



# FLORIDA DEPARTMENT OF JUVENILE JUSTICE

August 15, 2024

The Honorable Ron DeSantis, Governor  
State of Florida  
PL 05 The Capitol  
Tallahassee, Florida 32399-0001

The Honorable Kathleen Passidomo  
President, The Florida Senate  
305 Senate Office Building  
Tallahassee, Florida 32399-1100

The Honorable Paul Renner  
Speaker, Florida House of Representatives  
420 The Capitol  
Tallahassee, Florida 32399-1300

Ms. Kara Collins-Gomez  
Coordinator, OPPAGA  
111 West Madison, Room 312  
Tallahassee, Florida 32399

Dear Governor DeSantis, President Passidomo, Speaker Renner, and Ms. Collins-Gomez:

In accordance with section 20.058, Florida Statutes, the Department of Juvenile Justice (DJJ) provides the following strong recommendation to continue the Florida Youth Foundation (Foundation). The Department and the Foundation share a long history of working together to improve the lives of at-risk children and their families. The Foundation began as a public-private partnership program of DJJ in 1994. Today, it is a thriving 501(c)(3) authorized by section 985.672, Florida Statutes. The Foundation's guiding principles are to:

- Support the Department of Juvenile Justice, as their direct-support organization, in carrying out its mission.
