. Bethany Swonson, Executive Director Florida Education Foundation, Inc. 325 W. Gaines St., Ste. #1524 Tallahassee, Florida 32399

Dear Bethany:

Provided electronically, please find one copy of the following tax return for the year ended June 30, 2019:

Form 990 Return of Organization Exempt from Income Tax

Form 8879-EO Exempt Organization Declaration and Signature for Electronic

Filing

This return was prepared primarily from information you submitted to us without our verification. Therefore, we suggest that you review the returns before signing to ensure that there are no omissions or misstatements.

We will electronically file the Form 990 once we have received the executed Form 8879-EO. The copy should be retained for the organization's files.

A copy of the Form 990 must be made available for public inspection for a three-year period beginning on the date the return is to be filed (determined with regard to any extension of time for filing) or is actually filed, whichever is later. The copy must include all information furnished to the Internal Revenue Service on Form 990, as well as all schedules, attachments, and supporting documents, except for the name and address of any contributor to the organization. Should you receive a request for inspection, you may want to call us for further details.

Upon an audit of the return, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for a minimum of at least three years.

We sincerely appreciate this opportunity to serve you. Please contact us if you have any questions concerning the return or if we may be of further assistance.

Sincerely,

Deborah L. Leonard

leboral Lemand

Enclosures



2615 Centennial Boulevard, Suite 200

TALLAHASSEE, FLORIDA 32308

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning $\ \ JUL\ 1$, 2018, and ending $\ \ \ JUN\ 30$, 2019

2010

OMB No. 1545-1878

Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer identification number FLORIDA EDUCATION FOUNDATION, INC. 59-2718509 Name and title of officer BETHANY SWONSON, EXECUTIVE DIRECTOR EXECUTIVE DIRECTOR 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 applicable 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 being 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 entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990-EZ, line 9) ______ 2b ____ 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) _____ 3b ___ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here b Balance Due (Form 8868, line 3c) 5b **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 examined a copy of the organization's 2018 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, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize THOMAS HOWELL FERGUSON P.A. 18509 to enter my PIN **ERO firm name** Enter five numbers, but as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 59163316699 I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)

823051 10-26-18

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)

18 Do not enter social security numbers on this form as it may be made public.

and ending JUN 30, 2019

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

Open to Public Inspection

OMB No. 1545-0047

В	Check applica	if C Name of organization		D Employer identif	fication number
	Add	ress FIODIDA EDUCATION DOINDATETON TARA			
F	char Nam			F0.4	
F	char Initia				2718509
F	retui Fina		1/suite	E Telephone number	
	retur term ated	n-	4		245 - 9671
Г	Ame	nded MATIANA CORP BY 2000	-	G Gross receipts \$	2,849,819.
F	retur Appl tion		-	H(a) Is this a group	
	pend	SAME AS C ABOVE		for subordinate	
T	Тах-е	xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	H(b) Are all subordinates	_
j.	Webs	ite: WWW.FLORIDAEDUCATIONFOUNDATION.ORG	1 321	H(c) Group exemption	a list. (see instructions)
			Year o	f formation: 1985	M State of legal domicile: FL
		Summary	, 10010	Hormation, 1905	W State of legal dofflicite, I' II
0	1	Briefly describe the organization's mission or most significant activities: RECEIVE	. H	OLD. INVEST	AND
Activities & Governance	1	ADMINSTER PROPERTY AND TO MAKE EXPENDITURES	TO	OR FOR THE	BENEFIT OF
r.	2	Check this box if the organization discontinued its operations or disposed of			
Ŏ.	3	Number of voting members of the governing body (Part VI, line 1a)			10
දෙ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0
×	6	Total number of volunteers (estimate if necessary)		6	15
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		1,755,420.	770,351.
Revenue	9	Program service revenue (Part VIII, line 2g)		439,954.	548,315.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		186,717.	192,346.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,382,091.	1,511,012.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		430,802.	60,241.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	17	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX column (A) lines 414 444 444 444 444 444 444 444 444 44		1,129,239.	2 200 200
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	1,560,041.	2,329,399.
	19	Revenue less expenses. Subtract line 18 from line 12		822,050.	2,389,640.
or		Trevende 1635 expenses, Subtract line 16 from line 12		nning of Current Year	
sets or	20	Total assets (Part X, line 16)	Degi	7,462,570.	End of Year 7,006,620.
ASS	21	Total liabilities (Part X, line 26)	_	403,384.	813,939.
Net As Fund B	22	Net assets or fund balances. Subtract line 21 from line 20		7,059,186.	6,192,681.
	art II	Signature Block	-	. 1000 12001	0/10011
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and si	tatemen	its, and to the best of my	knowledge and belief, it is
true,	corre	xt, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer h	as any knowledge.	,, ,
Sig	1	Signature of officer		Date	
Her	е	BETHANY SWONSON, EXECUTIVE DIRECTOR			
_		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	Oliden	PTIN
Paid		STACEY T KOLKA		if self-employe	
_	arer	Firm's name THOMAS HOWELL FERGUSON P.A.		Firm's EIN ▶	59-3186310
USe	Only	Firm's address 2615 CENTENNIAL BLVD., SUITE 200			
		TALLAHASSEE, FL 32308		Phone no.85	0-668-8100
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
8320	01 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2018)

	m 990 (2018) FLORIDA EDUCATION FOUNDATION, INC. 59-2718509 Page 2
Pa	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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. THE FOUNDATION
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 873,590 • including grants of \$ 20,835 •) (Revenue \$
40	(Code:) (Expenses \$ 873,590. including grants of \$ 20,835.) (Revenue \$) FLORIDA DISTRICT CHARTER COMPACT COLLABORATION
	THE PRIMARY PURPOSE OF THE DISTRICT-CHARTER COLLABORATIVE COMPACT
	(DCCC) IS TO ENCOURAGE AND SUPPORT DISTRICTS IN THE DEVELOPMENT AND
	IMPLEMENTATION OF SUSTAINABLE STRATEGIES TO ENSURE THAT ALL STUDENTS.
	ESPECIALLY THOSE CURRENTLY ATTENDING OR ZONED FOR SCHOOLS IN HIGH-NEED
	AREAS, HAVE ACCESS TO HIGHLY EFFECTIVE SCHOOLS.
	MITE DOGG TO AN ORDEREDING TO BE SEEN TO BE
	THE DCCC IS AN OPPORTUNITY FOR DISTRICTS TO DEVELOP AND IMPLEMENT BOLD
	AND INNOVATIVE STRATEGIES FOR COLLABORATING AND PARTNERING WITH INDEPENDENT HIGH-IMPACT CHARTER SCHOOL ORGANIZATIONS THAT ARE CAPABLE
	AND PREPARED TO SERVE STUDENTS IN FLORIDA'S HIGHEST NEED AREAS.
	THE TREET NEED TO BERVE STODENTS IN FRORIDA'S HIGHEST NEED AREAS.
4b	(Code:) (Expenses \$324,966 • including grants of \$) (Revenue \$ 338,790 •)
	CHOICE - INDEPENDENT EDUCATION & PARENTAL CHOICE
	THE OFFICE OF INDEPENDENT EDUCATION AND PARENTAL CHOICE (IEPC). ALSO
	KNOWN AS THE SCHOOL CHOICE OFFICE, IN THE FLORIDA DEPARTMENT OF
	EDUCATION, IS RESPONSIBLE FOR THE OVERSIGHT AND IMPLEMENTATION OF
	SEVERAL EDUCATIONAL PROGRAMS THAT PROVIDE PARENTS WITH SCHOOL CHOICE
	OPTIONS BEYOND THEIR LOCAL ASSIGNED ELEMENTARY, MIDDLE OR HIGH SCHOOL. SCHOOL CHOICE IS A KEY COMPONENT IN HELPING TO ENSURE HIGH ACADEMIC
	ACHIEVEMENT FOR ALL OF FLORIDA'S STUDENTS. SCHOOL CHOICE IS ABOUT
	OFFERING PARENTS THE OPPORTUNITY TO MAKE THE BEST DECISION ABOUT HOW
	AND WHERE THEIR STUDENTS WILL BE MOST SUCCESSFUL. FLORIDA CONTINUES TO
	LEAD THE NATION IN THE NUMBER AND QUALITY OF OPTIONS AVAILABLE TO
	FAMILIES
4c	(Code:) (Expenses \$ 233,318. including grants of \$ 2,000.) (Revenue \$ 353,595.) THE FLORIDA TEACHER OF THE YEAR PROGRAM CELEBRATES THE WOMEN AND MEN
	THE FLORIDA TEACHER OF THE YEAR PROGRAM CELEBRATES THE WOMEN AND MEN
	WHO HAVE DEDICATED THEIR LIVES TO EDUCATING FUTURE GENERATIONS. EACH YEAR, FLORIDA'S SCHOOL DISTRICTS HAVE THE OPPORTUNITY TO RECOGNIZE 74
	TEACHERS AS DISTRICT TEACHERS OF THE YEAR. THESE TOP EDUCATORS ARE
	SELECTED FOR MANY REASONS INCLUDING EXTRAORDINARY STUDENT GAINS,
	COMMUNITY INVOLVEMENT, TEACHER LEADERSHIP AND INSTRUCTIONAL PRACTICES.
	FIVE DISTRICT TEACHERS OF THE YEAR ARE NAMED TEACHER OF THE YEAR
	FINALISTS AND, FROM THOSE, ONE STATEWIDE WINNER IS SELECTED AS THE
	CHRISTA MCAULIFFE AMBASSADOR FOR EDUCATION.
4 e-1	Other and the Control of the Control
	Other program services (Describe in Schedule O.) (Expenses \$ 704,382. including grants of \$ 37,406.) (Revenue \$)
	(Expenses \$ 704,382 · including grants of \$ 37,406 ·) (Revenue \$) Total program service expenses > 2,136,256 ·
	Form 990 (2018)
	Form 950 (2018)

Page 3

4	In the prescription described to the FOM VOLUME (OR OF VAN A DESCRIPTION OF THE PROPERTY OF TH	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2	If "Yes," complete Schedule A	1	X	-
3	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	-
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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 temporarily restricted endowments, permanent	Ť		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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 as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
	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	- 1.0		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 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		Х
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?	12.0		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2018) 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	-	1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
-	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
07	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	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, or key employee? If "Yes," complete Schedule L, Part IV			v
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b	-	
	diversity to rate and diversity of the d	00-		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	-+	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		- 21
	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?/f "Yes," complete	31		-
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	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	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Day	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par	The state of the s			=
	Check if Schedule O contains a response or note to any line in this Part V			
4 -			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 27			
a	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	-
		rorm :	990 (2	(8 ru:

Form 990 (2018) FLORIDA EDUCATION FOUNDATION, INC.

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

_	January and the state of the st				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ĭ Ì		Yes	No
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)		1	
За	Did the arganization have unrelated business area in a set of 000 and 1 to 11		За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			_
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).	100		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	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	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?	***************************************	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions 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 set	vices provided to the payor?	7a		X
b			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
	to file Form 8282?	1 11	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of published intellectual account of the control of the organization received a contribution of published intellectual account of the control of the contro	act?	7f		X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Foundation received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplane		7g		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h		-
•	opensoring appropriation have access by the second by the second		8		
9	Sponsoring organizations maintaining donor advised funds.		•		
а	Did the engine appropriation walks as the state of the st		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:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		34	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:			201	
а	Gross income from members or shareholders	11a	2.5		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		70		
	amounts due or received from them.)	11b			
	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	12b			
	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.		33		
	Enter the amount of reserves the organization is required to maintain by the states in which the	i l			
_	organization is licensed to issue qualified health plans	13b	1	13.7	
C	Enter the amount of reserves on hand	13c		_	77
			14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		14b	\rightarrow	_
	excess parachute payment(s) during the year?		45		Х
	If "Yes," see instructions and file Form 4720, Schedule N.		15	7. 1	
	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16	1000	х
	If "Yes," complete Form 4720, Schedule O.	anoonio:			
			_	200	0010

66 Form 990 (2018) FLORIDA EDUCATION FOUNDATION, INC. 59-2718509 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 10 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 in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 6 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a b 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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a **b** Describe in Schedule 0 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official X **15a** b Other officers or key employees of the organization $\overline{\mathbf{x}}$ 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? X 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 exempt status with respect to such arrangements? 16b Section C. Disclosure

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

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

☐☐ Own website Another's website X Upon request Other (explain in Schedule O)

Describe in 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 BETHANY SWONSON - 850-245-9671

325 W. GAINES ST., STE 1524, TALLAHASSEE, 32399

Form 990 (2018)

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization r	or any related	org	aniza	atior	n co	mpe	nsat	ted any current officer,	director, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(de	Position (do not check more t				one	Reportable	Reportable	Estimated
	hours per	box	k, unle	nless person is both an and a director/trustee)			th an	compensation	compensation	amount of
	week	-	icer ar	id a c	Irecto	or/trus	stee)	from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for related	or di	8			ated		organization	(W-2/1099-MISC)	from the
	organizations	rustee	trus		99	uedu		(W-2/1099-MISC)		organization
	below	dual t	tiona		nploy	yee				and related organizations
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Farmer			organizations
(1) CONNIE E. W. SMITH	2.00	<u> </u>	Ι-		-	- *	-			
CHAIRMAN		x		X				0.	0.	0.
(2) JENNIFER L. GROVE	0.25	\vdash								-
VICE CHAIRMAN		X		X				0.	0.	0.
(3) CHARLES HOKANSON	1.00	1								
TREASURER		x		X				0.	0.	0.
(4) RAQUEL "ROCKY" EGUSQUIZA	0.25									
SECRETARY		X		X				0.	0.	0.
(5) VELMA MONTEIRO-TRIBBLE	0.25									
DIRECTOR OF THE BOARD		X						0.	0.	0.
(6) JOHN MERLINO	0.20									
DIRECTOR OF THE BOARD		X						0.	0.	0.
(7) MAUREEN A. WILT	0.20									
DIRECTOR OF THE BOARD		X						0.	0.	0.
(8) RONALD BRISE	0.20									
DIRECTOR OF THE BOARD		X						0.	0.	0.
(9) JESSICA SOLANO	0.20									
EX-OFFICIO MEMBER		X						0.	0.	0. •
(10) THOMAS LOFTUS	0.20									
DIRECTOR OF THE BOARD		X						0.	0.	0.
(11) TAMMY JERKINS	0.20									
EX-OFFICIO MEMBER		X						0.	0.	0.
(12) JOY PRESCOTT	0.20									
EX-OFFICIO MEMBER		X						0.	0.	0.
(13) ALAN J. LEVY	0.20			П						
DIRECTOR OF THE BOARD		X						0.	0.	0.
(14) MARY CHANCE	0.20									
EX-OFFICIO MEMBER		X						0.	0.	0.
(15) RICHARD CORCORAN	2.00									
COMMISSIONER OF EDUCATION		X						0.	0.	0.
(16) PAM STEWART	2.00									
COMMISSIONER OF EDUCATION		X						0.	0.	0.
(17) BETHANY SWONSON	40.00			[
EXECUTIVE DIRECTOR			\Box	Χ				0.	45,500.	8,528.
832007 12-31-18										Form 990 (2019)

	m 990 (2018) FLORIDA	EDUCATI	ON	F	OU	ND.	AT.	IOI	N, INC.	59-2718	509	F	age l
Pa	rt VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	yees	, an	d H	ighe	st C	ompensated Employe	es (continued)			3-
	(A)			- (0	C)			(D)	(E)		(F)		
	Name and title	Average	(de	not o	Pos	more	than	one	Reportable	Reportable	Es	timat	ed
		hours per week	box	i, unle	ess pe	erson	is bot	th an	compensation	compensation	1	ount	
		(list any	Ē	T		Г	П	T	from the	from related organizations		other	
		hours for	direc				- -		organization	(W-2/1099-MISC)	com	oensa om th	
		related	trustee or director	ustee			ensati		(W-2/1099-MISC)	(** <u>_</u> , ************************************	1	ıniza	
		organizations below	al tru:	na th		loyee	d so				and	relat	ted
		line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Гогте			orga	nizati	ions
(18) TRACEY PIERCE	40.00	F	트	0	32	王吉	F.					
EXE	CUTIVE DIRECTOR				x				0.	9,033.	1	4	00.
) AMANDA CLARK	40.00								2,000		, -	00.
INT	ERIM DIRECTOR				X				0.	0.			0.
					\Box								
			1										
			-	-	\dashv	\dashv		-					
						\exists	\dashv	-					
				_	_	\perp						_	
1b	Sub-total						4	-	0.	E / E 2 2		0.	0.0
c	Total from continuation sheets to Part VI	L Section A			• • • • • •	• • • • • •		1	0.	54,533.	9	, 9 .	28.
d	Total (add lines 1b and 1c)		• • • • • • •				P		0.	54,533.	a	Q '	28.
2	Total number of individuals (including but n	ot limited to the	ose I	iste	d ab	ove	who	o rec		000 of reportable		, 34	50.
	compensation from the organization								——————————————————————————————————————	ood of reportable			0
											Y	es	No
3	Did the organization list any former officer,	director, or trus	stee	, key	em e	ploy	ee,	or hi	ghest compensated em	ployee on			
	line 1a? If "Yes," complete Schedule J for se										3		X
4	For any individual listed on line 1a, is the su	m of reportable	100	npe	nsat	ion :	and	othe	er compensation from the	o organization			-
5	and related organizations greater than \$150),000? If "Yes,"	con	nplei -	te So	chec	lule	J foi	r such individual		4		X
•	Did any person listed on line 1a receive or a rendered to the organization? If "Ves." come	ccrue compens	satio	n fr	om a	any i	unre	lated	d organization or individ	ual for services			
Sect	rendered to the organization? If "Yes," compion B. Independent Contractors	Dieta Schedille	J 10	SUC	in p	erso	n				5		X

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

(A) Name and business address	(B) Description of services	(C) Compensation
KIPP MIAMI, INC. 60 PARK PLACE SUITE 802, NEWARK, NJ 07102 NEW TEACHER CENTER, 110 COOPER ST, SUITE	COMMUNITY ENGAGEMENT ACTIVITIES	208,194.
500, SANTA CRUZ, CA 95060	PROFESSIONAL DEVELOPMENT PROFESSIONAL	184,600.
SUITE 18 LEVEL 3, COLLINGWOOD, VI, AUS	DEVELOPMENT	143,000.
SUITE 300, BROOKLYN, NY 11201	FLORIDA TEACHER COACHING	105,842.
 Total number of independent contractors (including but not limited to those liste \$100,000 of compensation from the organization 	d above) who received more than	

Form 990 (2018) FLORIDA
Part VIII Statement of Revenue

_			Check if Schedule O con	itains a re	spons	e or note to any lin	e in this Part VIII			
					90110	or note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Giffts, Grants and Other Similar Amounts	1	а	Federated campaigns		1a					012 011
		b	Membership dues		1b		,717			
			Fundraising events		1c					1 1 1 1 1
Sit ar			- · · · · · · · · · · · · · · · · · · ·		1d					
έE		е	Government grants (contribu	- 1	1e					
rior Soci		f	All other contributions, gifts, gran	nts, and						
E S	1		similar amounts not included abo	ove	1f	770,351.				
100 014		g	Noncash contributions included in lines							
<u>೦ ೯</u>		h	Total. Add lines 1a-1f				770,351.			
						Business Code	15 12 12 1		TE TE TO	22 S.
9	2	а	REGISTRATION FEES			900099	511,000.	511,000.		
ē		b	ADMINISTRATIVE FEES			900099	37,315.	37,315.		
Scena		C								
ran ev		d								
Program Service Revenue		e								
Δ.			All other program service reve							
_		g	Total. Add lines 2a-2f				548,315.			7 - 3 - 5 - 6
	3		Investment income (including							
			other similar amounts)				115,973.			115,973.
	4		Income from investment of ta							
	5		Royalties	131.5						
				(i) R	eal	(ii) Personal				HELE WINES
			Gross rents							IN WILE
			Less: rental expenses							Carlo I ST
			Rental income or (loss)					Harry Mr. Park		
			Net rental income or (loss)			00				
	7	а	Gross amount from sales of	(i) Secu		(ii) Other				
			assets other than inventory	1,415	,180	-				
			Less: cost or other basis	1 330	907		1.00	a Sile in second		
			and sales expenses	1,338	,373					
			Gain or (loss)		<u> </u>		76 272			
			Net gain or (loss)			D	76,373.			76,373.
Other Revenue			including \$	g events (HOL					
eve				1c) See			1500			
Ę.		contributions reported on line 1c). See Part IV, line 18a			8					
the		b	Less: direct expenses	• • • • • • • • • • • • • • • • • • • •	b					
0			Net income or (loss) from fund			>				
- 1			Gross income from gaming ac	-			f team			
- 1			Part IV, line 19			0				
	ı	b	Less: direct expenses		b					
	(C	Net income or (loss) from gam	ing activit	ies .					
			Gross sales of inventory, less			8		DE DESTRUCTION DE		
- 1			and allowances		а					
- 1	k	Ó	Less: cost of goods sold		b					
ļ		<u> </u>	Net income or (loss) from sales	s of inven	tory					
ļ			Miscellaneous Revenue	e		Business Code	7 10 20 10			
	11 a	a ,								
	k	9								
	(- 9								
	C	d .	All other revenue							
		€ '	Total. Add lines 11a-11d			🟲 L				
	12		Total revenue. See instructions				1,511,012.	548,315.	0.	192,346.

_	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	60.041			
_	and domestic governments. See Part IV, line 21	60,241.	60,241.		التحسارا
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				خين خصان
5	Benefits paid to or for members Compensation of current officers, directors,			-8 2 (2 (1 -2)) (1 - 1)	
J	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	nercone described in contion 4050(a)(2)(D)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а					
b	Legal				
	Accounting	22,465.		22,465.	
d	Lobbying	22,103.		22,400.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	33,867.		33,867.	
g	Other. (If line 11g amount exceeds 10% of line 25,	00,007.		33,807.	
_	column (A) amount, list line 11g expenses on Sch O.)	148,810.	111,609.	37,201.	
2	Advertising and promotion	2,732.		2,732.	
3	Office expenses	50,516.	37,887.	12,629.	
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel	50,684.	38,013.	12,671.	
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	865,032.	735,277.	129,755.	
)	Interest		-		
ı	Payments to affiliates				
:	Depreciation, depletion, and amortization				
3	Insurance	2,064.		2,064.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	F00			
a	COMMUNITY ENGAGEMENT	792,755.	792,755.		
b	EDUCATION ENHANCEMENTS	263,158.	263,158.		
C I	SCHOOLS OF HOPE PROJECT	60,000.	60,000.		
	ADMINISTRATIVE FEES	37,316.	37,316.		
	All other expenses	2 200 640	0.1000		
	Total functional expenses. Add lines 1 through 24e	2,389,640.	2,136,256.	253,384.	
	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)				

832010 12-31-18

Form 990 (2018)
Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,777,727.		1,507,488
	2	Savings and temporary cash investments	1,582,359.	2	1,585,929	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		7,500.	4	25,000
	5	Loans and other receivables from current and f	ormer officers, directors,	E 151 1111		T-108 B- 30
		trustees, key employees, and highest compens	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqual			1	
		section 4958(f)(1)), persons described in section			5.3	
		employers and sponsoring organizations of sec				
3		employees' beneficiary organizations (see instr)	. Complete Part II of Sch L		6	
Assers	7	Notes and loans receivable, net			7	
`	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		13,025.	9	68,173
	10a	Land, buildings, and equipment: cost or other			1	10-11-11
		basis. Complete Part VI of Schedule D				
		Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	11	4,081,959.	12	3,820,030
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		E 460 EEA	15	
-	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	7,462,570.	16	7,006,620
	17	Accounts payable and accrued expenses		48,666.	17	443,996
	18	Grants payable		254 542	18	
	19	Deferred revenue		354,718.	19	369,943
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
-	22	Loans and other payables to current and former		2.5° Year 2.6°		
		key employees, highest compensated employee	. ,			
-	00	Complete Part II of Schedule L			22	
	23 24	Secured mortgages and notes payable to unrela	ited third parties		23	
	25	Unsecured notes and loans payable to unrelated	third parties		24	
- [20	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines				
-		* · · · · ·				
	26	Schedule D Total liabilities. Add lines 17 through 25		403,384.	25	012 020
\dagger		Organizations that follow SFAS 117 (ASC 958		403,304.	26	813,939.
		complete lines 27 through 29, and lines 33 an			lu l	
		Unrestricted net assets		399,571.	27	430,387.
	28	Temporarily restricted net assets		3,398,939.	28	3,523,372.
	29			3,260,676.	29	2,238,922.
		Organizations that do not follow SFAS 117 (AS	SC 958), check here	3,200,070.	29	2,250,522.
		and complete lines 30 through 34,	o o o o o o o o o o o o o o o o o o o		520	
		Capital stock or trust principal, or current funds			20	
- 1	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		30	
	32	Retained earnings, endowment, accumulated inc	come or other funds		32	
- 1	33	Total net assets or fund balances		7,059,186.	33	6,192,681.
		Total liabilities and net assets/fund balances	·····	7,462,570.	34	7,006,620.

	n 990 (2018) FLORIDA EDUCATION FOUNDATION, INC.	59-	2718509	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,51		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,38	9,6	540.
3	Revenue less expenses. Subtract line 2 from line 1	3			528.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,05	9,1	86.
5	Net unrealized gains (losses) on investments	5	1	2,1	L23.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,19	2,6	81.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			-
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	i on a	1	->1	
	separate basis, consolidated basis, or both:		10.3		771
	Separate basis Consolidated basis Both consolidated and separate basis				W.
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:				
	Separate basis Consolidated basis Both consolidated and separate basis				La Til
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O,	100		7-4
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audi	t		
	Act and OMB Circular A-133?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

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.

2018

Open to Public Inspection

Name of the organization Employer identification number FLORIDA EDUCATION FOUNDATION, INC. 59-2718509 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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, 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). (i) Name of supported (IV) is the organization listed (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) Yes above (see instructions)) **Total**

Schedule A (Form 990 or 990-EZ) 2018 FLORIDA EDUCATION FOUNDATION, INC.

59-2718509 Page 2

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.)

_	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					(0) = 0.10	(1) 10001
	membership fees received. (Do not						
	include any "unusual grants.")	866,504.	1,358,479.	2,568,774.	1,755,420.	770,351.	7,319,528
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						
	the organization without charge	115,642.	157,291.	174,250.	136,919.	140,713.	724,815.
4	Total. Add lines 1 through 3	982,146.	1,515,770.	2,743,024.	1,892,339.		8,044,343.
5	The portion of total contributions			X 2- 8		7 - 7 - 7 - 7	-,,
	by each person (other than a						
	governmental unit or publicly	NAME OF THE OWNER OF THE OWNER, T	1 5 1				
	supported organization) included	1 2 2 7 7 2				HEIZHEL H	
	on line 1 that exceeds 2% of the		4 - 12 - 13 - 14 - 15	J. 18 18			
	amount shown on line 11,						
	column (f)						1,300,987.
6	Public support. Subtract line 5 from line 4.	Misses Individ					6,743,356.
	ction B. Total Support						0,743,350.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(=) 0010	(0 T-4-1
	Amounts from line 4	982,146.	1,515,770.	2,743,024.	1,892,339.	(e) 2018 911,064.	(f) Total
	Gross income from interest,			2,720,022.	1,002,000.	J11,004.	8,044,343.
	dividends, payments received on			- 1			
	securities loans, rents, royalties,						
	and income from similar sources	148,141.	77,915.	81,489.	82,768.	115,973.	506,286.
9	Net income from unrelated business		7,7,201	01,105.	02,700.	113,313.	300,200.
•	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					B1 15 0	0 550 500
	Gross receipts from related activities,	etc. (see instructio				40	8,550,629.
	First five years. If the Form 990 is for			famile and the		12	
	organization, check this box and stop	horo	iirsi, secona, iniro	, tourth, or titth tax	k year as a section	1 501(c)(3)	2.
Sec	etion C. Computation of Publi	c Support Per	centage				<u></u>
	Public support percentage for 2018 (li	. 1977		duman (fl)		44	78.86 %
15	Public support percentage from 2017	Schodulo A. Bort I	line 14	numn (1))		14	02 60
16a	33 1/3% support test - 2018. If the o	vanization did not	chook the hey an	lime 40 and the set	4:- 00 4/00/	15	93.68 %
	ston here. The organization qualifies	as a publish suppe	crieck the box on	ine 13, and line 1	4 is 33 1/3% or m	ore, check this box	(and
ь	stop here. The organization qualifies a	as a publicly suppo granization did not	onteu organization				► X
~	33 1/3% support test - 2017. If the o	figa og a publish e	. Crieck a box on iii	ie io or iba, and i	ine 15 is 33 1/3%	or more, check thi	s box
17a	and stop here. The organization quality	nes as a publicly st	upported organiza	ion	46.45		
174	10% -facts-and-circumstances test	20 io. Ii trie orga	inization did not cr	eck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fact	is-and-circumstanc	es" test, check thi	s box and stop he	re. Explain in Parl	: VI how the organi	zation
Ь	meets the "facts-and-circumstances" t	test. The organizati	ion qualities as a p	uplicly supported	organization		
IJ	10% -facts-and-circumstances test	- ∠U17. II the orga	nization did not ch	eck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	e racis-and-circum	nstances" test, che	eck this box and si	top here. Explain	in Part VI how the	e 🗀
12	organization meets the "facts-and-circ	umstances" test. T	ne organization qu	iaimes as a publici	y supported orga	nization	
10	Private foundation. If the organization	uia not check a b	ox on line 13, 16a,	16b, 1/a, or 17b,			
					Sched	lule A (Form 990 c	or 000_E7\ 2018

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

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

Se	ction A. Public Support	selow, please con	ipiete Fart II.)					
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and			1-7	(4,2011	(0) 2010	(i) Iolai	
	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					1		
	organization's tax-exempt purpose							
3	Gross receipts from activities that			1				
	are not an unrelated trade or bus-							
	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							
	the organization without charge							
6	Total. Add lines 1 through 5							
	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.)							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
9	Amounts from line 6					12/22/2	(i) i otal	
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties,							
	and income from similar sources					1		
b	Unrelated business taxable income						-	
	(less section 511 taxes) from businesses					1		
	acquired after June 30, 1975							
C	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	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiza	ation,	
	check this box and stop here						▶ □	
_	tion C. Computation of Publi	c Support Per	rcentage					
15	Public support percentage for 2018 (li	ne 8, column (f), d	ivided by line 13, o	column (f))		15	%	
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%	
	tion D. Computation of Inves							
17	Investment income percentage for 20	18 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	%	
	Investment income percentage from 2			••••••		18	%	
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	' is not	
	more than 33 1/3%, check this box ar	d stop here. The d	organization qualif	ies as a publicly su	pported organiza	tion	▶□	
b	33 1/3% support tests - 2017. If the	organization did ne	ot check a box on	line 14 or line 19a,	, and line 16 is mo	re than 33 1/3%, ar	nd	
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
	Private foundation. If the organization	ı did not check a t	oox on line 14, 19a	a, or 19b, check thi				
3202	3 10-11-18				Sche	dule A (Form 990	or 990-EZ) 2018	

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?
- 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		16
2		
3a		
3b		
3c		
4a		
4b		
4c		-
	110	
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
	134	B
9c		- 1,
10a		
THE S		
10b 0 or 99		

832024 10-11-18

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) 2018

3a

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Schedule A (Form 990 or 990-EZ) 2018 FLORIDA EDUCATION FOUNDATION, INC.

59-2718509 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			77 2720005 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c			
Sec	tion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	18 7		The market of the Principle
	instructions for short tax year or assets held for part of year):	(A) (B)		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	272	F // 19	
	factors (explain in detail in Part VI):	BJ 82		SECTION STATES
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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1 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	STATE OF THE STATE OF	
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting orga	inization (see
	instructions).	,	>	

Schedule A (Form 990 or 990-EZ) 2018

	D - Distributions			Current Year
	mounts paid to supported organizations to accomplish exe			
	mounts paid to perform activity that directly furthers exem	pt purposes of supported		
	ganizations, in excess of income from activity			
	dministrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
	nounts paid to acquire exempt-use assets			
	ualified set-aside amounts (prior IRS approval required)			
	her distributions (describe in Part VI). See instructions.			
	tal annual distributions. Add lines 1 through 6.			
	stributions to attentive supported organizations to which t	he organization is responsive	9	
	ovide details in Part VI). See instructions.			
	stributable amount for 2018 from Section C, line 6			
10 Line	ne 8 amount divided by line 9 amount			
Section E	E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
	stributable amount for 2018 from Section C, line 6			
	derdistributions, if any, for years prior to 2018 (reason-			
able	le cause required- explain in Part VI). See instructions.			I I I I Yell I'd
3 Exc	cess distributions carryover, if any, to 2018			
a Fro	om 2013			
b Fro	om 2014			
c Fro	om 2015			
d Fro	om 2016			
e Froi	om 2017			
f Tot	tal of lines 3a through e			
g App	plied to underdistributions of prior years			
h App	plied to 2018 distributable amount			
i Car	rryover from 2013 not applied (see instructions)			
j Ren	mainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Dist	tributions for 2018 from Section D,			
line	97: \$			
а Арр	plied to underdistributions of prior years			
b App	plied to 2018 distributable amount			
c Rem	mainder. Subtract lines 4a and 4b from 4.			
5 Rem	maining underdistributions for years prior to 2018, if			111118585
any.	v. Subtract lines 3g and 4a from line 2. For result greater			
thar	n zero, explain in Part VI. See instructions.			
6 Rem	maining underdistributions for 2018. Subtract lines 3h			
and	d 4b from line 1. For result greater than zero, explain in			
Parl	t VI. See instructions.			
7 Exc	cess distributions carryover to 2019. Add lines 3j			
and	1 4c.			
8 Brea	akdown of line 7:			
a Exce	ess from 2014			
b Exce	ess from 2015			THE SERVICE
c Exce	ess from 2016			
d Exce	ess from 2017			
e Exce	ess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-E	Z) 2018 F	TORT	DA .	EDUC	CATION	1 FOU	MDAT:	ION,	INC.		59-2	2718	509	Page 8
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec Section D, lines 5, (See instructions)	tion D, line: 6, and 8; a	s 2 and 3	ਹ, ਜਹ, }· Part	IV Sec	etion Filing	וו ,ווו 10 ספ	o, and ii	and Sh	v, Section Doct V, line	B, lines 1	17b; Par and 2; F	rt III, lin Part IV,	e 12; Section	_
	(See instructions.)														

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BILL AND MELINDA GATES FOUNDATION	1,472,000.	1,300,987.
otal Excess Contributions to Schedule A, Part II, Line 5		1,300,987.

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

2018

Name of the organization

FLORIDA EDUCATION FOUNDATION, INC.

Employer identification number

59-2718509

Organization type (check one):								
Filers o	f:	Section:						
Form 99	00 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 99	0-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 property) from any	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 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: but it mu	An organization the	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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) (2018)

Name of organization

FLORIDA EDUCATION FOUNDATION, INC.

Employer identification number

59-2718509

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

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
1	FLORIDA PREPAID/ MOORE COMMUNICATIONS GROUP	I otal contributions	Type of contribution Person
	2011 DELTA BLVD	\$83,333.	Payroll Noncash
1	TALLAHASSEE, FL 32303		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HELIOS EDUCATION FOUNDATION		Person X
	100 N. TAMPA ST, SUITE 1625	\$40,500.	Payroll Noncash (Complete Part II for
	TAMPA, FL 33602		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AT&T		Person X
	150 WEST FLAGLER STREET	\$50,000.	Payroll Noncash Complete Part II for
	MIAMI, FL 33130		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FLORIDA LOTTERY		Person X
	250 MARRIOTT DRIVE	\$27,750.	Payroll Noncash
	TALLAHASSEE, FL 32301		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	STATE FARM		Person X
	3 STATE FARM PLAZA	\$50,000.	Payroll Noncash
	BLOOMINGTON, IL 61791		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ESTATE OF HARRY ROSENTHAL JR		Person X
	301 DUNLAWTON AVE	\$30,000.	Payroll Noncash
	PORT ORANGE, FL 32127		(Complete Part II for noncash contributions.)

Name of organization Employer identification number FLORIDA EDUCATION FOUNDATION, INC. 59-2718509

LTOKI	DA EDUCATION FOUNDATION, INC.	5:	9-2718509
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	NBCU TELEMUNDO ENTERPRISES 700 S ROYAL POINCIANA BLVD - 5TH FLOOR MIAMI SPRINGS, FL 33166	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GULF POWER COMPANY ONE ENERGY PLACE PENSACOLA, FL 32520-0850	\$55,000.	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
9	FLORIDA BLUE PO BOX 2210 JACKSONVILLE, FL 32203	\$35,000.	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
10	BILL & MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102	\$	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
11	LOCKHEED MARTIN PO BOX 33010 LAKELAND, FL 33807	\$\$	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
_12	WELLS FARGO FOUNDATION 550 S 4TH ST MINNEAPOLIS, MN 55415	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2018) rganization		Page Page Page Page Page Page Page Page
			Employer identification numbe
FLORI:	DA EDUCATION FOUNDATION, INC.		59-2718509
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	i.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Doto received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Doto vecsived
		 \$	
(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
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

85

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

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

FLORIDA EDUCATION FOUNDATION TNC. Employer identification number 59-2718509

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	erring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org		V, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historica	lly important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	anization during the tax
	year >	2	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	_	
6	violations, and enforcement of the conservation easements it		Yes No
0	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserva	tion easements during the year
7	Amount of expanses incurred in monitoring inconsting has	lling of violations and automic and automic	
,	Amount of expenses incurred in monitoring, inspecting, hand > \$	ling of violations, and enforcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) abov	a satisfy the requirements of section 170/b//4	(D) (t)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and evnence state	ment and belence cheet and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.	in a manifest statements that describes the o	iganization's accounting for
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement a	and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		🏲 \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b_	Assets included in Form 990, Part X		▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(confinued)		nedule D (Form 990) 2018 FLORIDA	A EDUCATION	V FOU	NDATIO	ON, INC.	r Othor	Simila	9-27	718509	Page 2
Check at that apply:	3	Using the organization's acquisition, access	sion, and other reco	rds char	k any of the	following that	oro o oio	oificant	1 A33	eta(Continu	uea)
a Public exhibition b Scharty research c Preservation for future generations c Part IV Escrow and Custodial Arrangements. Complete if the organization scalection? Part IV Escrow and Custodial Internagements for future for granization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, late is the organization ansgert, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, late is the organization ansgert, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, late is the organization ansgeries in Part XIII and complete the following table: Amount 1c Amount 1c Amount 1c Complete the following table: Amount 1c Complete the part XIII. Check here if the organization has been provided on Fart XIII. Part V Endowment Funds. Complete if the organization has been provided on Fart XIII. Part V Endowment Funds. Complete if the organization has been provided on Fart XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Line Beginning of year balance Line Beginning of year balan		(check all that apply):	olori, aria odrici recol	us, criec	k arry or tire	ollowing that	are a sigi	nincant u	se or its	collection	rtems
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV. If the Yes of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization arrangement in Part XIII and complete the following table: Amount	a			d 🔲	l oan or eve	shanaa nroarar	ma				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, 1a Is the organization anapament funds are propertied the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X III and complete the following table: C Beginning belaince G Beginning belaince G Beginning belaince I C Household an amount on Form 990, Part X III and complete the following table: C Beginning belaince G Beginning belaince I Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Part V Endowment Funds. Complete if the organization has been provided on Part XIII. 1a Beginning of year balance b Contributions C Net investment earnings, gains, and losses G Grants or scholarships G Other expenditures for facilities and programs A Administrative expenses g End of year balance D Other expenditures for facilities and programs A Administrative expenses g End of year balance O Other expenditures for facilities and programs A Administrative expenses g End of year balance O Other expenditures for facilities and programs A Administrative expenses g End of year balance O The provide the estimated percentage of the current year end balance (line 1g, column (al) held as: Board designated or quasicandowment 96 D Permanent andowment 97 The percentages on lines 2a, 2b, and 2c should equal 100%, Sa Are there endowment funds not in the possession of the organization sendowment funds. Part VII Land, Buildings, and Equipment. Complete if the orga	Ŀ										
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, cild the organization solicit or receive donations of art, historical reasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [Part IV] Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance f Ending balance f Ending balance f Wes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 6 Organization and the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 1a Beginning of year balance 6 Organization answered "Yes" on Form 990, Part IV, line 10. 1b Organization answered "Yes" on Form 990, Part IV, line 10. 1c Segment year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e)	c			· <u> </u>							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 91. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete Form 1900 Form 190	4		collections and expla	ain how tl	hev further t	the organization	n'e avamı	nt nurnor	o in Do	→ VIII	
To be sold to raise funds rather than to be maintained as part of the organization's collection?	5	During the year, did the organization solicit	or receive donations	of art h	istorical trea	asures or other	cimilar a	eeste eeste	se ili ra	IT AIII,	
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table:		to be sold to raise funds rather than to be m	naintained as part of	the orga	nization's c	ollection?	Sirillar a	33013		Vac	Ma
Teleprote an amount on Form 990, Part X, line 21. Teleprote assets not included on Form 990, Part XP Teleprote assets not included on Form 990, Part XP Teleprote assets not included on Form 990, Part XP Teleprote assets not included on Form 990, Part XP Teleprote assets not included on Form 990, Part XP Teleprote assets not included	Pa	rt IV Escrow and Custodial Arrar	ngements. Comp	lete if the	organizatio	on answered "Y	es" on F	orm 990	Part IV	line 0 or	140
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Cal Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		reported an amount on Form 990, Pa	art X, line 21,			,	00 0111	om 000,	i cirriy,	11116 3, 01	
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b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount		on Form 990, Part X?		,			010110111	oluubu		Vac	No
c Beginning balance d Additions during the year e Distributions during the year 1 tending balance 2 Distributions during the year 1 tending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table:	***************************************				_ 100	
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d Additions during the year Distributions during the year Ending balance	C	Beginning balance						1c		, arrounte	
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Land b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other c Leasehold improvements	d	Additions during the year				******************************	***********				
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But "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Imag	2a	Did the organization include an amount on F	Form 990, Part X, line	21, for e	escrow or ci	ustodial accour	nt liability	?		Yes	No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	<u> b</u>	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanatio	n has been	provided on P	art XIII				
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c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Pervive the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations bif "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold Improvements d Equipment c Leasehold Improvements d Equipment e Other	1a										
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e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other	C										
and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other	_										
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Board designated or quasi-endowment ▶	g										
b Permanent endowment ▶	2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	g, column (a)) held as:					
Temporarily restricted endowment				_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other			%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization Ves No	С										
Ves No											
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Sa(ii) related organizations Sa(ii) A pescribe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.		*								Y	es No
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) basis (other) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		(I) unrelated organizations	***************************************							3a(i)	
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.		(ii) related organizations					• • • • • • • • • • • • • • • • • • • •			3a(ii)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings C Leasehold improvements d Equipment e Other	D A	The rest on line 3a(II), are the related organiza	itions listed as requi	red on So	chedule R?		• • • • • • • • • • • • • • • • • • • •			3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		t VI Land Ruildings and Equipm	organization's endo	wment fo	unds.						
Description of property (a) Cost or other basis (investment) Land Buildings C Leasehold improvements d Equipment Other				Don't N	Barrier O						
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	_								-		
1a Land		Description of property	1 ''							(d) Book v	alue
b Buildings c Leasehold improvements d Equipment e Other	19	Land		igiti)	Dasis (ou let)	ueprec	adion	_		
c Leasehold improvements d Equipment e Other	h	Buildings		_							
d Equipment	c	Leasehold improvements		_					-		
e Other									+-		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)									-		
	Total	Add lines 1a through 1e. (Column (d) must ed	qual Form 990. Part	X. colum	n (B), line 10	Oc.)			+		0 .

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 FLORIDA EDU	CATION FOUND	ATTON THE	E O	2710500	
Part VII Investments - Other Securities.	CATION FOUNDA	ATTON, TIVE.	29	-2718509	Page
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990 Part	(line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati		l-of-vear market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) EQUITY SECURITIES	2,620,234.	END-OF-YEAR	MARKET	VALUE	
(B) CORPORATE BONDS	607,886.	END-OF-YEAR			
(C) GOVERNMENT BONDS	136,083.		MARKET	VALUE	
(D) REAL ESTATE	70,092.		MARKET	VALUE	
(E) FIXED INCOME	385,735.	END-OF-YEAR	MARKET	VALUE	
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,820,030.		NE HOLL		
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of	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	n: Cost or end	of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (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" of	on Form 990 Part IV line	11d See Form 000 Dort V	lino 15		
	Description	Tid. dee Follii 990, Part X	, inte 15.	(b) Book val	10
(1)				(b) Book val	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)				
Part X Other Liabilities.					
Complete if the organization answered "Yes" o			Part X, line 25.		
1. (a) Description of liability		b) Book value			
(1) Federal income taxes		10,11			
(2)					
(3)		jisi			
(4)		in the			

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

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(6) (7)

Schedule D (Form 990) 2018 FLORIDA EDUCATION FOUNDAT	rion, in	rc.	59-	2718509	Page 4
Part XI Reconciliation of Revenue per Audited Financial State		Revenue per l	Retur	n.	1 96,4129
Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1 Total revenue, gains, and other support per audited financial statements			1	1,592	666.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a Net unrealized gains (losses) on investments	2a	12,123.			
b Donated services and use of facilities	2b	140,713.			
c Recoveries of prior year grants	2c		1		
d Other (Describe in Part XIII.)	2d				
e Add lines 2a through 2d			2e	152	836.
3 Subtract line 2e from line 1			3	1,439,	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			2 54		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)	4b	71,182.			
c Add lines 4a and 4b	***		4c	71,	182.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,511,	012.
Part XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per	Retu	rn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
Total expenses and losses per audited financial statements			1	2,459,	171.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a Donated services and use of facilities	2a	140,713.			
b Prior year adjustments	2b				
c Other losses	2c				
d Other (Describe in Part XIII.)	2d		1.5		
e Add lines 2a through 2d	***************************************		2e	140,	713.
3 Subtract line 2e from line 1	***************************************		3	2,318,	458.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)	4b	71,182.			
c Add lines 4a and 4b			4c	71,	182.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,389,	640.
Part XIII Supplemental Information.					
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b i	and 2b; Part V, line	4; Part	X, line 2; Part X	l,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	dditional inform	ation.			
DADE VI IINE AD CHURD AD THOMASHE					
PART XI, LINE 4B - OTHER ADJUSTMENTS:					
ADMIN FEES					
ADMIN FEES					
FINANCIAL MAMAGEMENT FEES					
TIMANCIAD MAMAGEMENT FEED					
PART XII, LINE 4B - OTHER ADJUSTMENTS:					
TAKT ATT, DINE 4B - OTHER ADDUSTMENTS:					
ADMIN FEES					
ZDHIR FEED					
FINANCIAL MAMAGEMENT FEES					
- ETTEROLIE SEEDIOUMURI I DUD					
					_
PART XI & XII					
EOD AUDITHED HIMMOTEL CONTROL					
FOR AUDITED FINANCIAL STATEMENT PURPOSES, TH	HE REVEN	IUE AND EXI	PENS	ES	

16360415 136042 68180F

Schedule D (Fo	orm 990) .	2018 Cental In	forma:	LOR1	DA E	DUCAT	TION	FOU	OITADE	N, I	NC.		59-2	718	509	Page 5
OFFSET 1	EACH	OTHER	AND	ARE	NOT	INCI	LUDED	IN	EITHE	R TO	TAL	REVEN	UES (OR	TOTA	L
EXPENSE	S. FO	R TAX	RETU	JRN	PURP	OSES,	THE	REV	ENUES	AND	EXP	ENSES	ARE	RE	PORT	ED.
: 																
-																
							_									

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Open to Public

OMB No. 1545-0047

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

Name of the organization 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 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 IV, line 21, for any General Information on Grants and Assistance FLORIDA EDUCATION FOUNDATION, INC. Employer identification number 59-2718509 X Yes Inspection _ | |-

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule I (Form 990) (2018)					ons for Form 990.	see the instructi	E. F Or . after work medicated Act Notice, see the instructions for Form 990.
•					table	listed in the line 1	3 Enter total number of other organizations listed in the line 1 table
▼				line 1 table	ganizations listed in the	nd government org	
							1
				,			
HURRICANE ASSISTANCE			0.	7,000.	T, AOE	59-6000511	BAY DISTRICT SCHOOL 1311 BALBOA AVENUE PANAMA CITY, FL 32401
EDUCATION PROGRAMS		·	0.	20,835.	gov'T	59-6000572	THE SCHOOL BOARD OF MIAMI DADE 1450 NE 2ND AVE MIAMI, FL 33132
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government

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ω 2

Schedule I (Form 990) (2018)

7-	ON FOUND	ATION, INC.	•		59-2718509 Page 2
Part III 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.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplement	uired in Part I, line	2; Part III, column	(b); and any other ac	ditional information.	
PART 1, LINE 2: CANDIDATES SUBMIT GRANT APPLICATIONS	WHICH	ARE REVIEWED	WED AND APPI	PROVED BY THE	
EXECUTIVE DIRECTOR IN ACCORDANCE WITH THE ORGANIZATIONS POLICIE	TTH THE C	RGANIZATI	ONS POLICI	ES.	

Page 2

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.

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FLORIDA EDUCATION FOUNDATION, INC.

Employer identification number 59-2718509

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 A, LINE 4:

USAGE OF LEGAL COUNSEL POLICY

THIS POLICY ESTABLISHES WHEN THE FLORIDA EDUCATION FOUNDATION WILL USE THE

SERVICES OF THE FLORIDA DEPARTMENT OF EDUCATION'S LEGAL COUNSEL VERSUS

OUTSIDE LEGAL COUNSEL.

RESTRICTED FUND MANAGEMENT POLICY

THIS POLICY IS INTENDED TO ESTABLISH EFFICIENT AND CONSISTENT PROCESSES

ASSOCIATED WITH THE CREATION, MAINTAINED MANAGEMENT OF, AND DISBURSEMENT

FROM FLORIDA EDUCATION FOUNDATION (FEF) RESTRICTED FUNDS. ALSO, THIS POLICY

DEFINES AND ESTABLISHES PROTOCOLS/PROCEDURES FOR HANDLING INACTIVE

FEF-MANAGED RESTRICTED FUNDS. THE PROCESSES ARE NEEDED TO MAXIMIZE STAFF

RESOURCES AND TO PLAN FOR AND MANAGE FUND DISBURSEMENTS IN A TIMELY AND

PREDICTIBLE MANNER.

BUDGETING AND PURCHASES POLICY

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

Schedule O (Form 990 or 990-EZ) (2018)

FORM 990, PART VI, SECTION B, LINE 11B:

PART VI: GOVERNANCE, MANAGEMENT & DISCLOSURE

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:

832212 10-10-18

Name of the organization

FLORIDA EDUCATION FOUNDATION, INC.

Employer identification number 59-2718509

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.

PART I: SUMMARY LINE 5

FLORIDA EDUCATION FOUNDATION STAFF SERVICES ARE DONATED BY FLORIDA

DEPARTMENT OF EDUCATION EMPLOYEES. FLORIDA EDUCATION FOUNDATION DOES

NOT DIRECTLY EMPLOY ANY STAFF MEMBERS.

PART VI: GOVERNANCE, MANAGEMENT & DISCLOSURE

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.

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.

SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS

			0-EZ) (2018)									Page
Name	of the organ	ization	FLORIDA	EDUCA	TIO	1 FOUI	NDAT	ION, INC.			Employer 59-2	identification number 2718509
AND	THREE	MOST	RECENT	YEARS	OF	FORM	990	AVAILABLE	то	THE	PUBLIC	UPON
REQ	UEST.											

SCHEDULE R (Form 990)

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

Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection OMB No. 1545-0047 2018

			Part
		(a) Name, address, and EIN (if applicable) of disregarded entity	FLORIDA EDUCATION FOUNDATION, INC. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.
		(b) Primary activity	FLORIDA EDUCATION FOUNDATION, INC. regarded Entities. Complete if the organization answered "Yes" on
		(o) Legal domicile (state or foreign country)	on Form 990, Part IV, line 33.
		(d) Total income	
		(e) End-of-year assets	
		(f) Direct controlling entity	59-2718509

			TALLAHASSEE, FL 32399	325 WEST GAINES STREET	FLORIDA DEPARTMENT OF EDUCATION	g-	of related organization	(a)
			SOVT ENTITY				Primary activity	(b)
			FLORIDA			foreign country)	Legal domicile (state or	(c)
						section	ë	(b)
						status (if section 501(c)(3))	Public charity	(e)
			FL DOE			entity	ollin	(5)
			×		Tes	entity?	Section 512(b)(13)	(g)

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.

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

Schedule R (Form 990) 2018 FLORIDA EDUCATION FOUNDATION, INC.

59-2718509

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.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered organizations treated as a corporation or trust during the tax year.			(a) Name, address, and EIN of related organization
anizations Taxable as poration or trust during			(b) Primary activity
a Corpo the tax y			Legal domicile (state or foreign country)
wation or Trust, Con ear.			(d) Direct controlling entity
mplete if the organization			(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)
n answered "Yes"			(f) Share of total income
on Form 990, Pa			(g) Share of end-of-year assets
rt IV, line 3			(h) Disproportionate allocations?
l "Yes" on Form 990, Part IV, line 34, because it had one or more related			Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)
ne or m			General or managing partner?
ore related			(i) (k) General or Percentage managing ownership partner?

)90) 2018	Schedule R (Form 990) 2018	Sche				ა 8		832162 10-02-18
Yes No	~	20000				country)		
512(b)(13) 512(b)(13) controlled entity?	Percentage ownership	Share of end-of-year	Share of total income	Type of entity (C corp, S corp, or trust)	Direct controlling entity	Legal domicile (state or foreign	Primary activity	of related organization
3	()	(9)	(f)	(e)	(d)	(c)	(b)	Name of the second seco

Schedule R (Form 990) 2018

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

2018	orm 990	Schedule R (Form 990) 2018		39	332163 10-02-18
					(6)
					(5)
					(4)
					(3)
					(2)
		IN-KIND	140,713.	0	(1) FLORIDA DEPARTMENT OF EDUCATION
	ed	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
		relationships and transaction thresholds.	nis line, including covered	no must complete the	The second relationships and transaction thresholds.
×	1s				2 If the answer to any of the above is "Yes " so the instruction(s)
×	7				Other transfer of cash or property to related organization(s)
×	1q				base of several sequences (several sequences)
×	0				Reimbursement paid to related organization(s) for expenses
	10 ×				e coming of paid on the byses with related organization (8)
×	j,			on(s)	
×	1m			nization(s)	Sharing of facilities, equipment, mailing lists, or other poor in the state of
×	=			nization(s)	Postermance of services or membership or rundraising solicitations for related organization(s)
×	*				k Lease of facilities, equipment, or other assets from related organization(s)
×	==				Toward or imministry equipment, or other assets to related organization(s)
×	≐				i Agen of facilities agrificated digalization(s)
×	1				Evolution of accepts with related organization
×	1g				h Princhase of assets from rolated organization(s)
×	#				
Þ	9				
4 >					e Loans or loan guarantees by related organization(s)
4	: c				
× :	7				© Gift, grant, or capital contribution from related organization(s)
×;	÷ =				b Gift, grant, or capital contribution to related organization(s)
×	<u>n</u>		(
NO	Col	d in Parts II-IV?	elated organizations liste	s with one or more r	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?
	٧٥				Note: Complete line I if any entity is listed in Parts II, III, or IV of this schedule.

832164 10-02-18

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.

sections 512-514)	(b) (c) (d) (e) (e) (d) At all (c) Primary activity Legal domicile (related invested patters see. S
sections 512-514)	Predominant income
end-of-year assets	(g) Share of
ves No (Form 1085) ves No	(h) (i)

40

Schedule R	(Form 990) 2018	FLORIDA	EDUCATION	FOUNDATION,	INC.	59-2718509 Pa	age 5
Part VII	(Form 990) 2018 Supplemental Info	rmation.					-
	Provide additional inform	nation for response	es to questions on S	chedule R. See instruct	ions		
			oo to squoodionio on o	on load of the cook motifact	10110.		
<u> </u>							
							_

TAB 3



3320 THOMASVILLE ROAD, SUITE 200 | TALLAHASSEE, FLORIDA 32308 | (850) 224-4493 VOICE OR TDD | (850) 224-4496

2020 Direct Support Organization Report, pursuant to s. 20.058, F.S., For The Florida Endowment Foundation for Vocational Rehabilitation

Contact Information:

The Florida Endowment Foundation for Vocational Rehabilitation, dba The Able Trust 3320 Thomasville Road, Suite 200, Tallahassee, Florida 32308

Telephone Number: 850.224.4493

Website Address: www.AbleTrust.org

Primary Contact: Tony Carvajal, President and CEO, 850.224.4493 x 222, Tony@AbleTrust.org

Statutory Authority:

s. 413.615, F.S.

Mission:

From 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 provider in providing Floridians with disabilities opportunities for successful employment.

Results Obtained by the Organization:

See Annual Report & Impact Statement for FY 2018-19 (attached) and 2019 Annual Report to Governor & Legislature (attached)

Brief Description of the Plans of the Organization:

Attached is copy of the current strategic plan for The Able Trust (Strategic Plan-Exec Summary-2019-21), pending review and update by the Board of Directors.

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

Over the next 3 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 engagement
 around Disability Employment 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;
- reestablish regional business leadership and exchange networks across the state; and
- institute capacity-building efforts focused on strengthening local community rehabilitation providers and other partners that support the mission of meaningful and sustainable employment for Floridians with disabilities.

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 saved from repeal before that date.

Code of Ethics:

Attached is Ethics Policy 12-2014, the organization's most recently approved code of ethics, pending review and update by the Board of Directors.

Most Recent Federal IRS Form 990

Attached is FY 2019 Form 990 which is the most recent federal IRS Return for The Able Trust, covering operations from 1 July 2018 to 30 June 2019.



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.

Statements of acknowledgement of officers, directors, ambassadors and employees shall be kept in appropriate files in the office of the President and CEO.

nt Name:	Date:	
Print Name:		



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30 December 2019

HAND DELIVERED

Governor Ron DeSantis
Senate President Bill Galvano
Speaker José R. Oliva
Commissioner Richard Corcoran
State of Florida - The Capitol
400 South Monroe Street
Tallahassee, FL 32399

RE: Annual Report of the Florida Endowment for Vocational Rehabilitation, dba The Able Trust

Dear Governor DeSantis, Senate President Galvano, Speaker Oliva, and Commissioner Corcoran:

The Florida Endowment for Vocational Rehabilitation, also known as The Able Trust, was legislatively created in 1990 to serve as the direct support organization (DSO) for the Florida Department of Education's (DOE) Division of Vocational Rehabilitation (DVR) to encourage public and private support to enhance vocational rehabilitation and the employment of Floridians with disabilities. Pursuant to 413.615 (12), Florida Statutes, the Board of The Able Trust is to issue a report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Commissioner of Education by December 30 summarizing the performance of the organization and the endowment fund for the previous fiscal year. We respectfully submit this report on their behalf.

The Able Trust's fiscal year runs from July 1st to June 30th and the Annual Audit and End of Year report ("Annual Report") attached provide details about our operations for the 2018-2019 fiscal year. Since the organization experienced significant changes after the close of the fiscal year, we are providing additional details covering the latter half of the 2019 calendar year. This letter is divided into three parts. Part 1 summarizes the operations for last fiscal year, 1 July 2018 to 30 June 2019. Part 2 addresses significant activities after the close of the fiscal year and are included to provide an update and assurances about the operations following the transition of the last President and CEO. Part 3 provides a summary of efforts being made to prepare for and plan the future of The Able Trust.

The 2019 calendar year was one of change and recommitment for The Able Trust. The result is a stronger organization more aligned with its legislative intent, more unified with the DVR vision, and with a reemerging role across the state's vocational rehabilitation landscape. We would like to thank and acknowledge the guidance and collaboration of the leadership at DVR and DOE as The Able Trust adjusts its practices and procedures. The assistance that they have provided before, during, and after the appointment of the new President and CEO has been important to positioning the organization for compliance and growth going forward. DVR, DOE, and The Able Trust continue to work closely together and we look forward to sharing examples of this collaboration in future management responses.

-

¹ 413.615 (5), Florida Statutes

Part 1 – Summary of Operations for Last Fiscal Year

Enclosed is a copy of the Annual Audit and Annual Report which summarizes the performance of the endowment fund and the foundation's fundraising activities for the previous fiscal year. In fiscal year 2018-2019, The Able Trust helped 556 people with disabilities obtain jobs and gain vital work experience via internships, served 1,250 students with disabilities across 43 counties with the Florida High School High Tech program, and partnered with more than 240 businesses and organizations to provide career exploration opportunities for more than 1,500 participants during disability employment awareness events across Florida. Additional outcome data is discussed on pages 3 to 6 of the Annual Report.

Organizations that managed activities and programs supported by the endowment principal or earnings &/or private sources include:

Ability 1st, Tallahassee; ARC Jacksonville, Jacksonville; Autism Pensacola, Pensacola; Best Buddies International, Miami; Bishop Grady Villas, St. Cloud; Brevard Schools Foundation, Melbourne; CareerSource Florida Crown, Lake City; CareerSource Volusia Flagler, Daytona Beach; Center for Independent Living of Broward, Lauderdale Lakes; Center for Independent Living in Central Florida, Lakeland; Center for Independent Living of North Central Florida, Gainesville; Center for the Visually Impaired, Daytona Beach; Dyslexia Research Institute, Port St. Joe; Easter Seals Florida, West Palm Beach; Educational Foundation of Lake County, Leesburg; Embrace Families, Orlando; Flagler County Education Foundation, Bunnell; Florida Chamber Foundation, Tallahassee; Florida Public Broadcasting Service, St. Petersburg; Foundation for Orange County Public Schools, Orlando; Goodwill Easter Seals of the Gulf Coast, Mobile, AL (providing services in Escambia and Okaloosa Counties, FL); Goodwill Industries of Southwest Florida, Fort Myers; Gulfstream Goodwill Industries, Boynton Beach; ILRC of Northeast Florida, Jacksonville; Lighthouse Central Florida, Orlando; MacDonald Training Center, Tampa; Madison County School Board, Madison; Miami Dade College, Miami; Miami Lighthouse for the Blind, Miami; Nassau County School District, Fernandina Beach: Quest, Inc., Orlando; School District of DeSoto County, Arcadia; School District of Hillsborough County, Tampa; Service Source, Clearwater; Susan B. Anthony Recovery Center, Pembroke Pines; Tallahassee Community College Foundation, Tallahassee; Tampa Lighthouse for the Blind, Tampa; The Haven, Sarasota; United Way of Florida, Tallahassee; Van Gogh's Palette, Sarasota; and WFSU, Tallahassee.

Private resources for the support of activities and programs came from unrestricted funds raised from interest, earnings, and fees collected on private endowed funds and bequests; proceeds from the sale of a "Tiny House" designed and built in part by students with disabilities as part of a skills-based learning project funded by The Able Trust; and gifts, grants, donations, bequests, and other valued goods and services from friends and supporters including, but not limited to, the following:

Alvah H. and Wyline P. Foundation; Benton Family; Bostick Family; BP Oil Settlement Fund; Chesley G. Magruder Foundation; Dantin Consulting; Disney Worldwide Services; Florida Power & Light/NextEra Energy; Florida Chamber Foundation; Hall Family; Hibbard Endowment Fund; Kirbo Charitable; Maxson Family; McNenny Family; Raymond James Financial; RTJC Hogan Family Foundation; The Patterson Foundation; Ward Endowment Fund; Universal Studios Orlando; and Wells Fargo Foundation.

Information on financial data, by service type, is summarized on pages 9 and 10 of the Annual Report. Details for this summary, as well as information on the expenditures for administration and provision of services and the amount of funds raised from private sources, are included in the financial statements and notes of the Annual Audit included with this letter.

The Annual Audit has a particular note relative to the amount of funds spent on administrative expenses during the fiscal year which deserves attention. As discussed in the section labeled "Administrative Costs" beginning on page 28 of the Annual Audit, the total administrative costs for the fiscal year were calculated at 13%, which complies with the allowable limit referenced in 413.615 (9) j, Florida Statutes, but this compliance is dependent on contribution expenses of approximately \$3 million which were related to a transfer of funds to the Able Charitable Foundation (discussed further in Part 2 of this letter). As noted in the Annual Audit, "If the contribution expenses were excluded from the calculation, administrative costs would have been 25% of total expenses or 10% greater than the maximum allowable amount per statute." We note this particular item not only to set up the conversation in the next section of this letter but to emphasize that a number of significant steps have already been taken to ensure that future operations of The Able Trust comply with the letter and the spirit of the law which specifies that administrative costs shall be kept to the minimum amount necessary for the efficient and effective administration of the foundation.²

Part 2 - Significant Activities After the Close of Last Fiscal Year

As noted earlier, 2019 was a year of significant change for The Able Trust which included the retirement of the last President and CEO, operational review and interventions by the DOE Inspector General and the Commissioner of Education, resignations from The Able Trust's Board of Directors, and the appointment of a new President and CEO. This section will discuss a few of these significant items.

Office of Inspector General Report # A-1819DOE-021

Before the end of the 2018-19 fiscal year, the DOE's Office of Inspector General (OIG) conducted an audit of the administrative costs of The Able Trust for the prior fiscal year, the period of 1 July 2017 through 30 June 2018. The audit noted that The Able Trust had misinterpreted the Florida Statutes and reported total administrative costs inaccurately. While the management of The Able Trust at that time submitted a response to the OIG report (17 June 2019) discussing the basis for its alternate calculation of the President and CEO compensation and Board costs, based on adjustments for time spent on activities not deemed to be attributable to "administration" (e.g. programs, fundraising, and business interaction to encourage placement for people with disabilities), it noted that calculations of administration costs would be clarified with the hire of the new President.

As noted in the six-month update submitted to the OIG on 11 December 2019, the current management directly acknowledged and addressed the misinterpretation cited in the June 2019 OIG report. In our response, we state, "while The Able Trust response of June 17, 2019 ("Attachment A") made a case for alternative calculations, management's commitment going forward is to follow and implement the clear statutory language for administrative costs and limits on application of interest and earnings from endowment principal detailed in section 413.615, Florida Statutes...and will continue to work with our

² 413.615 (9) j, Florida Statutes

staff and future Board to implement regular financial management and reporting practices to monitor administrative costs and spending caps throughout the year." Our ongoing efforts to comply with legislatively mandated caps on administrative costs include:

- Coordination with our auditors to properly record and estimate administrative costs;
- Coordination with DOE leadership and the Director of DVR to adjust the current fiscal year's budget in order to comply with the statutory 15% administrative costs cap;
- Update of tracking, reporting, and projections tools as well as internal standards to assure compliance with administrative costs cap and limits on use of interest and earnings on the endowment principal;³ and
- Ongoing development of reformatted budget and financial reports for the Board and staff to use next fiscal year that better represent project costs and more clearly identify administrative costs and sources and uses of funds throughout the year.

As noted at the end of Part 1 above, while the current Annual Audit of The Able Trust estimates that the organization was in compliance with the legislatively mandated cap, this has more to do with the accounting for the transfer of funds to the Able Charitable Foundation than a commitment to keep costs to a minimum. While the organization is still adjusting and recovering from the transition of its last President and CEO, current staff and leaders are working hard to properly account for and commit to the clear intent of 413.615 (9) j, Florida Statues, and will continue to work closely with DOE, DVR, and the OIG to ensure that the organization keeps administrative costs to "the minimum amount necessary for the efficient and effective administration of the foundation."

Commissioner of Education DSO Report

In the DOE 2019 DSO report, dated 15 August 2019, the Commissioner of Education expressed concerns about the management and operations of the organization and recommended to take immediate action to vastly modify The Able Trust. The concerns focused on the lack of transparency regarding fiscal management, the relationship between The Able Trust and the Able Charitable Foundation, and DOE's preference to realign the functioning of The Able Trust with the purposes and legislative intent set forth in the Florida Endowment for Vocational Rehabilitation Act, section 413.615, Florida Statutes.

The Commissioner's letter laid out 10 requests to ensure The Able Trust was moving forward to successfully help individuals with disabilities. Each of the requests has been addressed thanks to the commitment and persistence of The Able Trust staff that remained following the transition and the focus, coordination, and support of the leadership teams at DVR and DOE. The teams at each of these organizations were able to quickly and decidedly right the ship to ensure that The Able Trust was realigned toward the mission of assisting individuals with disabilities to obtain or maintain competitive, integrated employment and to ensure a strong working partnership and relationship as DVR's direct support organization.

³ Pursuant to 413.615 (9) j 1-5, Florida Statutes

Changes enacted include:

- Acceptance of the resignation of the immediate past President and CEO, her removal from all Able Trust financial accounts, and the severing of any and all related consultant contractual relationships;
- The dissolution of all relationships and agreements between The Able Trust and the Able Charitable Foundation and the reversion of funds formerly transferred from The Able Trust to the Able Charitable Foundation;⁴
- Agreement by the Able Charitable Foundation to cease day-to-day operations and legally dissolve by no later than 31 December 2019;
- Coordination between DOE and The Able Trust Board Chair to secure a new Chief Executive
 Officer to manage daily business operations and serve to fulfill the mission of The Able Trust;⁵
- Engaging in an ongoing review of all financial and operational standards to ensure compliance
 with legislative standards, to solidify and strengthen its position as the DVR DSO, and to prepare
 the organization to broaden the participation and funding potential to support the vocational
 rehabilitation needs of Floridians with disabilities; and
- Resignation of all Board members in order to allow the Governor to appoint a new Board of Directors pursuant to section 413.615 (8), Florida Statutes.⁶

At the 20 September 2019 State Board of Education meeting held in Jacksonville, DOE leadership provided a positive progress report following the transitions at The Able Trust and commented on the "shared commitment for the future" that DOE, DVR, and The Able Trust had exemplified, noting that The Able Trust was well-positioned for the future and that "positive changes and new bold leadership" set the organization on course to become one of the best support organizations in Florida and the nation. At the meeting, State Board of Education members acknowledged the leadership of DOE and DVR for turning things around and stabilizing the organization, and Commissioner Corcoran reinforced that the great news was not just that the organization was being fixed but that the mission of The Able Trust – providing employment and ensuring dignity through work – would be fulfilled.

New Leadership and Recommitment to Legislative Intent

Since the changes witnessed from June to October of 2019, there is a noticeably stronger working relationship and commitment by the teams at The Able Trust, DVR, and DOE to ensuring a "DSO First" focus and coordinating to address unmet vocational rehabilitation and business engagement needs. Throughout the transition, The Able Trust continued its uninterrupted work in implementing and

⁴ From June 2018 to June 2019, The Able Trust transferred \$3,224,398.82 in cash and securities to the Able Charitable Foundation. As of October 2019, all investment accounts had reverted back to The Able Trust, with the total transfer of cash and securities from Able Charitable Foundation to The Able Trust totaling \$3,117,098.41. Per agreement reached 18 September 2019 between representatives of the Able Charitable Foundation and DOE, there remains a small balance at the Able Charitable Foundation to be used for final auditing, attorney's fees, and miscellaneous expenses.

⁵ Tony Carvajal was appointed as President and CEO effective 30 September 2019.

⁶ Pursuant to 413.615 (8) b, Florida Statutes, Board members serve 3-year terms or until resignation or removal for cause. The majority of the Board had served longer than 3 years and honored the Commissioner of Education's request to resign per DSO report dated 15 August 2019. The Commissioner of Education's DSO report did recommend that one director be removed for cause due to a conflict of interest as an incorporator and director of the Able Charitable Foundation.

overseeing the Florida High School High Tech program, pursuant to the DSO Contract with DVR, and it worked in good faith to honor donor documented wishes and the grant commitments of both The Able Trust and the Able Charitable Foundation that were consistent with our mission. During the last quarter of calendar year 2019, The Able Trust was able to honor more than \$500,000 in duly authorized grant commitments which might have been delayed or forgone but for the diligence of DOE and DVR to ensure that all funds reverted back from the Able Charitable Foundation.

Part 3 – Planning for the Future of The Able Trust

The Able Trust is now a stronger, more focused DSO, and the reenergized collaboration with DVR and DOE are making it possible to refocus on the legislative intent of the Florida Endowment for Vocational Rehabilitation Act, affording Floridians with disabilities a fair opportunity to become self-supporting, productive members of our workforce and communities. We will continue to work closely with partners, funders, and stakeholders across the vocational rehabilitation landscape to build support for and promote employment opportunities for persons with disabilities. With a commitment to focus on "abilities" rather than disabilities, we can broaden the individual and corporate engagement across the state and work together to identify and address barriers to employment.

There are a number of short-term and multi-year tasks that our organization will continue to focus on, including, but not limited to:

- Review of final closure and accounting of the Able Charitable Foundation, including the reversion of any remaining fiscal balances to The Able Trust;
- Update of operational standards and policies and procedures of The Able Trust to ensure compliance with legislative intent;
- Finalizing review of past "sources and uses of funds" to ensure that all public and private dollars are properly recorded and separately maintained;⁷
- Development of 3-5 year fiscal projections for fundraising and grant-making goals;
- Enhancement of the organization's fundraising capacity to serve as a "long-term, stable, and growing source of revenue derived from legislative appropriations and bequests, gifts, grants, and donations from public or private sources;"⁸
- Rebuilding the business-led networks across the state to broaden the engagement and support
 of Florida's business community in the employment of persons with disabilities;
- Support for the creation of resources, programs, research, and training tools designed to raise awareness about the "abilities" of Floridians with disabilities and to assist in removing barriers to employment;
- Preparing for the appointment and orientation of The Able Trust Board of Directors upon selection by the Governor;
- Addressing any questions and oversight issues of the OIG, the Auditor General, or the Legislature (especially relative to proposed Sunset Review⁹);
- Serving as a strong partner and DSO for DVR and DOE; and

⁷ Pursuant to 413.615 (4) e, Florida Statutes

^{8 413.615 (4)} b, Florida Statutes

⁹ Per 413.615 (14), the Florida Endowment for Vocational Rehabilitation Act, and thereby The Able Trust, are set to be repealed 1 October 2023, unless reviewed and saved from repeal by the Legislature.

Building on the commitment to enhance the capacity of grantees, partners, and communities
across the state so that Floridians with disabilities can "assume the activities of daily living and
join their communities with dignity and independence."

In 2020, we celebrate the 100th anniversary of vocational rehabilitation¹¹ and the 30th anniversary of the Americans with Disabilities Act, making it a great time to revisit all that is possible for Floridians with disabilities. As the world of work evolves and with our Governor's commitment to be the nation's number 1 workforce; DOE's focus on preparing for the jobs of the future; and the legislature's commitment to be the best place to live, work, and succeed; more opportunities for Floridians with disabilities become available.

2020 also marks the 30th anniversary of The Able Trust, and we look forward to leveraging our role as DSO and the endowment funds entrusted to us to ensure that Floridians with disabilities find their path to purpose, independence, dignity, and employment. We stand ready to help communities and businesses clear barriers – real or imagined – and to help them connect with talented, committed, and prepared individuals with disabilities that are ready and willing to work. Most importantly, we remain committed to working with you to continue the mission of The Able Trust, providing meaningful employment opportunities for Floridians with disabilities.

Respectfully submitted,

Antonio T. Carvajal
President and CEO
Florida Endowment for Vocational Rehabilitation, dba The Able Trust

Enclosures

¹⁰ From legislative intent, 413.615 (3) a, Florida Statutes

¹¹ The Smith-Fess Act, the Civilian Vocational Rehabilitation Act, was passed in June 1920 and is often recognized as the birth of vocational rehabilitation for American civilians with disabilities.



Message from the Able Trust

The Able Trust is very pleased to present this year's annual report to Florida and its citizens. As a direct service organization to the Florida Division of Vocational Rehabilitation, we are committed to creating employment opportunities for Floridians with disabilities. We are mindful of the fact that as Florida's population increases, the number of Floridians with disabilities also continues to grow. Research tells us that people with disabilities are employed at a far lower rate than the general population, so the growth of Florida makes the Able Trust's mission of creating successful employment for Floridians with disabilities and the execution of that mission even more important. We believe there is no time to lose in creating employment for all.

The Able Trust is well-positioned for the future. This past year, we assisted 556 individuals with disabilities to obtain jobs and gain vital work experience via internships. In addition, 1,250 students with disabilities were served by the High School High Tech Program, and 1,500 people participated in Disability Employment Awareness Month activities.

However, we will not rest on our laurels and past accomplishments. We can, and should, always strive to be better. We have accomplished so much, but we are fully expecting that next year will be even more successful. We are confident that our impact will only increase with our new leadership.

Moving forward we will:

- Continue to work closely with the Florida Department of Education and the Division of Vocational Rehabilitation to better serve both organizations.
- Improve our relationships with other organizations across the state that support Floridians with disabilities.
- Forge new partnerships with other organizations in the disability community to better help those who are looking for meaningful employment find those opportunities.
- Strengthen our relationship with the Florida business community. They are a vital part of our mission and their partnership is important to the success of our mission.
- Increase the understanding that a person with a disability has the ABILTY to be an outstanding employee that will positively affect the company that is fortunate enough to hire them.
- Reinforce our relationship with our sponsors, donors, and supporters. They are the backbone of our organization, and the Able Trust will not be successful unless they are working with us side by side to fulfill our mission. Their continued support and insight are essential to our future success.

We look forward to all the opportunities and successes of the upcoming year. To take part in our efforts to assist Floridians with disabilities find meaningful work or to discuss items in this report, please contact us at 850.224.4493.

The Able Trust

CONTENTS 1. Message from the Able Trust 2. Summary of Performance 3. More about the Able Trust 4. Disability Employment Awareness Month Activities 5. Able Trust High School High Tech Program 6. Able Trust Grant Program 7. Financials

SUMMARY OF PERFORMANCE



The Able Trust partners with community organizations and locations of higher learning to address the mission of employment for people with disabilities.

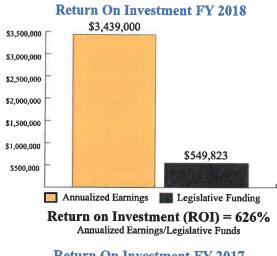
The support includes grant funding for Able Trust programs, technical support and program enhancements, as well as monitoring and evaluation. In FY 2018-2019, The Able Trust awarded numerous grants to Florida organizations.

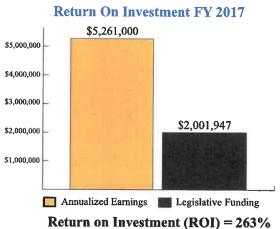
Employment Outcomes

In fiscal year 2018-2019, The Able Trust helped 556 people with disabilities obtain jobs and gain vital work experience via internships. It is important to note that employment results are cumulative. The Able Trust has been helping Floridians with disabilities to become employed for the past 29 years, and it is safe to assume that many of those individuals are still working and contributing to the economy and their communities.

Return on Investment (ROI)

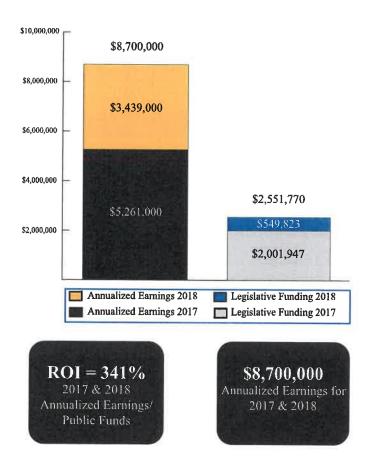
Presented below are the income projections annualized to reflect income earned over a 12- and 24-month period.





Annualized Earnings/Legislative Funds

Return On Investment FY 2017 & 2018



MORE ABOUT THE ABLE TRUST



Our Mission

The mission of The Able Trust is to be a key leader in providing Floridians with disabilities opportunities for successful employment.

Our Programs

The Able Trust does its programmatic work in three primary strategic areas: 1) Programs directed at providing workforce experiences for people of all ages with disabilities – internships, mentoring, job shadowing, part- and full-time jobs; 2) An extensive and successful youth program, which addresses the need to encourage high school youth with disabilities to plan for their education and employment future; and 3) A comprehensive grant awards effort that partners with community organizations with programs that provide employment training, coaching, and placement.

Disability Employment Awareness Month (DEAM) Activities

The Able Trust provides state leadership for DEAM, a national event that highlights career paths and businesses to students and job seekers with disabilities through hands-on career exploration, on-site job shadowing, and other career exploration experiences that lead to increased knowledge for participants. The Able Trust's DEAM program provides support to local community liaisons who coordinate the matchmaking experience between businesses and participants. The Able Trust receives tremendous support from local disability agencies and the business community in order to provide this exciting and meaningful experience.



Florida High School High Tech Program

The Able Trust High School High Tech (HSHT) Program is a year-round career development and exploration program for high school students with disabilities. HSHT prepares students with disabilities for life after high school – post-secondary education, employment, and community involvement – through real-world experiences.



HSHT activities include:

- Skills training workshops
- Project Venture Business Competition
- Industry and campus tours
- Internships

- Community service projects
- · Leadership development
- And so much more!

Grants Program

In FY 2018-2019, the Able Trust made the following type of grant opportunities available:

- 1. Strategic Employment Placement Initiatives awarded proposals addressed the employment placements of Floridians with disabilities over a three year time period and awarded up to \$250,000.
- 2. Board Directed Initiative Grants one year grant awards made through an announcement by the Board of Directors for a specific issue.
- 3. General Support for Employment Placement Programs awarded proposals supported the employment placement programs of community organizations for a year and up to \$65,000 in funding.

The Able Trust

WORKING WITH FLORIDA'S BUSINESSES



Disability Employment Awareness Month Activities

2018-2019 DEAM was made possible by the hard work of 80 community liaisons working in 62 counties throughout Florida. Together with more than 240 businesses and organization partners, they were able to provide career exploration opportunities to 1,500 participants.

NORTHWEST FLORIDA

Bay, Escambia, Franklin, Gadsden, Gulf, Jefferson, Leon, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington

89 BUSINESSES

NORTHEAST FLORIDA

Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Marion, Nassau, Putnam, Saint Johns, Suwannee, Union, and Volusia

30 BUSINESSES

CENTRAL FLORIDA

Brevard, Charlotte, Citrus, Desoto, Glades, Hardee, Hernando, Hillsborough, Indian River, Lake, Manatee, Martin, Okeechobee, Orange, Osceola. Pasco, Pinellas, Polk, Saint Lucie, Sarasota, Seminole, and Sumter

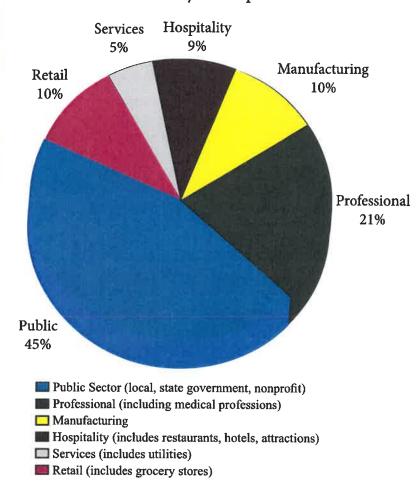
82 BUSINESSES

SOUTH FLORIDA

Broward, Collier, Hendry, Lee, Miami-Dade, Monroe, and Palm Beach

37 BUSINESSES

Breakdown of Industry Participants FY 2018-2019



Studies show that the fastest path to meaningful employment is through work experiences such as internships and mentoring. DEAM activities, including internships, job shadowing, and mentoring opportunities, are designed to give businesses the chance to connect with individuals with disabilities and discover the many talents they offer. Research also confirms that job seekers, employers and their communities all benefit from work experience opportunities, and are strongly supported by The Able Trust.

2018-2019 Annual HSHT Data & Outcomes

294

294 students received a
Career Certification, including
the Florida Ready To Work
Credential.

128

HSHT provided
services in 128 high
schools and alternate
education settings, including
Department of Juvenile Justice
facilities.

83%

83% of Florida HSHT graduates entered postsecondary education or employment compared to 59% of other graduates with disabilities in Florida.*

563

563 students
participated in work
experiences paid through
a stipend by the employer, the
HSHT program site, the local
CareerSource, Vocational
Rehabilitation, or company
grant providers.

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High School HighTech

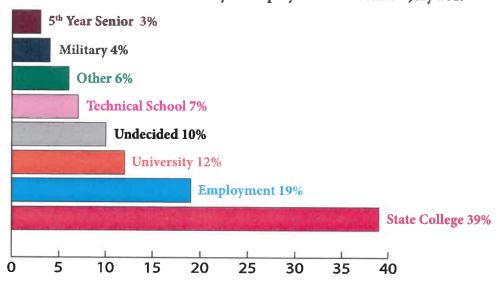
596 HSHT students graduated in 2019. The HSHT program achieved a graduation rate of greater than 99% compared to 80% graduation rate of other graduates with disabilities in Florida.*

High School High Tech (HSHT)
students were provided transition
services based on nationally recognized
Guide Posts for Success: School-Based
Preparatory Experiences, Career Preparation &
Work-based Learning, Connecting Activities, Youth
Leadership & Development, Family Involvement & Support, and
Communication Skills.

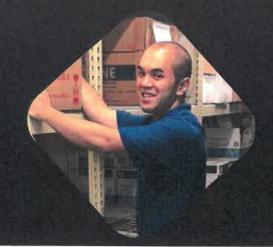
* Florida Department of Education, Bureau of Exceptional Education and Student Services. 2019 SEA Profile. http://www.fidoe.org/core/fileparse.php/7672/url/SEAProfile19.pdf 1,250

During the 2018-2019 school year, the Florida High School High Tech (HSHT) Program served 1,250 students with disabilities in 43 Florida counties.

Florida HSHT Post-Secondary & Employment Outcomes - July 2019



WORKING WITH STATEWIDE PARTNERS



Grant Programs of the Able Trust

Since its beginning in 1990, the Able Trust has been focused on providing grant opportunities for employment to people with disabilities. One of the primary ways to maintain that emphasis is to work with community organizations, post-secondary institutions, and state agencies to help develop local programs that encourage the inclusion of people with disabilities in Florida's workforce.

In Fiscal Year (FY) 2018-2019, two new Strategic Grants began operations, one in Jacksonville at the Independent Living Resource Center for Careers 360 and the second at Miami Dade College for the MEED+ program. This year, The Haven in Sarasota began the second year of their Strategic Grant for the Careers Without Limits program. Two Strategic Employment projects wrapped up with the Susan B. Anthony Recovery Center in Pembroke Pines and the Science Center/Worknet in Clearwater. Altogether, these programs placed 79 individuals into either full-time, part-time, or paid internship positions during the fiscal year.



Denise

Three new General Support for Employment Grants began in FY 2018-2019, including Career Source Flagler/Volusia in Daytona Beach for a program called STARS (Succeeding Through Achieving Retail Sales), Autism Pensacola with a placement program called Autism Works for the Community providing placement in the Escambia region, and Quest, Inc., for PROJECT SEARCH to provide employment experience and placement services for transition aged youth in Orange county, Continuing Employment Placement programs during the year were Easter Seals Florida in Palm Beach with its Hospitality Training Program of the Beaches and the Center for the Visually Impaired in Daytona with its Hospitality Employ program. All of these programs with the exception of Quest, Inc., are still open grants working towards placement goals. These programs placed 45 individuals into either full-time, part-time, or paid internship positions during the fiscal year.



Webb

Additionally, in FY 2018-2019, the Able Trust made a grant to the Lighthouse Central Florida in Orlando for its Transportation Reimbursement program, which was made possible by the endowment of The Ward Ability Fund. This program has provided a 50% reimbursement of monthly transportation expenses for program participants who are blind or visually impaired, of which currently 6 individuals are either in full-time or part-time employment.



Chris



Quest, Inc.



Williford

FINANCIALS



INDEPENDENT AUDITOR'S REPORT

Commissioner of Education, Florida Department of Education and Management, The Florida Endowment Foundation for Vocational Rehabilitation, Inc. d/b/a The Able Trust

Report on the Financial Statements

We have audited the accompanying financial statements of The Florida Endowment Foundation for Vocational Rehabilitation, Inc. d/b/a The Able Trust (the Foundation), a component unit of the State of Florida, which comprise the statements of net position as of June 30, 2019 and 2018, and the related statements of revenues, expenses, and changes in fund net position, and cash flows for the years then ended and the related notes to the financial statements, which collectively comprise the Foundation's basic financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Florida Endowment Foundation for Vocational Rehabilitation, Inc. d/b/a The Able Trust, as of June 30, 2019 and 2018, and the changes in fund net position, and cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis on pages 4-8 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Foundation's basic financial statements. The budgetary comparison schedules, included on pages 25 and 26, are presented for purposes of additional analysis and are not a required part of the basic financial statements. The budgetary comparison schedules are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the budgetary comparison schedules are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated December 5, 2019, on our consideration of the Foundation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the Foundation's internal control over financial reporting and compliance.

LAW, REDD, CRONA & MUNROE, P.A.

Law Redd Cronn + Munroe P.t.

Tallahassee, Florida December 5, 2019

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. db/a THE ABLE TRUST STATEMENTS OF NET POSITION JUNE 30, 2019 AND 2018

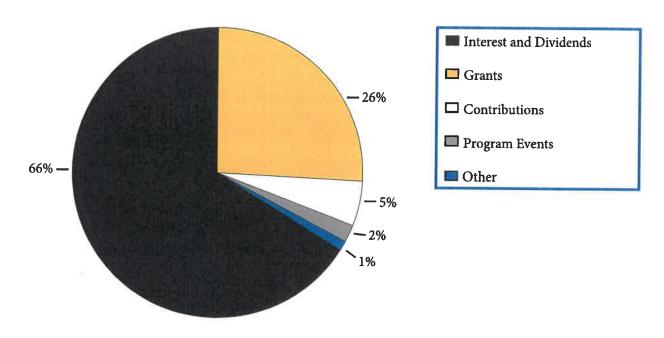
		2019		2018
ASSETS				
CURRENT ASSETS				
Cash and Cash Equivalents	\$	887,451	\$	1,004,410
Investments		20,993,568		22,257,203
Due from DOE/DVR for High School / High Tech Program		137,456		137,456
Accounts Receivable - Other		258		179
Annuity Receivable, Current		32,209		34,057
Prepaid Expenses		20,589		7,665
Total Current Assets		22,071,531		23,440,970
RESTRICTED ASSETS				
Restricted Investments - Other		_		2,928,225
Total Restricted Assets				2,928,225
OTHER ASSETS				
Contributions Receivable from Deferred Gifts, Net		693,569		690,799
Annuity Receivable, Long Term		20,192		21.785
Capital Assets, Net		123,633		128,523
Asset Held for Sale		123,033		27,107
Deposits and Other Noncurrent Assets		101,750		101,750
Total Other Assets	-	939,144	-	969,964
A VIIII O ELECT / ESSEES	_	939,144	_	909,904
Total Assets	\$	23,010,675	\$	27,339,159
LIABILITIES AND NET POS	SITION			
CURRENT LIABILITIES				
Accounts Payable	S	20,971	\$	10,451
Accrued Expenses		121,661		35,551
Total Current Liabilities		142,632		46,002
DEFERRED INFLOWS OF RESOURCES				
Contributions from Deferred Gifts, Net		693,569		690,799
Contributions from Annuity Receivable		52,401		55,842
Total Deferred Inflows of Resources		745,970		746,641
NET POSITION				
Invested in Capital Assets		123,633		128,523
Restricted - Nonexpendable Contributions		. 20,000		2,928,225
Unrestricted		21,998,440		23,489,768
Total Net Position		22,122,073		26,546,516
	-	-2,1-2,073		20,370,310
Total Liabilities and Net Position	\$	23,010,675	\$	27,339,159

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. d/b/a THE ABLE TRUST STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN FUND NET POSITION FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

	2019	2018
OPERATING REVENUES:		
Public Support:		
DOE/DVR High School / High Tech Program	\$ 549,823	\$ 549,823
Program Events	35,000	43,700
DOT for Sales of Temporary Handicap Parking Permits		11,076
DOR for Civil Penalties	•	195,622
Contributions	73,212	63,668
In-Kind Contributions	•	26,000
Other Revenue	15,170	58,087
Total Operating Revenues	673,205	947,976
OPERATING EXPENSES:		
Program Services:		
Grants and Related Expenses	2,438,442	2,593,125
Public Awareness, Education, and Nongrant Programs	3,649,166	890,070
Total Program Services	6,087,608	3,483,195
Supporting Services:		
Fundraising	88,792	150,349
Management and General	156,170	53,361
Total Supporting Services	244,962	203,710
Total Operating Expenses	6,332,570	3,686,905
Operating Loss	(5,659,365)	(2,738,929)
NONOPERATING REVENUES		
Investment Income	1,207,115	1,785,413
Loss on Disposal of Asset Held for Sale	(17,107)	
BP Oil Spill Settlement	6,521	~
Total Nonoperating Revenues	1,196,529	1,785,413
Loss Before Endowment Contributions	(4,462,836)	(953,516)
Endowment Contributions	38,393	87.124
Total Endowment Contributions	38,393	87,124
		07,124
Decrease in Net Position	(4,424,443)	(866,392)
Net Position at Beginning of Year	26,546,516	27,412,908
Net Position at End of Year	\$ 22,122,073	\$ 26,546,516

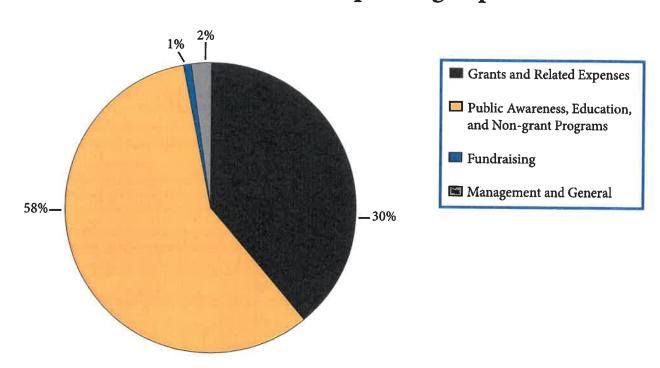
Graphic presentation of revenues follow to assist in the analysis of the Foundation's activities for fiscal year 2018-2019.

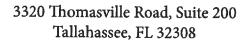
Fiscal Year 2018-2019 Revenues by Source



Graphic presentation of operating expenses follow to assist in the analysis of the Foundation's activities for fiscal year 2018-2019.

Fiscal Year 2018-2019 Operating Expenses











850.224.4493 Info@AbleTrust.org AbleTrust.org

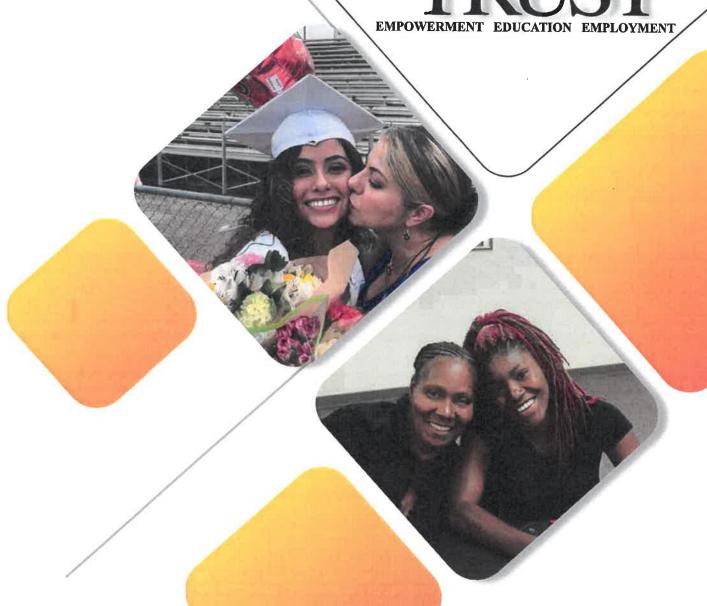




@Abletrust

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Form

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 the provided section of this form as it may be made public.

OMB No. 1545-0047 2018 **Open to Public**

A	F 41 0040	► Go to www.irs.gov/Form990 for instructions and the l			Inspection
<u>A</u>		calendar year, or tax year beginning $0.6/3$		1	
В	Check if applicable:	IND THORIDA ENDOWMENT FOUNDATION		D Employ	er identification number
	Address change	FOR VOCATIONAL REHABILITATION, 1	INC.		
	Name change	Doing business as THE ABLE TRUST		59-3	30′52307
=	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 3320 THOMASVILLE ROAD RM/STE 200	Room/suite	E Telepho	one number
	Final return/	City or town, state or province, country, and ZIP or foreign postal code		850-	-224-4493
	terminated				
	Amended return	TALLAHASSEE FL 32308-7906		G Gross re	eceipts\$ 8,416,092
Ξ.		F Name and address of principal officer:	14-) 1- 4		
	Application pending	ANTONIO T. CARVAJAL	n(a) is this a gr	oup return to	r subordinates Yes X N
		3320 THOMASVILLE ROAD, SUITE 200	H(b) Are all sui	ordinates in	cluded? Yes N
		TALLAHASSEE FL 32308	If "No,	" attach a lis	t. (see instructions)
	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
Т	Website: 🕨 W	WW.ABLETRUST.ORG	H(c) Group exe	mution num	hor
		V See	L Year of formation: 1		
		mmary	L Teal Of formation. 1	991	M State of legal domicile: F
Ť	4 Delethi de	aniha tha annonination and all and a state of the state o			
b	mur.	ABLE TRUST IS A 501 (C) (3) NON-PROFIT PUBLIC CHA			
2		ABLE TRUST IS A SUI(C)(3)NON-PROFIT PUBLIC CHA	RITY WITH A	MISS	ION TO BE
Activities & Covernance		Y LEADER IN PROVIDING FLORIDIANS WITH DISABILI	TIES OPPORT	UNITI	ES FOR
		ESSFUL EMPLOYMENT.			
3	2 Check thi	s box if the organization discontinued its operations or disposed of more	than 25% of its net	assets.	
5	3 Number of	of voting members of the governing body (Part VI, line 1a)		3	6
3	4 Number of	of independent voting members of the governing body (Part VI, line 1b)		4	6
	5 Total nun	nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	12
	6 Total num				
	7a Total upre	ploted by pinese revenue from Part VIII. askyra (O) fine 40	• • • • • • • • • • • • • • • • • • • •	6	60
	h Net	elated business revenue from Part VIII, column (C), line 12		7a	
4	b Net unrei	ated business taxable income from Form 990-T, line 38			
	9 Caménila	and and arrive (Dest VIIII II and II	Prior Yea		Current Year
	8 Contributi	ons and grants (Part VIII, line 1h)	933	,313	661,428
	9 Program	service revenue (Part VIII, line 2g)	43	,700	40,825
	10 investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	1.655	,469	1,745,187
.	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58	,087	21,690
4	12 Total reve	nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,690	, 569	2,469,130
	13 Grants an	d similar amounts paid (Part IX, column (A), lines 1–3)	4 000		4,688,308
1		paid to or for members (Part IX, column (A), line 4)		, , , , ,	170007000
			917	,550	1,001,797
	16aProfession	nal fundraising fees (Part IX, column (A), line 11e)	71,	,550	1,001,131
San day	b Total fund	other compensation, employee benefits (Part IX, column (A), lines 5–10) anal fundraising fees (Part IX, column (A), line 11e) lraising expenses (Part IX, column (D), line 25) 88,791			
1	17 Other eve	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	700	753	C40 000
	17 Other exp	enses (Fait IA, Column (A), lines 11a-11d, 111-24e)	782	,753	648,289
1	10 Total expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			6,338,394
8	19 Revenue	less expenses. Subtract line 18 from line 12		,336	-3,869,264
S	20 Total cook	to (Doub V. Burn 40)	Beginning of Curr		End of Year
Fund Balances	20 Total asse	ets (Part X, line 16)	27,339		23,010,675
밁	21 Total liabi	lities (Part X, line 26)		,643	888,602
		s or fund balances. Subtract line 21 from line 20	26,546	,516	22,122,073
		nature Block		7	
Jn	der penalties of p	erjury, I declare that I have examined this return, including accompanying schedules and	statements, and to	he best of	my knowledge and belief i
ru	e, correct, and co	mplete. Declaration of preparer (other than officer) is based on all information of which p	reparer has any knov	vledge.	,g. a wonon, .
				T	
g	n Sig	nature of officer		Date	
		ANTONIO T. CARVAJAL PRES	י א שואיטרודי		
ø I		PRES oe or print name and title	SIDENT & C	CEO	
-					
id		preparer's name Preparer's signature	Date	Check	if PTIN
	KICHAKI	H. LAW, CPA RICHARD H. LAW, CPA	02/26/	20 self-em	ployed P00025465
	Firm's nam			m's EIN	59-2221664
е	Only	2075 CENTRE POINTE BLVD SUITE 200			
	Firm's addr		1	one no.	850-878-6189
y		this return with the proposes shows about 2 (and instructions)			Test
		ction Act Notice see the senarate instructions			X Yes No

	990 (2018) THE FLORIDA ENDOWMENT FOUNDATION 59-3052307	Page 2
ran	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1 B	Briefly describe the organization's mission:	······
TḤ A	HE ABLE TRUST IS A 501(C)(3)NON-PROFIT PUBLIC CHARIT KEY LEADER IN PROVIDING FLORIDIANS WITH DISABILITIE UCCESSFUL EMPLOYMENT.	S OPPORTUNITIES FOR
	Did the organization undertake any significant program services during the year which were not listed on the	
p If	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 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.	
e	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and at the total expenses, and revenue, if any, for each program service reported.	s, as measured by llocations to others,
TĤ EM PR DI	(Code:)(Expenses 6,090,045 including grants of 4,688,308) HE ORGANIZATION ASSISTS FLORIDIANS WITH DISABILITIES MPLOYMENT AND PROVIDES GRANTS TO SUPPORT VOCATIONAL ROGRAMS AND SERVICES LEADING TO THE EMPLOYMENT OF FL ISABILITIES. IT ALSO FUNDS YOUTH PROGRAMS AND RETRE OMMUNITY, ACADEMIC AND EMPLOYMENT LEADERSHIP.	IN ACHIEVING REHABILITATION ORIDA CITIZENS WITH
	66	***************************************
(6.00)		
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PA SHA OF IOI	(Code:)(Expenses\$ 3,388 including grants of\$)(ISABILITY EMPLOYMENT AWARENESS MONTH (DEAM) IS COMMEMORATED STUDENTS WITH DISABILITIES WITH EMPLOYERS FOR A HADOWING EXPERIENCE. DEAM IS DESIGNED TO EXPOSE YOUNG FOR CAREER OPTIONS AND PROVIDE THEM WITH A BETTER UNDER CORKPLACE ENVIRONMENT. PARTICIPANTS ARE GIVEN A CHANGY PICAL WORK DAY AS WELL AS THE SKILLS AND EDUCATION IN PECIFIC CAREER. EMPLOYERS BENEFIT FROM DEAM BY UNDERSOLUTION IN THE WORKPLACE.	ONE-ON-ONE JOB G ADULTS TO A VARIET RSTANDING OF THE CE TO LEARN ABOUT A NEEDED FOR THE
E)	s	
10	s	· · · · · · · · · · · · · · · · · · ·

HI I I I I I I I I	ROUGH THE HIGH SCHOOL/HIGH TECH PROGRAM, STUDENTS WE ISABILITIES ARE ENCOURAGED TO SET THEIR SIGHTS ON COLUMN FIELDS OF SCIENCE, TECHNOLOGY, ENGINEERING, OR MATUDENTS PARTICIPATE IN HIGH SCHOOL/HIGH TECH EACH YEAR PROBLEM TO TAKE FIELD TRIPS TO COLLEGE CAMPUSES, IN THEY ARE OFFERED WORLD TO TAKE THEY THEY ARE OFFERED WORLD TO THE TAKE THEY ARE OFFERED WORLD TO THE TAKE THEY ARE OFFERED WORLD TO THE TAKE THE	AR, WHERE THEY HAVE BUSINESSES, AND
13	3	
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	s	1 150 ts
33		
Ot	Other program services (Describe in Schedule O.)	
	Other program services (Describe in Schedule O.) Expenses \$ including grants of\$) (Revenue \$):

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Ī	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	-
•	candidates for 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)	3	-	X
-	election in effect during the tay year? If "Ves " complete Schedulo C. Part II		17	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	X	-
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		21
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	•		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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			
ام	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	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		<u>X</u>
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
•	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			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	-	X
120	Schedule D, Parts XI and XII	40-	37	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	X	
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	406		3.7
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	Did the organization maintain an office, employoos, or agents outside of the United States?	13 14a		X
b	The state of the s	144	-	Λ
	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	. 100		21
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
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		Χ
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	Х	
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	the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Checklist of Required Schedules (continued) Yes No 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 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 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 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 to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 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 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....

Form 990 (2018) THE FLORIDA ENDOWMENT FOUNDATION 59-3052307 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Χ If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Χ 4a 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ 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). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 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? 9b 10 Section 501(c)(7) organizations. Enter: 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: 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 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year _______ 12b 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 Enter the amount of reserves on hand 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 in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year?

16

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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For	- 000 2040 THE ELODIDA ENDOMMENT HOURDANIS EO 2050005			
	n 990 (2018) THE FLORIDA ENDOWMENT FOUNDATION 59-3052307 art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7h below		Р	age 6
	general distribution of captures to lines z unitagit to below,	and	for a '	'No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	. See	instru	ictions
Se	Check if Schedule O contains a response or note to any line in this Part VI			X
	sacrification of the sacratic state of the s		T _M	
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	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		1	
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer director trustee or key ample 2	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	-	_	Λ
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	2.5
6	Did the organization have members or stockholders?	6	- 11	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	Ť		21
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members.	<u> </u>		
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ing:		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
D -	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 8		
ıza L	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
3	describe in Schedule O how this was done Did the organization have a written whistleblower policy?	12c	X	
4	Did the organization have a written decrement retention and destruction and de	13	X	
5	Did the process for determining compensation of the following persons include a review and approval by	14	X	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	
а	The organization's CEO, Executive Director, or top management official	450	v	
b		15a 15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	^	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a tayable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Toa		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	. 565		
7	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)	. 6. 663		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

17	List the states with wh	ch a conv of this	Earm 000 ia	na antina at Aa Ia	a disa di No	MONTE
17	LIST the states with wh	cn a copy of this	Form 990 is	required to b	e filed	NONE

X Own website Another's website X Upon request Other (explain in Schedule O)

- Describe in 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 20 ANTONIO T. CARVAJAL 3320 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE

FL 32308

850-224-4493

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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 \overline{X} Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for	off	x, unle icer a	Pos check ess pe nd a c	C) sition more erson directo	is bot	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	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)	from the organization and related organizations
(1) KAREN B. MOORE	F 00									
CHAIR	5.00	X		X				0	0	0
(2) MARCY BENTON										
VICE-CHAIR	1.00	X		Х				0	0	0
(3) RICHARD L. COLE	JR.									0
TREASURER	1.00	X		Х				o	0	0
(4) LESLIE D. GOLDM	AN									
DIRECTOR	1.00	Х						0	0	0
(5) SCOT M. LAFERTE										
DIRECTOR	1.00	Х						o	0	0
(6) BRIDGET R. PALL										
SECRETARY	1.00	Х		Χ				0	0	0
(7) SUSANNE HOMANT										
FORMER PRESIDENT	0.00						Х	224,975	0	19,783
(8) ANTONIO T. CARV										
PRESIDENT & CEO	0.00			Х				0	0	0
(9) GUENEVERE CRUM	20 50									
SENIOR VICE PRES	37.50					х		105,578	0	12,743
(10)ALLISON CHASE										22/120
VICE PRESIDENT	37.50					Х		103,799	0	12,654
(11)								7		==, 301
DAA				-						Form 990 (2018)

Part VII Section A. Officers (A) Name and title	(B) Average hours per week (list any hours for						one n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Esti ame o comp	(F) mated ount of ther ensation	n
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		orga and	nization related izations	
588 - 887 - 1,81 - 838 - 12 - 1 - 1803 - 830 - 60												
······												
E 1400*** 1204 100*** 600*****************************	00+899-60+++++400											
6												
6300 60 · 36 · · · · · · · · · · · · · · · · ·												
· ·····												
za-100 - 1100 - 120 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100												
1b Sub-total	ets to Part VII,	Sec	tion	Α.,		1	•	434,352				180
d Total (add lines 1b and 1c). Total number of individuals (in reportable compensation from	cluding but not	limi	ted t	o the	se l	isted	abo	434,352 ove) who received more th	an \$100,000 of		45,	180
3 Did the organization list any fo				r tru:	stee	kev	emı	plovee or highest comper	nsated		Yes	No
 employee on line 1a? If "Yes," For any individual listed on line organization and related organ 	complete Sche 1a, is the sun izations greate	e <i>dule</i> n of r er tha	e <i>J fo</i> repor an \$1	o <i>r su</i> rtable 150.0	ch ii e co 0001	ndivi mpe ? If "	<i>dual</i> nsat Yes.'	ion and other compensation	on from the		X	
individual	a receive or ac	crue	con	npen	sati	on fr	om a	any unrelated organization	or individual		^	V
Section B. Independent Contracto	ors									5		X
Complete this table for your five compensation from the organization.	zation. Report	com	ated	l inde	eper 1 for	the	t cor cale	ndar year ending with or w	ithin the organization's			
Name and b	(A) usiness address							Descriptiò	B) in of services	C	(C) ompens	ation

			(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
			rotal revenue	exempt function revenue	business revenue	excluded from tax under sections 512-514
1a b c d e f b c d e f	Federated campaigns 1a					
b	Membership dues 1b					
С	Fundraising events 1c					
d	Related organizations 1d					
е	Government grants (contributions) 1e	549,823				
f	All other contributions, gifts, grants, and similar amounts not included above					
		111,605				
g	Noncash contributions included in lines 1a-1f: \$	909	661 400			
n	Total. Add lines 1a-1f		661,428			
2-	VOIDE TEADERS	Busn. Code	05 005	05.005		
2a b	YOUTH LEADERSHIP TRAINING	900099	25,825	25,825		
0	HSHT PROGRAM	900099	15,000	15,000		
d d	• • • • • • • • • • • • • • • • • • • •					
e						
•	All other program service revenue					
	Total. Add lines 2a–2f		40,825			_
	Investment income (including dividends, int		40,023			
-	and all and the second of the	160	1,386,072			1 206 07
4	Income from investment of tax-exempt bone		1,300,072			1,386,07
5	Royalties					
		Personal		1 74 1 28 1 8	116-11	
6a	Gross rents					
b	Less: rental exps.					
С	Rental inc. or (loss					
_d	d Net rental income or (loss)					
7a	Gines amount from	i) Other		10 15 15 5		Sime Victor Billion
	other than inventory 6, 306, 077					DECKT NEW
b	Less: cost or other					
	basis & sales exps 5, 946, 962					
	Gain or (loss) 359,115					
	Net gain or (loss)		359,115	-17,107		376,222
8a	Gross income from fundraising events			WILL TO BE		
	(not including \$					and the second
	of contributions reported on line 1c).			1977		
	See Part IV, line 18 a					
	Less: direct expenses b			1-11-15		
	Net income or (loss) from fundraising events	s >	il.			
	Gross income from gaming activities.	1.7				- 17 1 1 1 1 1 1
	See Part IV, line 19 a			Aug Congress		
	Less: direct expenses b					
	Net income or (loss) from gaming activities					
	Gross sales of inventory, less					
	returns and allowancesa					
	Less: cost of goods sold b					
С	Net income or (loss) from sales of inventory					
44-	Miscellaneous Revenue	Busn. Code	1.4.400			
	ADMINISTRATIVE FEES	900099	14,493			14,493
	BP OIL SPILL SETTLEMENT	900099	6,521	67.6		6,521
C	OTHER	900099	676	676		
٠	All adhan navanus					
d .	All other revenue		21,690			

Sec	tion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a resp	complete all columns. All	other organizations must	complete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21	4,688,308	4,688,308		
2		1/000/000	1,000,500		
	individuals. See Part IV, line 22				
3					
	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(f)(1)) and				
	persons described in section 4958(c)(3)(B)	317,479	263,507	34,923	19,049
7	Other salaries and wages	557,851	463,016	61,364	33,471
8	Pension plan accruals and contributions (include	337,031	100,010	01,304	33,4/1
-	section 401(k) and 403(b) employer contributions)	25,197	20,913	2,772	1,512
9	Other employee benefits	57,012	47,320	6,271	3,421
10	Payroll taxes	44,258	36,735	4,868	
11	Fees for services (non-employees):	44,230	30,733	4,000	2,655
a	The state of the s				
b	Legal				
C	— · · · · · · · · · · · · · · · · · · ·	31,374	26 041	2 4 5 1	1 000
d	· · · · · · · · · · · · · · · · · · ·		26,041	3,451	1,882
	Lobbying Professional fundraising services. See Part IV, line 17	112,925	112,925		
f		4 000	2 200	4.4.0	
	Investment management fees	4,000	3,320	440	240
g		24 702	0 672	1.6 0.4 0	
40	(A) amount, list line 11g expenses on Schedule O.)	34,783	9,673	16,247	8,863
12	Advertising and promotion	100,547	100,547	0.055	
13	Office expenses	20,687	17,171	2,275	1,241
14	Information technology	4,008	3,327	441	240
15	Royalties	101 005	404 400	10 100	
16	Occupancy	121,835	101,123	13,402	7,310
17	Travel	7,250	6,018	797	435
18	Payments of travel or entertainment expenses				
4.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	73,383	69,298	2,643	1,442
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,890	4,059	538	293
23	Insurance	10,970	9,105	1,207	658
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e, If				
	fine 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		ELL SHILLS		
а	HIGH SCHOOL/HIGH TECH	61,765	61,765		
b	CEO PROGRAM MANAGEMENT EX	39,759	33,000	4,373	2,386
C	GRANTS ADMINISTRATION	15,071	15,071		
d	ENDOWMENT DEPARTMENT	3,607			3,607
e	All other expenses	1,435	1,191	158	86
25	Total functional expenses. Add lines 1 through 24e	6,338,394	6,093,433	156,170	88,791
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
DAA					En. 000 (0040)

	art						
_		Check if Schedule O contains a response or no	ote to any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		1			
	2	Savings and temporary cash investments	1,004,410	2	887,451		
	3	Pleages and grants receivable, net	884,276		883,684		
	4	Accounts receivable, net	1		4		
	5	Loans and other receivables from current and former					
		trustees, key employees, and highest compensated e					
		Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified p	persons (as	defined under section		v _m	
		4958(f)(1)), persons described in section 4958(c)(3)(l	d				
		sponsoring organizations of section 501(c)(9) volunta	ary employe	es' beneficiary			
ets		organizations (see instructions). Complete Part II of S	Schedule L			6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			7,665	9	20,589
	10a	Land, buildings, and equipment: cost or	1 1			15	
		other basis. Complete Part VI of Schedule D	10a	398,570	1 1 1 1 1 1 1 1 1	3	
	b	Less: accumulated depreciation	10b	274.937	128,523	10c	123,633
	11	Investments—publicly traded securities	VS		25,185,428	11	20,993,568
	12	Investments—other securities. See Part IV, line 11		II		12	20/000/000
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets		1		14	
	15	Other assets. See Part IV, line 11		128,857	15	101,750	
	16	Total assets. Add lines 1 through 15 (must equal line	34)				23,010,675
	17	Accounts payable and accrued expenses		46,002	17	142,632	
	18	Grants payable			18	112/002	
	19	Deferred revenue			746,641	19	745,970
	20	Tax-exempt bond liabilities	7-1-3		20	, 10/ 3/ 0	
	21	Escrow or custodial account liability. Complete Part IV	le D		21		
es	22	Loans and other payables to current and former office	3,				
Liabilities		trustees, key employees, highest compensated employees					
ap		disqualified persons. Complete Part II of Schedule L		22			
_	23	Secured mortgages and notes payable to unrelated the		23			
	24	Unsecured notes and loans payable to unrelated third	l parties .			24	
	25	Other liabilities (including federal income tax, payable	third				
		parties, and other liabilities not included on lines 17-24					
		of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		792,643	26	888,602	
တ္သ		Organizations that follow SFAS 117 (ASC 958), che	eck here 🕨	X and		71	0007002
2		complete lines 27 through 29, and lines 33 and 34.		_		-	
<u>a</u>	27	Unrestricted net assets		23,618,291	27	22,122,073	
20	28	Temporarily restricted net assets		28			
Ĕ	29	Permanently restricted net assets	2,928,225	29			
띩		Organizations that do not follow SFAS 117 (ASC 9	ALTO SEPTIMENT				
Net Assets or Fund Balances		complete lines 30 through 34.	_				
set	30	Capital stock or trust principal, or current funds		30			
As	31	Paid-in or capital surplus, or land, building, or equipme		31			
ا <u>چ</u>	32	Retained earnings, endowment, accumulated income,		32			
	33	Total net assets or fund balances	26,546,516	33	22,122,073		
	34	Total liabilities and net assets/fund balances	27,339,159	34	23,010,675		

Form **990** (2018)

For	m 990 (2018) THE FLORIDA ENDOWMENT FOUNDATION 59-3052307			Pa	ige 12			
Pa	art XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	2	88	500	. X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	2,4	69.	130			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses, Subtract line 2 from line 1	3	-3,8					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,5					
5	Net unrealized gains (losses) on investments	5			179			
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 in Schedule O)	9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10	22,12	22.	073			
Pa	art XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		wss.					
					No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				-11			
	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 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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			THE				
	separate basis, consolidated basis, or both:		0.00					
	X Separate basis Consolidated basis Both consolidated and separate basis		0.11	- 3				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight							
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ				
	If the organization changed either its oversight process or selection process during the tax year, explain in	2, 5, 8, 1						
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	5559 E	. 0.400					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	. a	3b					
				990	(2018)			

142

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

THE FLORIDA ENDOWMENT FOUNDATION Employee

FOR VOCATIONAL REHABILITATION, INC.

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

		ause it is: (For lines 1 through									
		ssociation of churches descrit									
2 A school de	escribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 o	r 990-E	EZ).)						
3 A hospital o	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 A medical r	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
		fit of a college or university ow	ned or oper	ated b	y a governmental unit describe						
	0(b)(1)(A)(iv). (Complete Pa				y a gevenimental and describe.	u III					
			in section	170(b)	(1)(A)(v).						
7 An organiza	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 section 170(b)(1)(A)(vi). (Complete Part II.)										
8 A communi											
9 An agricultu	ıral research organization d y or a non-land-grant colleg	escribed in section 170(b)(1)	(A)(ix) operans). Enter th	ie nam	conjunction with a land-grant one, city, and state of the college	college or					
receipts from	ation that normally receives: m activities related to its exe n gross investment income	: (1) more than 33 1/3% of its sempt functions—subject to cer	support from tain exception le income (le	ons, a	bibutions, membership fees, and (2) no more than 33 1/3% of ction 511 tax) from businesses	fite					
11 An organiza	ition organized and operate	d exclusively to test for public	safety See	section	on 509(a\/4\						
12 X An organiza	ition organized and operate	d exclusively for the benefit of	to perform	the fu	nctions of, or to carry out the pu	imacas					
	ore publicly supported organ	nizations described in section	509(a)(1) o	rsect	ion 509(a)(2). See section 509	urposes 9(a)(3)					
Check the b	ox in lines 12a through 12d	that describes the type of sup	porting orga	anizati	on and complete lines 12e, 12f	and 12a.					
a X Type I.	A supporting organization o	perated, supervised, or contro ower to regularly appoint or el	olled by its s	troagu	ed organization(s), typically by	giving					
supporti	ng organization. You must	complete Part IV, Sections	A and B.	ty Of th	e directors of trustees of the						
				ı its su	pported organization(s), by hav	vina .					
control c	or management of the suppo	orting organization vested in th	ne same per	sons t	hat control or manage the supp	oorted					
organiza	ation(s). You must comple t	te Part IV, Sections A and C.									
c Type III its suppo	functionally integrated. A orted organization(s) (see in	supporting organization operastructions). You must compl	ated in conn	ection Section	with, and functionally integrate	d with,					
d Type III that is no	non-functionally integrate ot functionally integrated. The	ed. A supporting organization he organization generally mus	operated in t satisfy a di	conne stribut	ction with its supported organiz	zation(s) veness					
		must complete Part IV, Sec									
functions	ally integrated, or Type III no	eceived a written determination on-functionally integrated supp	n from the IF	KS that	t it is a Type I, Type II, Type III						
f Enter the nu	mber of supported organiza	ations	oorang orga	IIIZGUQ	•••	<u>г</u>					
		the supported organization(s).									
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization	(v) Amount of monetary	(vi) Amount of					
organization		(described on lines 1-10	listed in your go		support (see	other support (see					
		above (see instructions))	documen	t?	instructions)	instructions)					
			Yes	No							
(A) FL. DEPT	OF EDUC. DIV	OF VOCATIONAL	REHAE	BILI	TATION						
	59-3474751	6	X		6,093,433	0					
(B)											
(0)											
(C)											
(D)											
(E)											
				77.5							
Total			er gulk,		6,093,433	0					
For Paperwork Reduction	on Act Notice, see the Instru	ctions for Form 990 or 990-EZ.			Schedule A (Fe	orm 990 or 990-EZ) 2018					

	edule A (Form 990 or 990-EZ) 2018 THE	FLORIDA	A ENDOWME	NT FOUNDA	TION 59	-3052307	Page 2		
	(Complete only if you che	ecked the box	x on line 5, 7, d	or 8 of Part I o	r if the organiz	ation failed to d	A)(vi) Jualify under		
	Part III. If the organizatio	n fails to qua	lify under the to	ests listed belo	ow, please cor	mplete Part III.)	,,		
	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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.								
	etion B. Total Support Indar year (or fiscal year beginning in)	4) 0044	41.0045		r				
	Amounts to see Post 4	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7 8	Amounts from line 4 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	Total support. Add lines 7 through 10								
12	Gross receipts from related activities, etc.	(see instruction	s)		551115111111	12			
13	rist live years. If the Form 990 is for the	e organization's r	irst, second, third,	fourth, or fifth tax	: year as a sectior	n 501(c)(3)			
Soc	organization, check this box and stop her tion C. Computation of Public S	e							
	Dublic support annual of Fublic S	upport Perce	entage						
14 15	Public support percentage for 2018 (line 6	o, column (t) divid	ded by line 11, col	umn (f))		14	%		
16a	Public support percentage from 2017 Sch 33 1/3% support test—2018. If the organ	edule A, Part II,	line 14	. 46 11 44			%_		
rou	hov and stop here. The erganization and	iizauon ulu not c	neck the box on III	ne 13, and line 14	is 33 1/3% or mo	ore, check this	- 1 K-12		
b	box and stop here. The organization qua	nice as a publici	y supported organ	12 or 160 and 1	no 45 io 22 4/22/				
_	The state of the s								
this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2018. 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 "fa	cts-and-circums	tances" test. The	organization gual	ifiae ae a publiciv	Explain in			
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
organization b 10%-facts-and-circumstances test—2017. 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 me								
40	supported organization				-		▶ 🗌		
18	Private foundation. If the organization did instructions	not check a bo	x on line 13, 16a,	16b, 17a, or 17b,	check this box ar	nd see			
_	300		*****************						

THE FLORIDA ENDOWMENT FOUNDATION Schedule A (Form 990 or 990-EZ) 2018 59-3052307

Page 3

P	art III Support Schedule for C	rganizations	s Described in	Section 509	(a)(2)			
	(Complete only if you che	ecked the box	x on line 10 of	Part I or if the	organization f	ailed to qualify	under Part II.	
_	If the organization fails to	qualify unde	er the tests liste	ed below, plea	se complete P	art II.)		
	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
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,							
14	and 12.) 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							
Sec	tion C. Computation of Public S		entage				P	
15	Public support percentage for 2018 (line 8	column (f) divi	ded by line 13 col	umn (fi)		45		
16	Public support percentage from 2017 Sch	adule A. Part III.	line 15	umii (1))		15	<u>%</u>	
	tion D. Computation of Investme	nt Income P	ercentage			16	%_	
17	Investment income percentage for 2049 //	ine 10c column	(f) divided by lie -	12 ook (6)		1 4 1		
18	Investment income percentage for 2018 (I	Cabadula A D-	(1), aivided by line	13, column (1))		17	<u>%</u>	
	Investment income percentage from 2017	ochequie A, Pa	n m, me 1/		# 1 #		%_	
100	33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.							
ь	33 1/3% support tests—2017. If the orga	nization did not	e. The organizatio check a box on lin	n qualifies as a pi e 14 or line 19a a	ublicly supported (and line 16 is more	organization e than 33 1/3% ee		
	33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization did	not check a bo	x on line 14, 19a,	or 19b, check this	box and see inst	ructions		

Part IV **Supporting Organizations**

Schedule A (Form 990 or 990-EZ) 2018

(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.
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- 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.
- 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.
- 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.
- 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.
- 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.
- 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	Х	-
	21	117
2		v
		X
3a		X
3b		
3с		
4a	_=111	Х
-ra		Λ
4b	- 40	
		T
4c		
5a		Х
	1.00	
5b 5c		_
	1	
6		Х
	7.4	
7		X
8	LII L	Χ
9a		Χ
	0 (2)	
9b	-	X
9c		Χ
10a		Х
10b		

	rt IV Supporting Organizations (continued)	<u>2307 </u>		Page
_ ra	rt IV Supporting Organizations (continued)			1
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
а				
	below, the governing body of a supported organization?	11a		X
b		11a	_	X
С	* * * * * * * * * * * * * * * * * * *	11c	-	X
	tion B. Type I Supporting Organizations	110		N
			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.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported		6/11/1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		1831	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1.50		
	supervised, or controlled the supporting organization.	2		Х
Sect	ion 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			77
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		100	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	- 1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			WHO H
	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			
2 4	supported organizations played in this regard.	3		
	ion 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 inst	ructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instructio	ons).	
2 /	activities Test. Answer (a) and (b) below.	Г]	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
_	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			
b	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		-112	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		0.0	
	reasons for the organization's position that its supported organization(s) would have engaged in these	-		
2	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		-	
b	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
N.	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		

Sched	dule A (Form 990 or 990-EZ) 2018 THE FLORIDA ENDOWMENT FO	UNDATI	ON 59-305	2307 Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus	t on Nov. 2	0, 1970 (explain in Parl	VI). See
	instructions. All other Type III non-functionally integrated supporting organization			
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(opasiidi)
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			
co	llection of gross income or for management, conservation, or			
	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):	1187		
	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 se	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, e 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		
Sect	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		4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency temporary reduction (see instructions).	6		
-				

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) 2018

instructions).

	rt V Type III Non-Functionally Integrated 509(a	OWMENT FOUNDAT	ION 59-3052	2307 Page
Sec	tion D - Distributions	May a special garden		Current Year
1	Amounts paid to supported organizations to accomplish exempt	nurnoses		
2	Amounts paid to perform activity that directly furthers exempt pu			
	organizations, in excess of income from activity	passa or oapportoa		
3	Administrative expenses paid to accomplish exempt purposes o	f supported 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.			
_ 7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the or	ganization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
- 77	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	THE THE STREET		
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:	RANKE PURS		
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018	STELL ELEVATION A		

Schedule A (Form 990 or 990-EZ) 2018

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 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 lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	art n
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Schedule B (Form 990, 990-EZ. or 990-PF)

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

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. 59-3052307 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** |X| 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) 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 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

PAGE 1 OF 2

Page 2

Name of organization
THE FLORIDA ENDOWMENT FOUNDATION

Employer identification number 59-3052307

Part I	Contributors (see instructions)	Use duplicate copies of Part Lif	additional space is pooded

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,	THOMAS M. & IRENE B. KIRBO CHARITABLE FOUNDATION 2720 PARK ST SUITE 211 JACKSONVILLE FL 32205-7645	\$ 8,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
. 2	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	1	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
3	WALT DISNEY WORLD RESORT PO BOX 10000 LAKE BUENA VISTA FL 32830-1000	\$10,000	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	WELLS FARGO FOUNDATION 90 SOUTH 7TH STREET MINNEAPOLIS MN 55479	\$20,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
<u>5</u>	CHELSEY G. MAGRUDER FOUNDATION, INC P.O. BOX 620005 ORLANDO FL 32862	* 10,000	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
6	NBCUNIVERSAL ORLANDO 1000 UNIVERSAL BLVD ORLANDO FL 32801	\$5 <u>,</u> 000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

PAGE 2 OF 2

Name of organization

Employer identification number

THE FLORIDA ENDOWMENT FOUNDATION 59-3052307

Part	Contributors (see instructions). Use duplicate copies of	of Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MCKEON FAMILY CHAIRTABLE LEAD TRUST 1214 REMINGTON RD WYNNEWOOD PA 19096	\$ 38,393	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
69-92.··		\$	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
: <u>%</u> e-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
·/@g		\$	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.)

153

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

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(c)(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) organizations: Complete Par	t III.			
Nan	e of organization THE FLORIDA ENDOWM	ENT FOUNDATION		Employer idea	ntification number
	FOR VOCATIONAL REH	ABILITATION, I	NC.	59-30523	307
_	rt I-A Complete if the organization is ex	empt under section 50	1(c) or is a se	ection 527 organ	ization.
1	Provide a description of the organization's direct and in	direct political campaign activ	ities in Part IV. (s	ee instructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instruction	s)		▶ \$	
3_	Volunteer hours for political campaign activities (see ins	structions)			
Pa	rt I-B Complete if the organization is exc	empt under section 50	1(c)(3).		
1	Enter the amount of any excise tax incurred by the orga	inization under section 4955		▶\$	
2	Enter the amount of any excise tax incurred by organization	ation managers under section	4955	₽ €	
3	if the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
	vvas a correction made?				Yes No
	It "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organization is ex	empt under section 50	1(c), except s	section 501(c)(3).	
1	Enter the amount directly expended by the filing organize				
	activities	*************************		▶\$	
2	Enter the amount of the filing organization's funds contr	ibuted to other organizations	for section		
	527 exempt function activities			▶\$	
3	Total exempt function expenditures. Add lines 1 and 2.	Enter here and on Form 1120	-POL,		
	line 17b			▶\$	
4	Did the filling organization file Form 1120-POL for this y	ear?			Yes No
5	Enter the names, addresses and employer identification	number (EIN) of all section 5	i27 political organ	izations to which the f	iling
	organization made payments. For each organization list	ed, enter the amount paid fro	m the filing organ	ization's funds. Also e	nter
	the amount of political contributions received that were	promptly and directly delivere	d to a separate p	olitical organization, su	ıch
	as a separate segregated fund or a political action comm	nittee (PAC). If additional spa	ce is needed, pro	vide information in Pa	rt IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
(4)					If none, enter -0
(1)					
(0)					
(2)					
(2)					
(3)					
(4)					
(4)					
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Schedule C (Form 990 or 990-EZ) 2018 THE	ב עמדטטיב	NDOWMENT EC	יים דיים גים ואודו	T EO 20E2205	,
Part II-A Complete if the organ	ization is exe	mpt under section	n 501(c)(3)	and filed Form 5768	(election under
section 501(h)). A Check ▶ ☐ if the filing organization	holongs to an	offiliated group (and	liet in Deut D.	each affiliated group m	
address, EIN, expense	e and chare of	anilialed group (and	iist in Part IV	each aπiliated group m	ember's name,
B Check if the filing organization	checked boy A	and "limited control	Periodores). I'' provisions o	nnly	
Limits on Lob			i provisions a		/L\ A@:d
(The term "expenditures" r	neans amounts	s paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (are	ass roots lobbying)			<u> </u>
b Total lobbying expenditures to influence	a legislative body	(direct lobbying)	************		
c Total lobbying expenditures (add lines 1a	and 1b)	(
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add	lines 1c and 1d)				
f Lobbying nontaxable amount. Enter the a	mount from the fo	ollowing table in both	· · · · · · · · · · · · · · · · · · ·		
columns.		Ü			
If the amount on line 1e, column (a) or (b) i	s: The lobbying r	nontaxable amount is:			
Not over \$500,000	20% of the amo			x x	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 1	15% of the excess over \$	500,000.		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.					
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.			500,000.		
Over \$17,000,000	\$1,000,000.			Abrah January	
g Grassroots nontaxable amount (enter 25)	% of line 1f)				
h Subtract line 1g from line 1a. If zero or le					
i Subtract line 1f from line 1c. If zero or les	s, enter -0-				
j If there is an amount other than zero on e	ither line 1h or lin	e 1i, did the organizati	on file Form 472		
reporting section 4911 tax for this year?					Yes No
	a section 501(le the separate	instructions for lin	ave to comples 2a through	lete all of the five colu 1 2f.)	mns below.
Lob	bying Expendit	tures During 4-Yea	Averaging P	Period	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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))					

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	s NOT f	led Fo	rm 5768	3	
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)	(b)	
description of the lobbying activity.	Yes	No	Amo	unt	
1 During the year, did the filing organization attempt to influence foreign, national, state, or local					
legislation, including any attempt to influence public opinion on a legislative matter or					
referendum, through the use of:					
a Volunteers? h Paid staff or management (include componention in expenses reported on lines 4 above at 400		X			
and state of management (include compensation in expenses reported on lines 1c through 11)?		X			
		X			
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?		X			
t Grants to other organizations for lobbying purposed		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1 .	1.2	92
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	^	Х		14,	32
i Other activities?		X			
j Total. Add lines 1c through 1i		21	1.	12	92.
2a Did the activities in line i cause the organization to be not described in section 501(c)(3)?		X	- 11 11 12		J 2.
b If "Yes," enter the amount of any tax incurred under section 4912		CV T			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)	5), or s	section		
os Honor			<u> </u>	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		·	1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		S	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the pri-	or year?		. 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes." 1 Dues, assessments and similar amounts from members	No," OR	(b) Pa	rt III-A,	line	: 3, is
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		1			
political expenses for which the section 527(f) tax was paid).					
a Current year	1	2a			
b Carryover from last year		2b			
c Total	•••••	2c			
c Total		3			
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
	t); Part II-/	A, lines 1	and		
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group lis					
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group lis (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
(see instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
(see instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-B, LINE 1				ss	N.000
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group lis (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-B, LINE 1 DIRECT CONTACT WITH LEGISLATORS AND GOVERNMENT OFFICA LEGISLATION THAT AFFECTS VOCATIONAL REHABILITATION.	LS TO	MON	ITOR		ri . 1272.
(see instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-B, LINE 1 DIRECT CONTACT WITH LEGISLATORS AND GOVERNMENT OFFICA LEGISLATION THAT AFFECTS VOCATIONAL REHABILITATION.	LS TO	MON	ITOR		
(see instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-B, LINE 1 DIRECT CONTACT WITH LEGISLATORS AND GOVERNMENT OFFICA:	LS TO	MON	ITOR		
(see instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-B, LINE 1 DIRECT CONTACT WITH LEGISLATORS AND GOVERNMENT OFFICA LEGISLATION THAT AFFECTS VOCATIONAL REHABILITATION.	LS TO	MONI	ITOR		

Schedule C (For	m 990 or 990-EZ) 20	18 THE	FLORIDA	ENDOWMENT	FOUNDATION	59-3052307	Page 4
Part IV	Supplement	al Inform	ation (contin	nued)			
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157

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.

Inspection

OMB No. 1545-0047

Name of the organization Employer identification number THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. 59-3052307 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 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 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 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 (e.g., 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 day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d 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 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: b Assets included in Form 990, Part X

Sch	nedule D (Form 990) 2018 THE FLO	RIDA ENDOWM	ENT FOUNDA	TION 59-3	3052307	Page
_	art III Organizations Maintair	ning Collections	of Art, Historica	l Treasures, or (Other Similar A	ssets (continue
3	collection items (check all that apply):	ession, and other reco	ords, check any of the	e following that are a	significant use of its	
ā		d 🗐 🛚	Loan or exchange pr	ograms		
ŀ		e	Other			
C						
4	Provide a description of the organization	's collections and expl	ain how they further t	the organization's ex	empt purpose in Pai	rt
	XIII.			•	,, . p p	•
5	During the year, did the organization sol	icit or receive donation	s of art, historical trea	asures, or other simil	ar	
	assets to be sold to raise funds rather th	an to be maintained as	part of the organiza	tion's collection?	2000 51 200	Yes No
P	art IV Escrow and Custodial	Arrangements.				
	Complete if the organiza 990, Part X, line 21.	tion answered "Ye	es" on Form 990,	Part IV, line 9, o	r reported an an	nount on Form
1a	Is the organization an agent, trustee, cus	stodian or other interme	ediary for contribution	ns or other assets no	<u> </u>	
	included as Farm 000 Dark VO					Yes No
b	If "Yes," explain the arrangement in Part	XIII and complete the	following table:	.5	***************************************	162 140
		•	3			Amount
C	Beginning balance	a			1c	7 tillouit
	Additions during the year			**************************************	1d	
е	Distributions during the year				1e	
f	Ending balance	• • • • • • • • • • • • • • • • • • • •			1e	
2a	Did the organization include an amount of	on Form 990 Part X lir	ne 21 for escrow or a	todial appount ligh	LIII	Y ₂ , N
b	If "Yes," explain the arrangement in Part	XIII. Check here if the	explanation has been	n provided on Part VI	инсу ? 	. Yes No
Pa	art V Endowment Funds.	Ann. Orlean more if the	explanation has been	in provided on Fart Al		
	Complete if the organization	ion answered "Ye	s" on Form 990	Part IV/ line 10		
		(a) Current year	(b) Prior year	(c) Two years back	(4) Thursday 1	1
1a	Beginning of year balance	25,310,580	24,929,298		(d) Three years back	(e) Four years back
h	Contributions	38,393			23,861,48	
c	Net investment earnings, gains, and	30,393	87,124	84,747	89,19	98,430
٠		_1 007 000	1 550 150	1 055 500		
d	losses Grants or scholarships	-1,807,908	1,558,159	1,857,780		
			154,000	243,000	81,000	218,250
e	Other expenditures for facilities and	0 206 007	4 440 000			
	programs	2,306,897	1,110,000	950,000		
1	Administrative expenses	01 004 160	05 044 044			
	End of year balance	21,234,168		24,929,298	24,179,77	1 23,861,488
2	Provide the estimated percentage of the	current year end balan	ce (line 1g, column (a	a)) held as:		
	Board designated or quasi-endowment	100.00%				
	Permanent endowment ▶ %					
С	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2c	should equal 100%.				
3a	Are there endowment funds not in the pos	ssession of the organiz	ation that are held a	nd administered for th	ne	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) i ciatou di gui lizationo					12a/iiii V
b	ii 100 on iiilo oa(ii), are the related biga	nizations listed as requ	ili ea on Scheaule K?)		3b
4	Describe in Part XIII the intended uses of	the organization's end	owment funds.		• • • • • • • • • • • • • • • • • • • •	
Pa	rt VI Land, Buildings, and Eq	uipment.				
	Complete if the organizati	on answered "Yes	" on Form 990. I	Part IV, line 11a	See Form 990	Part V. line 10
	Description of property	(a) Cost or other bas	sis (b) Cost or oth		cumulated	(d) Book value
		(investment)	(other)		preciation	(a) book value
1a	Land					
	Buildings					
С	Leasehold improvements		16	4,921	12 120	101 704
d	Equipment				43,130	121,791
<u> </u>	Other			8,585	88,104	481
otal	. Add lines 1a through 1e. (Column (d) mu	et aqual Form 000 D-	# V 20/1 "	5,064	143,703	1,361
- 141		sı eyual FUIIII 990, Pa	п. A, column (B), line	1UC.)		123,633

02/26/2020 8:33	AM			
159				
Schedule D	(Form 990) 2018 THE FLORIDA ENDOWMEN	T FOUNDATION	59-3052307	Page 3
Part VII	Investments—Other Securities.	_		
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form	990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method	of valuation:
·	(including name of security)		Cost or end-of-y	ear market value
(1) Financia	* * * * * * * * * * * * * * * * * * *			
	neld equity interests			
(3) Other				
(A)				
(Þ)				
(ċ)	5 55 - 55			
,(Þ)	6			
(E)	66. 65			
(F)	6			
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11c. See Form 9	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method	
1999			Cost or end-of-ye	ear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (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	line 11d. See Form 9	90, Part X, line 15.
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	m /h) mount officed Frame 2000 B. 137 - 1 /Bl II - 45 l			
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			
raitA		Farma 000 Day 51	No. 44 446.0	
	Complete if the organization answered "Yes" or line 25.	ın Form 990, Part IV,	line Tie or 11t. See I	orm 990, Part X,
	(a) Description of liability	(h) Dest		
1	(a) Description of Hability	(b) Book value		

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

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2018 THE FLORIDA ENDOWMENT FOUNDATION	ON 59-30523	7	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue pe	r Retu	rn.
1	Complete if the organization answered "Yes" on Form 990, Par	rt IV, line 12a.		1 000 100
2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	1,908,127
а	Net unrealized gains (losses) on investments	-555,179		
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c			
a	Other (Describe in Part XIII.)			
е 3	Add lines 2a through 2d	NEXT SERVICE PROPERTY.	2e	-555,178
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	T	3	2,463,305
	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)	5,825		
C	Add lines 4a and 4b		4c	5,825
	The mast equal to the order of the section of the s		5	2.469.130
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses	er Re	turn.
1	Complete if the organization answered "Yes" on Form 990, Par Total expenses and losses per audited financial statements	t IV, line 12a.	1	6 222 570
-	Amounts included on line 1 but not on Form 990, Part IX, line 25:	***************************************		6,332,570
а	Donated services and use of facilities	1		
b	Prior year adjustments 2b			
C	Other losses 2c			
d	Other (Describe in Part XIII.)	1		
е 3	Add lines 2a through 2d		2e	1
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	pr	3	6,332,569
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	5,825		
C	Add lines 4a and 4b		4c	5,825
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,338,394
	rt XIII Supplemental Information.	41 (41 =		
: Pa	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lir rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	nes 1b and 2b; Part V, line	4; Part	X, line
PA	ART V, LINE 4 - INTENDED USES FOR ENDOWMENT	FUNDS		
PE	RMANENT ENDOWMENTS RECEIVED FROM DONORS ARE	INVESTED IN	PERI	PETUITY WITH
D]	STRIBUTIONS DESIGNATED MOSTLY FOR THE ABLE	TRUST'S GENER	RAL I	PURPOSES, WITH
Α	FEW OF THE PERMANENT ENDOWMENT FUNDS DESIGN	ATED FOR HIGH	I SCI	HOOL/HIGH TECH
PF	OGRAMS OR RELATED PROGRAMS. THE BOARD DESI	GNATED ENDOWN	ÆNTS	5
RE	PRESENT RESOURCES CONTRIBUTED BY THE FOUNDA	TION TO INCRE	ASE	INVESTMENT
PF	INCIPAL.			
101.7				
PA	RT XI, LINE 2D - REVENUE AMOUNTS INCLUDED I	N FINANCIALS	- OI	HER
RC	UNDING		\$	
		·68		***************************************
PA	RT XI, LINE 4B - REVENUE AMOUNTS INCLUDED O	N RETURN - OT	HER	
				(()()()()

Schedule D (Form 990) 2018 THE FLORIDA ENDOWMENT FOUNDATION 59-Part XIII Supplemental Information (continued)	-3052307	Page 5
YOUTH LEADERSHIP INCOME CLASSIFIED AS EXPENSE PER A	FS \$	5,825
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINA	ANCIALS - OTH	ER
ROUNDING		
·§····································		
PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETU		
YOUTH LEADERSHIP INCOME CLASSIFIED AS EXPENSE PER A	FS \$	5,825
5 · 555 · · 65 · · 557 · 55 · 575 · · · · · · · · · ·	. 675	
		88
· <u>f. · · · · · · · · · · · · · · · · · · ·</u>		A
* 5···· 65······· 50······· 10····· 10····· 10····· 10····· 10····· 10····· 10····· 10····· 10····· 10····· 10··· 10·· 10··· 10··· 10··· 10··· 10···	• 36.66 46	
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	39 6000 89 60000	
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SCHEDULE G (Form 990 or 990-EZ

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

FOR VOCATIONAL R					Employer identificat	
Part I Fundraising Activities. Complet	e if the organiza	ation a	ans	wered "Yes" on F	59-30523	U / line 17
Form 990-EZ filers are not require	ed to complete	this p	art.	103 0111	omi 330, i ait iv,	IIIIC 17
1 Indicate whether the organization raised funds through	ugh any of the follow	wing ac	tiviti	ies. Check all that app	oly.	
a X Mail solicitations	e X Solicitation	n of nor	n-go	vernment grants		
b $\overline{\mathrm{X}}$ Internet and email solicitations				ment grants		
c Phone solicitations	g Special fur	ndraisir	ng e	vents		
d X In-person solicitations			-			
2a Did the organization have a written or oral agreeme or key employees listed in Form 990, Part VII) or en	itity in connection w	ith prof	fessi	ional fundraising servi	ces?	X Yes No
b If "Yes," list the 10 highest paid individuals or entitie compensated at least \$5,000 by the organization.	s (fundraisers) purs		-		the fundraiser is to be	•
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser h custod contro contribut	nave y or I of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
HANS KAIRIES		Yes	No			
1 1427 ROOSEVELT ST						
ORLANDO FL 32804	FUNDRAISI	1	Х	0	45,500	-45,500
2						
3						
4		+	\dashv			
5						
6						
7						
8						
9						
0						
otal			<u> </u>		45,500	-45 500
List all states in which the organization is registered registration or licensing. FLORIDA		t contri	butio	l ons or has been notifi		-45,500
F-12		·····§·· ·····§··				

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
		(Otolik type)	(өчен (уре)	(total number)	COI. (C))
1	Gross receipts				
1	A.C. 1650				
	Less: Contributions Gross income (line 1 minus				
ľ	line 2)				
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
,	Food and beverages				
'	rood and beverages				
8	Entertainment				
9	Other direct expenses				
	than \$15,000 or	n Form 990-EZ, line 6a.		0, Part IV, line 19, or re	eported more
	than \$15,000 or	n Form 990-EZ, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue		(b) Pull tabs/instant		(d) Total gaming (add
	Gross revenue		(b) Pull tabs/instant		(d) Total gaming (add
			(b) Pull tabs/instant		(d) Total gaming (add
2	Gross revenue		(b) Pull tabs/instant		(d) Total gaming (add
3	Gross revenue Cash prizes Noncash prizes		(b) Pull tabs/instant		(d) Total gaming (add
3	Gross revenue		(b) Pull tabs/instant		(d) Total gaming (add
3 4	Cash prizes Noncash prizes Rent/facility costs		(b) Pull tabs/instant		(d) Total gaming (add
3 4	Gross revenue Cash prizes Noncash prizes		(b) Pull tabs/instant		(d) Total gaming (add
3 4 5	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
2 3 4 5	Gross revenue Cash prizes	Yes %	(b) Pull tabs/instant bingo/progressive bingo Yes% No	Yes %	(d) Total gaming (add
2 3 4 5 6 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary.	Yes% No Add lines 2 through 5 in column	(b) Pull tabs/instant bingo/progressive bingo Yes% No	Yes %	(d) Total gaming (add
2 3 4 5 6 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary.	Yes% No Add lines 2 through 5 in column	(b) Pull tabs/instant bingo/progressive bingo Yes% No	Yes %	(d) Total gaming (add
2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summary	Yes % No Add lines 2 through 5 in column ary. Subtract line 7 from line 1, 6	(b) Pull tabs/instant bingo/progressive bingo Yes % No (d)	Yes %	(d) Total gaming (add col. (a) through col. (c))
2 3 4 5 6 7 8 En	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summare ter the state(s) in which the	Yes % No Add lines 2 through 5 in column ary. Subtract line 7 from line 1, or	(b) Pull tabs/instant bingo/progressive bingo Yes % No (d)	Yes %	(d) Total gaming (add col. (a) through col. (c))
2 3 4 5 6 7 8 En	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summare ter the state(s) in which the	Yes % No Add lines 2 through 5 in column ary. Subtract line 7 from line 1, or	(b) Pull tabs/instant bingo/progressive bingo Yes % No (d)	Yes %	(d) Total gaming (add col. (a) through col. (c))
2 3 4 5 6 7 8 En	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summitter the state(s) in which the the organization licensed to	Yes % No Add lines 2 through 5 in column ary. Subtract line 7 from line 1, or organization conducts gaming a conduct gaming activities in each	(b) Pull tabs/instant bingo/progressive bingo Yes % No (d)	Yes %	(d) Total gaming (add col. (a) through col. (c))

Sch	nedule G (Form 990 or 990-EZ) 2018 THE FLORIDA ENDOWMENT FOUNDATION 59-305.	230.	7	Page 3
11	Does the organization conduct gaming activities with nonmembers?	200	Yes	
12	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
b	All odiside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address >			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	
b	revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ and the	e-100	res	NO
	amount of gaming revenue retained by the third party ▶\$			
C	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ▶			
16	Gaming manager information:	534	. 112	
	Name ►			
	Gaming manager compensation ▶\$			
	Description of services provided ▶			
	Director/officer			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	makala Alaa akuta waxata u P		- v	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	8 · J	Yes	No
	spent in the organization's own exempt activities during the tax year			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii	ii) and	1 (v): ar	nd
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in	forma	ation.	I
	See instructions.			
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SCHEDULE I (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.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

OMB No. 1545-0047 2018

Name of the organization Department of the Treasury Internal Revenue Service 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. General Information on Grants and Assistance THE FOR VOCATIONAL REHABILITATION, FLORIDA ENDOWMENT FOUNDATION ► Go to www.irs.gov/Form990 for the latest information. INC. 59-3052307 Employer identification number \bowtie Open to Public Inspection

						10 10 10 10 10 10 10 10 10 10 10 10 10 1	
(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,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ABILITIES INC OF FLORIDA					Caro		
2735 WHITNEY ROAD CLEARWATER FL 33760	59-0874493 50163	50163	44 000				VOCATIONAL PROGRAMS
- 4			7 0 0				
1823 BUFORD COURT TALLAHASSEE FL 32308	59-2091522	501C3	66,000				VOCATIONAL PROGRAMS
(3) ARC JACKSONVILLE							
1050 NORTH DAVIS STREET JACKSONVILLE FL 32209	59-6209603	501C3	66,000				VOCATIONAL PROGRAMS
(4) AUTISM PENSACOLA, INC.							
P.O. BOX 30213 PENSACOLA FL 32503		501C3	40,000				VOCATIONAL PROGRAMS
(5) BREVARD SCHOOLS FOUNDATION 2700 JUDGE FRAN JAMIESON WAY							VOCATIONAL PROGRAMS
FL 32940	59-2895155	501C3	22,000				
1389 US HIGHWAY 90 W							VOCATIONAL PROGRAMS
KE CITY FL 32055	59-3531927 501C3	501C3	88,000				
AGLER VC BLVD							MYGCATIONAL BENCHAROLOGY
DAYTONA BEACH FL 32114		501C3	31,386				· CONTRACTOR FINANCIAL
(8) CENTER FOR INDEPENDENT LIVING OF							
4800 N STATE RD 7 BLDG F SUITE 102 FT LAUDERDALE FL 33319 6	5-0292125	501C3	44,000				VOCATIONAL PROGRAMS
NDENT LIVING OF			- 11				
720 NORTH DENNING DR WINTER PARK FL 32789	59-1828770 501C3	501C3	22,000				VOCATIONAL PROGRAMS
	t organizations list	ed in the li					▼ 43
3 Enter total number of other organizations listed in the line 1 table	ne 1 table						•

165

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

Schedule I (Form 990) (2018)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

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

Open to Public Inspection OMB No. 1545-0047 2018

Schedule I (Form 990) (2018)						ns for Form 990.	For Faperwork Reduction Act Notice, see the Instructions for Form 990.	DAA DAA
V						ine 1 table	Enter total number of other organizations listed in the line 1 table] a
*				ine 1 table	ted in the li	nt organizations lis	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	
VOCATIONAL PROGRAMS				62,003	501C3	CE 59-2085219	(9) FLOKIDA PUBLIC BROADCASTING SERVI PO BOX 1691 ST PETERSBURG FL 33731	PO I
VOCATIONAL PROGRAMS				50,000	501C3	59-6209605	CHAMBER FOUNDATION 11309 FL 32302	TALLA
VOCATIONAL PROGRAMS	,A			22,000	501C3	ON 59-3006312	MOODY BC	BUNNI
VOCATIONAL PROGRAMS				22,000	501C3	45-2843994	FAMILIE	(6) EM 40 ORLAI
VOCATIONAL PROGRAMS				22,000	501C3	59-2764174	1 :0 0	(5) ED 20 LEESI
VOCATIONAL PROGRAMS				29,000	501C3	B 59-0637848	(4) EASTER SEALS FLORIDA, INC. WEST 1 213 S. CONGRESS AVENUE WEST PALM BEACH FL 33409	(4) EA 21 WEST
VOCATIONAL PROGRAMS				22,000	501C3	59-1820902	IA RESEARCH INSTITUTE FIATE ROAD 30A FI 3245	(3) DY 19 PORT
VOCATIONAL PROGRAMS				29,000	501C3	59-2938258		(2) CE 11 DAYT
VOCATIONAL PROGRAMS				132,000	501C3	59-2177488	FOR INDI	(1) CE 22 GAIN
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 7	_
Complete if the organization answered "Yes" on Form 990, additional space is needed.	organization e is needed.	Complete if the additional space	overnments. e duplicated if	s and Domestic 5,000. Part II can	anizatior re than \$	Domestic Organt received mo	In till Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Part II
Yes No	ce, and	grants or assistance	ees' eligibility for the	assistance, the grantends in the United State	e grants or of grant fu	e the amount of th stance? monitoring the use	s the select cribe	N →
						nd Assistance	General Info	Part
Employer identification number 59ー3052307	7.00 Emi			INC.	FOUNDATION ITATION I	H	Name of the organization THE FLORIDA ENDOWMENT FOR VOCATIONAL REHABI	Name of

166

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2018
Open to Public

(9) MIAMI LIGHTHOUSE FOR THE BLIND (8) MIAMI DADE COLLEGE (7) MADISON COUNTY SCHOOL BOARD ORLANDO (6) LIGHTHOUSE CENTRAL FLORIDA (5) ILRC/ NORTHEAST FL (4) GULFSTREAM GOODWILL INDUSTRIES 5100 TICE ST FORT MYERS (3) GOODWILL INDUSTRIES OF SOUTHWEST 2448 GORDON SMITH DR MOBILE (2) GOODWILL EASTER SEALS OF (1) FOUNDATION FOR ORANGE CTY PUB. JACKSONVILLE BOYNTON BEACH MADISON ORLANDO Name of the organization Part II 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. 300 NE 2ND AVE DEPT ESE 312 NE DUVAL ST 2500 KUNZE AVE FL 32806 3800 SOUTH CONGRESS AVENUE, STE 550 S. EOLA AVENUE 2709 ART MUSEUM DRIVE 601 SW 8TH AVE Enter total number of other organizations listed in the line 1 table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (a) Name and address of organization 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. General Information on Grants and Assistance or government FOR VOCATIONAL REHABILITATION, INC THE FLORIDA ENDOWMENT FOUNDATION FL 33130 FL 33905 FL 33132 FL 32340 AL 36617 32801 32207 SCH 59-0637847 501C3 ĦL 85-8013854 59-1842440 501C3 59-1197040 59-6196141 59-2788435 63-0363472 501C3 (b) EIN 501C3 501C3 (c) IRC section (if applicable 501C3 501C3 501C3 501C3 (d) Amount of cash grant 39,500 22,000 24,000 22,000 88,000 44,000 78 44,000 14,000 ,000 (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, noncash assistance (g) Description of 59-3052307 Employer identification number VOCATIONAL PROGRAMS VOCATIONAL PROGRAMS VOCATIONAL PROGRAMS VOCATIONAL PROGRAMS VOCATIONAL PROGRAMS VOCATIONAL VOCATIONAL VOCATIONAL PROGRAMS VOCATIONAL PROGRAMS (h) Purpose of grant or assistance Inspection PROGRAMS PROGRAMS Z o

167

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

Schedule I (Form 990) (2018)

DA A

Schedule I (Form 990) (2018)

SCHEDULE I (Form 990)

Name of the organization Internal Revenue Service

THE

FLORIDA ENDOWMENT FOUNDATION

Part I

General Information on Grants and Assistance

Part II

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.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

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

2018 OMB No. 1545-0047

Open to Public

Inspection

al Information or	FOR VOCATIO		
in Information on County and Assistance	FOR VOCATIONAL REHABILITATION, INC.	1 FIRE ELOCATION ENDOWMENT FOUNDATION	
10000000	59 205 2207	Employer identification number	

Yes

No

Schedule I (Form 990) (2018)						ns for Form 990.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
₩						ine 1 table	1
•			100 mm	ne 1 table	sted in the li	nt organizations l	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
VOCATIONAL PROGRAMS				21,168	501C3	59-6152180 501C3	1600 RED BARBER PLAZA TALLAHASSEE FL 32310
VOCATIONAL PROGRAMS				120,978	501C3	59-1305522 501C3	G 10 · 61
VOCATIONAL PROGRAMS FUNDS	ENDOWMENT	FMV	3,008,872	87,865	501C3	NC 82-1822879	(7) THE ABLE CHARITABLE FOUNDATION, 3320 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE FL 32308 (8) THE HAVEN
VOCATIONAL PROGRAMS				21,000			WEST
VOCATIONAL PROGRAMS				57,500	501C3	59-2091480 501C3	· H ·
VOCATIONAL PROGRAMS				39,427	501C3	65-05830 89 501C3	SUSAN B ANTHONY R. 1633 POINCIANA DR IMBROKE PINES
VOCATIONAL PROGRAMS				22,000	GOV	59-6000580 GOV	1
VOCATIONAL PROGRAMS				51,000	501C3	59-2013160 501C3	INC. 531125
VOCATIONAL PROGRAMS				22,000	GOV	59-6000756 GOV	(1) NASSAU COUNTY SCHOOL DISTRICT 1201 ATLANTIC AVENUE FERNANDINA BEACH FL 32304
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government

Schedule I (Form 990) (2018) THE FLORIDA ENDOWMENT FOUNDATION 59-3052307 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" Part III can be duplicated if additional space is peeded.	ENDOWMENT FOR to Domestic Individual space is neede	JNDATION 5 uals. Complete if the	9-3052307 he organization ans	wered "Yes" on Form 990	on Form 990, Part IV, line 22.
(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
20					
ω					
4					
G					
6					
Part IV Supplemental Information. Provide the information required in Part I, line 2: Part III. co	ovide the information	required in Part I, I		umn (b): and any other additional information	tional information
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT	S FOR MONITOR	LING THE USE		FUNDS	
ALL GRANTS ARE MADE VIA CONTRACTS THAT REQUIRE REGULAR REPOR	NTRACTS THAT	REQUIRE REG	ULAR REPORTI	TING - 2 OR 3	
TIMES PER YEAR, DEPENDING ON THE TERMS OF THE CONTRACT. THE	ON THE TERMS	OF THE CONT		FOUNDATION'S	
STAFF REVIEWS PERIODIC REPORTS FROM GRANTEES TO DETERMINE IF	ORTS FROM GRA	NTEES TO DE	TERMINE IF		
CONTRACT DELIVERABLES ARE BEING MET. SITE VISITS ARE ALSO CONDUCTED	BEING MET. S	ITE VISITS	ARE ALSO CON	DUCTED TO	
ASSESS HOW GRANTEES ARE MEETING DELIVERABLES.	ETING DELIVER	ABLES.	\$2 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10		(S = 550 S)
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SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Name of the organization

THE FLORIDA ENDOWMENT FOUNDATION

FOR VOCATIONAL REHABILITATION, INC.

Employer identification number 59-3052307

F	Part I Questions Regarding Compensation			
			Yes	No
1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		ies	NO
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
		1		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	h Manuar Marka and a same a same a same and a same and a same a same and a same and a same a same a			
'	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
2	The second of th			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	X	
	22 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		- 21	
3	Indicate which, if any, of the following the filing 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	0. 1		700
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	T A			
	Independent compensation consultant Compensation survey or study			0.5
	Form 990 of other organizations X Approval by the board or compensation committee		1	DY
				N.
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Χ
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			- 23
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	10		
	compensation contingent on the revenues of:		-	
а	0_			
		5a		X
	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		X
	ii 100 on iii0 od ol ob, ucaciibe iii Fail III.	7		
6	For personal listed on Form 000 Part VIII Ocation A. Illand de listed			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	A-14		
	compensation contingent on the net earnings of:			
	The organization?	6a		Χ
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		**	
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
		3	74	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?			
_	M	- M		

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Schedule J (Form 990) 2018 THE FLORIDA ENDOWMENT FOUNDATION 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.

	1		, ו מונ עוו, טפכנוטוו א	, mie ia, applicable	acorumn (D) and (E	art viii, Securit A, line Ia, applicable column (D) and (E) amounts for that individual.	ndividual.
(A) Name and Title	(B) Breakdown of (I) Base compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base (II) Bonus & incentive reportable compensation compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior
SUSANNE HOMANT 1 FORMER PRESIDENT	(II) 207, 675	17,300	0.0	11,249	8,534	244,758	0
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chedule J (Form 990) 2018 THE FLORIDA ENDOWMENT FOUNDATION 59-3052307
ntal 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 t nation.
PART I, LINE 7 - NON-EIXED PAYMENTS PROVIDED
A ONE TIME BONUS WAS PAID IN LEIU OF AN ANNUAL RAISE.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

2018

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE FLORIDA ENDOWMENT FOUNDATION

Employer identification number

	FOR VOCATIONAL REH	ABILITATIO	N, INC.				59-	3052	307				
Part I	Excess Benefit Transaction	ns (section 5	501(c)(3), secti	on 5	01(c	(4), and 501(d	(29) organizatio	ns onl	v).				
	Complete if the organization answer		nship between dis				Form 990-EZ, Pa	art V, I	ine 4	0b.	T		. 10
1	(a) Name of disqualified person	(b) Notate	organizatio		eu pe	SOIT AND	(c) Description of t	ransacti	on		Ye) Corre	No
(1)										_	10	•	NO
(2)											_	\rightarrow	
(3)											+	_	
(4)											+	-	
(5)											+	\pm	
(6)											_	\neg	
undei	the amount of tax incurred by the organ r section 4958 the amount of tax, if any, on line 2, abo						-	▶ \$	<u> </u>				
Part II	Loans to and/or From Inte	rested Per	sons.										
	Complete if the organization answe	ered "Yes" on I	Form 990-EZ,	Part	V, li	ne 38a or Forn	n 990, Part IV, lin	e 26; c	or if tl	ne			
	organization reported an amount or	n Form 990, P	art X, line 5, 6	, or 2	22.								
	(a) Name of interested person	(b) Relationship with organization		or fro	oan to om the g.?		(f) Balance due	(g) in (default		oproved pard or mittee?		Vritten ement
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)		-		-				+					-
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otal Part III	Create or Assistance Pane	Eldler or Books or	4l D			▶\$							
rartiii	Grants or Assistance Bene Complete if the organization answer	red "Yes" on F	ested Pers orm 990, Part	ons IV, I	ine 2	27.							
	(a) Name of interested person		hip between interes		c) Am	ount of assistance	(d) Type of assistance		(e) F	ourpose	of assi	stance	
(1)								+					
(2)													_
(3)													
(4)													_
(5)													
(6)													
7)													

(8) (9)

interested person and the organization 1) THE ABLE CHARITABLE FOUNDATION SHARED DIRECTOR 3,096,737 CONTRIBUTION 2) 3) 4) 5) 6) 7) 8) 9) 0)	(e) S of reve Yes	IALS	Sha	ari
1) THE ABLE CHARITABLE FOUNDATION SHARED DIRECTOR 3,096,737 CONTRIBUTION 2) 3) 4) 5) 6) 7) 8) 9) O Part V Supplemental Information	100	of reve	of or venu	rg. ues
3) 4) 5) 6) 7) 8) 9) Part V Supplemental Information		163		>
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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.

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization THE FLORIDA ENDOWMENT FOUNDATION	Employer identification number
FOR VOCATIONAL REHABILITATION, INC.	59-3052307
FORM 990, PART VI, LINE 5 - MATERIAL DIVERSION OF ASSE	ETS
A SUBSIDIARY ORGANIZATION WAS CREATED TO SERVE AS A SE	EPARATE FUNDRAISING
ARM AND DONOR FUNDS WERE MOVED THERE TO RETAIN INDEPEN	IDENCE FROM STATE
ENDOWMENT FUNDS.	
¥	
FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REA	ACHED
KAREN B. MOORE	
2011 DELTA BLVD	
TALLAHASSEE, FL 32303	
MARCY BENTON	
P.O. BOX 407	
LAKELAND, FL 33802	
	20
RICHARD L. COLE JR.	0000 - 0
1720 CAIND TAMES SIDSIE	
THE VILLAGES, FL 32162	
	25-12-9-10-11-1-12-12-12-12-12-12-12-12-12-12-12-1
LESLIE D. GOLDMAN	
010E HIGHMOODG DAIM WAY	5° 50° 500° 50° 10° 10° 10° 10° 10° 10° 10° 10° 10° 1
MAMDA ET 22647	
SCOT M. LAFERTE	. 800 4000 0 6 4000 400
1000 UNIVERSAL PLAZA	
ORLANDO, FL 32819	

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2
THE FLORIDA ENDOWMENT FOUNDATION	Employer identification number 59-3052307
	, , , , , , , , , , , , , , , , , , , ,
BRIDGET R. PALLANGO	
2121 NW 21ST STREET	
MIAMI, FL 33142	
SUSANNE HOMANT	
8177 BLUE QUILL TRAIL	
TALLAHASSEE, FL 32312	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PITHE BOARD OF DIRECTORS ARE PROVIDED A COPY OF TO FILING.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTO ANNUALLY AND PERIODICALLY AS APPROPRIATE.	22.2
FORM 990, PART VI, LINE 15A - COMPENSATION PROC THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTO APPROVES THE BASE SALARY OF THE PRESIDENT AND O	ORS ANNUALLY REVIEWS AND
FORM 990, PART VI, LINE 15B - COMPENSATION PROC THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTO AND ANNUAL INCENTIVE OPPORTUNITIES OF THE PRESI	ORS REVIEWS THE BASE SALARY
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENT	

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization THE FLORIDA ENDOWMENT FOUNDATION	Employer identification 59-305230	
AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THE REMAI	NDER ARE A	VAILABLE
UPON REQUEST.		· · · · · · · · · · · · · · · · · · ·
g		
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSE	TS EXPLANA	TION
ROUNDING	\$	1
YOUTH LEADERSHIP INCOME CLASSIFIED AS EXPENSE PER AFS	\$	-5,825
ROUNDING	\$	-1.
YOUTH LEADERSHIP INCOME CLASSIFIED AS EXPENSE PER AFS	\$	5,825
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	PAGE 2 OF	

Form **4562**

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

Attachment Sequence No. 17

Name(s) shown on return THE FLORIDA ENDOWMENT FOUNDATION Identifying number FOR VOCATIONAL REHABILITATION, INC. 59-3052307 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 Maximum amount (see instructions) 1,000,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 2,500,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 $\,\ldots$ 12 12 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶ 13 13 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.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 4 887 MACRS Depreciation (Don't include listed property. See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2018 17 0 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 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (g) Depreciation deduction service only-see instructions) period 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L Nonresidential real MM 39 yrs. S/L property MM S/L Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/I 30-year 30 yrs. MM S/L d 40-year 40 yrs. 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 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . 4,887 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

TAB 4

Blind Services Foundation of Florida Inc.

Annual Report 2019-2020

The membership of the Foundation Board did not change this year. In spite of the pandemic, we kept to a schedule that saw us meet, on average, every three months. In addition, subcommittees met to work on specific issues.

Our primary work this year constituted overseeing the third year of a project concerning the development of a vocational evaluation tool and ancillary products.

As a first step during this year, a small group of specialists and consumers met in Tampa to work on a number of things. First, during a two day meeting we explored the final version of the instrument and made some substantial changes based on the feedback from previous iterations of the test. We also worked to outline other components of the project. These included the development of a manual to accompany the test, the creation of a listing of related tests that could be used in conjunction with the instrument and an outline of the specific value of this approach to assessing the vocational readiness of people who are blind or have low vision. Essentially, this meeting created a roadmap for the rest of our year's work on this project.

A major development occurred soon after this initial meeting. Interest was shown in utilizing our instrument and related documents all across Canada. It took a little time to get the appropriate language and approach accepted so that we met all of Florida's requirements. However, by January the agreement was in place. Unfortunately, the pandemic is as much of a problem in Canada as it is here and the volume of responses we had received from there has been limited.

During the pandemic, work has continued on the development of ancillary materials. The first draft of the manual has been completed and we have contacted a number of those who took the test by telephone to get feedback. We have also received written and telephonic feedback from a number of evaluators who have used the test which are being incorporated into our final product.

We have actually received a few more completed instruments even during the pandemic and work continues on the other ancillary documents. We have also reached out to a number of national leaders in the field for feedback on our instrument and received valuable input which has been incorporated into our latest iteration of the instrument. We are continuing to make adjustments on automating the scoring system and are working with Survey Monkey to see how we can make the whole user interface as friendly as we can make it!

As has been indicated in previous annual reports, we continued to try to find the best way to make our instrument available to evaluators throughout the world at no cost while, at the same time, protecting Florida's authorship. Our interest had been to make the instrument and other

documents available as part of the "creative commons" rule on the internet. Our discussions with legal representatives of the Department of Education led us to identify a barrier. In order to qualify under the Creative Commons regulations, all components must first be copyrighted and then appropriately registered. There is currently no easy, legal way to copyright the components of our project. Legislation was put forward during this session that might have created a way forward, but it is not yet in place. We are continuing to work on this issue.

Earlier this year, we created a committee to seek a bid to create a new version of our web site. While most of the available bids were too high, we entered into an arrangement with two individuals who had experience both with similar projects and with the creation of fully accessible sites. We have registered our new web page and a virtually finished version of the site is now being reviewed by our subcommittee and the developers for final changes. We believe the new site will make the Foundation more visible and will drive more traffic to our site so that more people will know about the work we are doing to make Florida a better place for people who are blind to live.

We have completed work on a new brochure and have begun to distribute them throughout the state. We believe it will help us encourage more individuals to consider Biker Tags as a way to support our work.

We are currently at work to develop one or two different posters which we hope to place at license offices and with motor cycle dealers.

We utilized one of our meetings to explore a whole range of general areas where funding from the Foundation could be useful. These included working on projects for people who are blind and aging; working to develop a special Florida collection at the Library; contributing to a specific project for people who had additional disabilities along with blindness; and working to develop an approach to help measure the value of rehabilitation services.

The novel Coronavirus has unquestionably had effects on service delivery to people who are blind in Florida. Our Foundation is proud that our members, the majority of whom are blind, can contribute to making things better! We believe that, as the consequences of the virus become clearer, there will be more roles for our foundation to fill. We appreciate the opportunity to serve and will continue to make Florida a better place for people who are blind!

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'

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- 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;
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- 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;
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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;
- 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

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- 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;
- 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

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- 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

- Fundraising activities will never knowingly mislead or misinform the public or misrepresent the Foundation.
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- Fundraising activities will not exploit the public by taking advantage of their empathy toward persons served by the Foundation.

Treatment of Individuals Served

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- 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.

Signatur	Small	Date: 2/9/17
Print Name:	Paul Edwards	

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Signature: $\frac{1}{2}$ Min Date: $\frac{2}{9}$ Date: $\frac{2}{9}$ Date: $\frac{2}{9}$ Print Name: $\frac{1}{2}$ Rus $= \frac{1}{2}$ Min $= \frac{1}{2}$ Date: $\frac{1}{2}$ Print Name: $\frac{1}{2}$ Print Name

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Signature: _	MILL		Date:	2/9/17
Print Name:	ROBERT T.	KELLY		
	•			

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- · Has read and understands the Code of Ethics;
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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: Aherg	Bour	Date:	2/9/17
Print Name: Shory	Orown		

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

State of Florida Direct Support Organization Code of Ethics

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

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- Uphold all applicable laws and regulations;
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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;
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Signature: _		Date: 2/9/17	
Print Name:	Patricia Liposky		

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Signature:	Lough D. Sign	Date: 2/7/17	
Print Name:	Dwight D. Sayer:		



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Signature:		TO A A PARA MU	Date:	3/23/17
Print Name:	Goe	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)

2018

OMB No. 1545-1150

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 2018 calendar year, or tax year beginning Jul 1 , 2018, and ending ,2019 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 - 0392Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Tallahassee, FL 32399 Application pending Number > 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 II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . 72,549. 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 71,143. 2 Program service revenue including government fees and contracts 2 3 3 4 4 1,406. **5a** Gross amount from sale of assets other than inventory 5a **b** Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 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) 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 Gross sales of inventory, less returns and allowances 7a C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . 7c 8 8 9 9 72,549. 10 10 69,309. 11 11 12 Salaries, other compensation, and employee benefits 12 13 13 14 14 15 15 16 16 1,834. 17 17 71,143. 18 1,406. 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 18 through 20

20

19

20

21

94,340.

95,746.

Form 990-EZ (2018)

Part II Balance Sheets (see the instructions for Part II)

, a	Check if the organization used Schedule		ny question in this	Part II .	1.80	
				(A) Beginning of year		B) End of year
22	Cash, savings, and investments			94,340.	22	95,746
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			94,340.	25	95,746
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column			04 240	26	05 746
1000	t III Statement of Program Service Accom			94,340.	27	95,746
	Check if the organization used Schedule	O to respond to a	nv question in this	Part III		Expenses
Wha	t is the organization's primary exempt purpose?	See Part III	Stmt	raitin		ired for section
	ribe the organization's program service accompli			rogram continue		(3) and 501(c)(4) zations; optional for
as m	leasured by expenses. In a clear and concise n	nanner, describe the	e services provided	, the number of	others	
pers	ons benefited, and other relevant information for e	ach program title.				
28	Quality services and programs to	the blind whi	ch will enable	9		
	them to gain or substain independence. Endo			o fund future		
	program expenses from income gene					
29	(Grants \$ 69,309.) If this amount				28a	69,309.
23						
	(Grants \$) If this amount	includes foreign gra	ents, check here		29a	
30					200	
		includes foreign gra			30a	
31						
	Other program services (describe in Schedule O)			· · · · <u>*</u>		
22	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	31a	
32 Pari	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign grathrough 31a)	ints, check here		32	69,309.
32 Pari	(Grants \$) If this amount Total program service expenses (add lines 28a iv List of Officers, Directors, Trustees, and Key	includes foreign gra through 31a) Femployees (list each	nts, check here .	ensated—see the in	32	69, 309. ons for Part IV)
32 Part	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra through 31a) . y Employees (list each O to respond to an	nts, check here .	ensated—see the in	32	69, 309. ons for Part IV)
32 Part	(Grants \$) If this amount Total program service expenses (add lines 28a iv List of Officers, Directors, Trustees, and Key	includes foreign gra through 31a)	nts, check here on one even if not company question in this I (c) Reportable compensation	pensated—see the in Part IV	32 structi	ons for Part IV)
32 Part	(Grants \$) If this amount Total program service expenses (add lines 28a and 10 lines 28a	includes foreign gra through 31a)	nts, check here	oensated—see the in	32 Istructi	ons for Part IV)
Part	(Grants \$) If this amount Total program service expenses (add lines 28a and 10 lines 28a	includes foreign gra through 31a)	nts, check here on one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the interpretation of the inter	32 Istructi	ons for Part IV)
Part Pau Cha	(Grants \$) If this amount Total program service expenses (add lines 28a s IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title 1 Edwards irman	includes foreign gra through 31a)	nts, check here on one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the interpretation of the inter	32 Istructi 	stimated amount of
Part Pau Cha	(Grants \$) If this amount Total program service expenses (add lines 28a in IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title L Edwards in rman ght Sayer	includes foreign grathrough 31a) Employees (list each O to respond to an (b) Average hours per week devoted to position	none even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the incensated —see the incensated —see the incension of the	32 Istructi 	ons for Part IV)
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Pau Cha Dwic Vic She:	(Grants \$) If this amount Total program service expenses (add lines 28a mount IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title 1 Edwards irman ght Sayer e Chairman ryl Brown retary	includes foreign grathrough 31a) Employees (list each O to respond to an (b) Average hours per week devoted to position	nts, check here one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the incompart IV	32 structi	ons for Part IV)
Pau Cha Dwic She Sec	(Grants \$) If this amount Total program service expenses (add lines 28a for 1975) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title 1 Edwards irman ght Sayer e Chairman ryl Brown retary ce Miles	includes foreign grathrough 31a)	nts, check here one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	censated—see the incentification of the incen	32 estructi	ons for Part IV)
Pau Cha Dwic She Sec	(Grants \$) If this amount Total program service expenses (add lines 28a mount IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title 1 Edwards irman ght Sayer e Chairman ryl Brown retary	includes foreign grathrough 31a)	nts, check here one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	pensated—see the interpretation of the inter	32 estructi	ons for Part IV)
Pari Pau Cha Dwic She Shec Brue	(Grants \$) If this amount Total program service expenses (add lines 28a for 1975) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title 1 Edwards 1 Edw	includes foreign grathrough 31a)	ants, check here one even if not company question in this less to the compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	pensated—see the in Part IV	32 Istructi	ons for Part IV)
Pau Cha Dwic She Sec Brue Joe	(Grants \$) If this amount Total program service expenses (add lines 28a mount IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title L Edwards irman ght Sayer c Chairman ryl Brown retary ce Miles asurer Minichiello	includes foreign grathrough 31a)	nts, check here one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	censated—see the incentification of the incen	32 Istructi	ons for Part IV)
Pau Cha Dwi She She Fru Joe Robe	(Grants \$) If this amount Total program service expenses (add lines 28a for 1971) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title 1 Edwards irman ght Sayer c Chairman ryl Brown retary ce Miles asurer Minichiello rd Member	includes foreign grathrough 31a)	ants, check here one even if not company question in this less to the compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	pensated—see the in Part IV	32 Istructi 	ons for Part IV)
Pau Cha Dwic She Sec Bru Joe Boa Robe	(Grants \$) If this amount Total program service expenses (add lines 28a mount IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title 1 Edwards irman ght Sayer c Chairman ryl Brown retary ce Miles asurer Minichiello rd Member ert Kelly rd Member ricia Lipovsky	includes foreign grathrough 31a)	nts, check here one even if not comp y question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	pensated—see the inert IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation 0.	32 Istructi 	ons for Part IV)
Pau Cha Dwic She Sec Bru Joe Robe Robe Pat	(Grants \$) If this amount Total program service expenses (add lines 28a mount Total program services, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title I Edwards irman ght Sayer c Chairman ryl Brown retary ce Miles asurer Minichiello rd Member ert Kelly rd Member ricia Lipovsky rd Member	includes foreign grathrough 31a)	nts, check here one even if not comp y question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	pensated—see the inert IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation 0.	32 Instruction	ons for Part IV)
Pau Cha Dwic She Sec Joe Robo	(Grants \$) If this amount Total program service expenses (add lines 28a for the component of the component	includes foreign grathrough 31a)	nts, check here one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	censated—see the incensity of the incens	32 Istructi 	ons for Part IV)
Pau Cha Dwic She Sec Joe Robo	(Grants \$) If this amount Total program service expenses (add lines 28a mount Total program services, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title I Edwards irman ght Sayer c Chairman ryl Brown retary ce Miles asurer Minichiello rd Member ert Kelly rd Member ricia Lipovsky rd Member	includes foreign grathrough 31a)	nnts, check here on one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	censated—see the incensated see the incensate see the	32 Istructi 	ons for Part IV)
Pau Cha Dwic She Sec Joe Robo	(Grants \$) If this amount Total program service expenses (add lines 28a for the component of the component	includes foreign grathrough 31a)	nts, check here one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	censated—see the incensity of the incens	32 Istructi 	ons for Part IV)
Pau Cha Dwic She Sec Bruc Joe 30a: 30a: 30a:	(Grants \$) If this amount Total program service expenses (add lines 28a for the component of the component	includes foreign grathrough 31a)	nts, check here one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	censated—see the incensity of the incens	32 Istructi 	ons for Part IV)
Pau Cha Dwic She Sec Joe Robo	(Grants \$) If this amount Total program service expenses (add lines 28a for the component of the component	includes foreign grathrough 31a)	nts, check here one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	censated—see the incensity of the incens	32 Istructi 	ons for Part IV)
Pau Cha Dwic She Sec Joe Robo	(Grants \$) If this amount Total program service expenses (add lines 28a for the component of the component	includes foreign grathrough 31a)	nts, check here one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	censated—see the incensity of the incens	32 Istructi 	ons for Part IV)
Pau Cha Dwic She Sec Joe Robo	(Grants \$) If this amount Total program service expenses (add lines 28a for the component of the component	includes foreign grathrough 31a)	nts, check here one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	censated—see the incensity of the incens	32 Istructi 	ons for Part IV)
Pau Cha Dwic She Sec Joe Robo	(Grants \$) If this amount Total program service expenses (add lines 28a for the component of the component	includes foreign grathrough 31a)	nts, check here one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	censated—see the incensity of the incens	32 Istructi 	ons for Part IV)

Form 990-EZ (2018)

Par		ts in t	ne	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	is Par	Yes	. [
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	res	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			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		×
h		35a	_	×
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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			Â
b	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter:	-		-
а	Initiation fees and capital contributions included on line 9			W
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 ▶			2
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. ▶ (85)	0)245	5-03:	29
h	Located at ▶ 325 W Gaines St Room 1114 Turlington Bldg, Tallahassee FL ZIP + 4 ▶ 323. At any time during the calendar year, did the organization have an interest in or a signature or other authority over) 9		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	401	Yes	
	If "Yes," enter the name of the foreign country ▶	42b		×
	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			
44a	Did the organization maintain any densy advised finds during the control of the c		Yes	No
	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	-1	×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	W.	7	
45a		44d		•
40a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
	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	45h		×

Here

Paid

Preparer

Use Only

Paul Edwards, Chairman

Type or print name and title

Print/Type preparer's name

Gloria Mills

Date

Preparer's signature

Firm's name ▶ Irescue Tax Planning and Consulting

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address ▶ 3708 W BAY TO BAY, TAMPA, FL 33629-6912

Gloria Mills

PTIN

(813)837-1100

▶ X Yes ☐ No

self-employed P00256501

Check [if

Phone no.

Firm's EIN ▶59-3376509

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	330.
Web Fees	600.
Total	1,834.

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

Continuation Statement

Organization's Primary Exempt Purpose
Blind Services Foundation of Florida is a direct-support organization
to the Division of Blind Services of the Florida Department of Education
under chapter 617, Florida statute, which is organized to raise funds, request and
receive grants for the benefit of blind persons in the state of Florida and to make

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	e of the orga	nization					Employer identification	on number
	nd Serv	vices Foundation	of Florida,	, Inc			55-0888147	
	rti R	eason for Public Cha	arity Status (Al	Il organizations mus	t compl	ete this p	part.) See instructi	ons.
	organizati	on is not a private found	ation because it	is: (For lines 1 throug	h 12, che	ck only o	one box.)	
2	 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).) 							
3		pital or a cooperative ho	1 170(D)(1)(A)(II).	(Attach Schedule E (orm 990	or 990-E	=Z).)	
4		dical research organizati	on operated in c	ganization described	nital des	n 170(b)(cribed in	(1){A}{III). sootion 170/b}/4\/A	Viii) Enter the
-	hospi	tal's name, city, and sta	te:	onjunouon with a noc	pital acs	cribed iii	Section 170(D)(1)(A	Mini. Enter the
5	☐ An or section	ganization operated for on 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned	or operat	ed by a governmer	tal unit described in
6	☐ A fed	eral, state, or local gove	nment or govern	nmental unit describe	d in secti	on 170(b)(1)(A)(v).	
7	☐ An or	ganization that normally ibed in section 170(b)(1	receives a subs	stantial part of its sup	port fror	n a gove	rnmental unit or from	m the general public
8		nmunity trust described			Part II \			
9		ricultural research organ				perated in	conjunction with a	land arent college
	or uni	versity or a non-land-gra	ant college of ag	riculture (see instructi	ons). Ent	er the nar	me, city, and state o	f the college or
	unive	sity:						_
10	X An ore	ganization that normally its from activities related	receives: (1) mo	re than 331/3% of its s	upport fr	om contr	ibutions, membersh	p fees, and gross
	acquii	red by the organization a	it income and ur after June 30, 19	related business taxa 75. See section 509 (.ble incor a)(2). (Co	ne (less s mplete P	ection 511 tax) from art III,)	n 33 1/3% of its businesses
11	An or	ganization organized and	d operated exclu	sively to test for publi	c safety.	See sect	tion 509(a)(4).	
12	∐ An org	ganization organized and	l operated exclu-	sively for the benefit of	f, to perf	orm the f	unctions of, or to ca	rry out the purposes
	Of one	or more publicly support the box in lines 12a three	orted organizatio	ons described in sect	ion 509(a	a)(1) or s	ection 509(a)(2). Se	e section 509(a)(3)
а		the box in lines 12a thro						
a	the	pe I. A supporting orgar supported organization pporting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	ajority of	orted organization(s). the directors or trus	typically by giving tees of the
b		pe II. A supporting orga					supported organizat	ion(s), by having
	co	ntrol or management of	the supporting of	organization vested in	the same	persons	that control or man	age the supported
	org	ganization(s). You must	complete Part	IV, Sections A and C				
C	∏ Т у	pe III functionally integ	rated. A suppor	ting organization ope	rated in c	onnectio	n with, and function	ally integrated with,
		supported organization						
ď	∐ ly	pe III non-functionally	integrated. A su	pporting organization	operate	d in conn	ection with its supp	orted organization(s)
	rec	at is not functionally inte quirement (see instructio	grateu. The orga ns) You must c	inization generally mu complete Part IV Sec	st satisty	a distribi	ution requirement ar	id an attentiveness
е		eck this box if the organ						- U T W
_	fur	nctionally integrated, or	Type III non-fund	tionally integrated su	oportina :	ne ins in organizat	atitisa rypei, rypo ion.	е II, туре III
f	Enter the	e number of supported	organizations .					[
g	Provide	the following information	about the supp	orted organization(s).				
	(i) Name of	supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					V		,	
					Yes	No		
(A)								
/D)								
(B)								
(C)								
(D)								
(E)								
Total								

Par	Support Schedule for Organiz (Complete only if you checked t	ations Desc he box on lin	ribed in Sect e 5. 7. or 8 of	t ions 170(b)(1 f Part I or if th	I)(A)(iv) and i	170(b)(1)(A)(v	vi) valify under
	Part III. If the organization fails t	o qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	amy under
	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4						
o	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	Total support. Add lines 7 through 10				STORY TO B		
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her						
Secti	on C. Computation of Public Suppor				1 (8)	1 100 100 100	
14	Public support percentage for 2018 (line 6			1 column (fl)		14	0/
15	Public support percentage from 2017 Sch	nedule A. Part	II. line 14	i, coluiiii (i))	. 388 (6)	15	<u>%</u>
16a	331/3% support test—2018. If the organi box and stop here. The organization qual	zation did not	check the box	on line 13, an	d line 14 is 33	1/3% or more.	check this
b	331/s% support test—2017. If the organization this box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15 i	s 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a ation qualifies	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	017. If the orga tion meets the neets the "fact	anization did ne e "facts-and-c s-and-circums	ot check a box ircumstances" stances" test. 1	on line 13, 10 test, check t The organization	his box and s on qualifies as	a, and line top here. a publicly
18	Private foundation. If the organization did	d not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and	see

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

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

Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	55,134.	59,575.	59,766.	75,222.	71,143.	320,840.
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	55,134.	59,575.	59,766.	75,222.	71,143.	320,840.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			·	·	,	
b	Amounts included on lines 2 and 3						- 4
	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	7) -5 5 1		72-1-1			
	line 6.)						320,840.
	on B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	55,134.	59,575.	59,766.	75,222.	71,143.	320,840.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		1,074.		1 262	1 400	2 742
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		1,074.		1,263.	1,406.	3,743.
C	Add lines 10a and 10b		1,074.		1,263.	1,406.	3,743.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				2/200.	1,100.	3,713.
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.)	55,134.	60,649.	50.766	76 405	70 540	204 502
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization'	s first, second			72,549. ar as a section	
Section	on C. Computation of Public Support					· · · · ·	
15	Public support percentage for 2018 (line 8			3 column (fl)		15	98.85 %
16	Public support percentage from 2017 Sch	edule A. Part II	l. line 15	o, column (i)		16	99.24 %
	on D. Computation of Investment Inc	ome Percen	tage			10	33.24 70
17	Investment income percentage for 2018 (li			/ line 13. colum	n (fl)	17	1.15 %
18	Investment income percentage from 2017	Schedule A. P.	art III. line 17		(י,,,	18	0.76 %
19a	331/3% support tests—2018. If the organiz 17 is not more than 331/3%, check this box a	ation did not o	heck the box	on line 14, and	d line 15 is mo	re than 331/3%	, and line
b	331/3% support tests—2017. If the organizatine 18 is not more than 331/3%, check this b	ation did not ch	eck a box on li	ne 14 or line 19	a, and line 16	is more than 33	3 ¹ /3%, and
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.)

S

	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		100	
_	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).			ĮĮ.
3a		2 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.			
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).	4c		
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?	5a 5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		No.
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		192
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	W. 194	vi.
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	1.0	
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10a		

10a

10b

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.)

Part	Supporting Organizations (continued)			
			Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?		1,000	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		_
C Sooti	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. on B. Type I Supporting Organizations	11c		
Secu	on B. Type I Supporting Organizations			1
1	Did the directors trustees or membership of one as more conserved associations have the		Yes	Ne
•	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			1 8
	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	Did the organization operate for the benefit of any supported organization other than the supported	1		-
_	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,		188	
	supervised, or controlled the supporting organization.	2		
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 directors		103	
	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control	25	- 4	
	or management of the supporting organization was vested in the same persons that controlled or managed	15.0		13
	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 prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	3		
	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	8.4		
	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		
	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 i	nstruc	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (r		
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		10	
	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,	4.5	2 A	H
	how the organization was responsive to those supported organizations, and how the organization determined		114	

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.

2a

2b

3a

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

activities but for the organization's involvement.

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 1 Check here if the organization satisfied the Integral Part Test as a quality				
	fying trust		lain in Part VI) See	
instructions. All other Type III non-functionally integrated supporting o	rganizatio	ns must complete Sec	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):	Ba			
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 amou see instructions).	ınt,			
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			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-function	nally integ	rated Type III supporting	ng organization (see	

Schedule A (Form 990 or 990-EZ) 2018

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	rage	
Sec	tion D—Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish				
2	Amounts paid to perform activity that directly furthers ex- organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp				
4					
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 whic (provide details in Part VI). See instructions.	ch the organization is res	sponsive		
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
i_	Carryover from 2013 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from			a the late of the late of	
	Section D, line 7: \$		25 7 7 2	E TEMPERATEN SAN M	
a	Applied to underdistributions of prior years	TAX BE			
b	Applied to 2018 distributable amount				
_ C	Remainder, Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			add \$1 \$1	
8	Breakdown of line 7:				
а	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017				
e	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2018

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.

2018

Department of the Treasury Internal Revenue Service

 Open to Public Inspection

OMB No. 1545-0047

Name of the organization	Employer identification number
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: \$69,309	
Pt I, Line 16:	
Description: Insurance \$768	
Description: Licenses and Permits \$136	
Description: Accounting \$330	
Description: Web Fees \$600	

Form **8879-E0**

IRS e-file Signature Authorization for an Exempt Organization calendar year 2018, or fiscal year beginning Jul 1 , 2018, and ending

OMB No. 1545-1878

Department of the Tressure	► Do not send to the IRS. Keep for your records.	2018	•
Department of the Treasury Internal Revenue-Service	► Go to www.irs.gov/Form8879EO for the latest information		
Name of exempt organization		Employer identification number	
Blind Services Name and title of officer	Foundation of Florida, Inc	55-0888147	
Paul Edwards, 0	Chairman		
	Return and Return Information (Whole Dollars Only)		
check the box on line leave line 1b, 2b, 3b, the applicable line bel	return for which you are using this Form 8879-EO and enter the applica 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return 14b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you en ow. Do not complete more than one line in Part I.	peing filed with this form was blank, tered -0- on the return, then enter -0	then
1a Form 990 check h2a Form 990-EZ chec3a Form 1120-POL c4a Form 990-PF chec5a Form 8868 check	ck here ► ☒ b Total revenue, if any (Form 990-EZ, line 9) heck here ► ☐ b Total tax (Form 1120-POL, line 22)		49.
Part II Declara	tion and Signature Authorization of Officer		
are true, correct, and organization's electron to send the organization the transmission, (b) the authorize the U.S. Treefinancial institution accreturn, and the financial Agent at 1-888-353-44 involved in the processoresolve issues related electronic return and, Officer's PIN: checked authorize on the organization of the processore of the organization of the org	to enter my PIN ERO firm name on's tax year 2018 electronically filed return. If I have indicated within this state agency(ies) regulating charities as part of the IRS Fed/State progra	shown on the copy of the return of the copy of the r, or electronic return originator (ERC nt of receipt or reason for rejection of the copy of the return is copy of the return is copy of the return is	cial tions
ERO to enter my X As an officer of the lf I have indicated.	PIN on the return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organization's distributed with a state age a program, I will enter my PIN on the return's disclosure consent screen.	tax year 2018 electronically filed ret	turn.
Part III Certifica	tion and Authentication		
ERO's EFIN/PIN. Ente	r your six-digit electronic filing identification	5 9 5 8 9 8 3 3 6 2 Do not enter all zeros	9
indicated above. I conf Information for Authori	numeric entry is my PIN, which is my signature on the 2018 electronical firm that I am submitting this return in accordance with the requirements zed IRS e-file Providers for Business Returns.	y filed return for the organization of Pub. 4163, Modernized e-File (M	ieF)
ERO's signature ▶	Date ►		
	ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested		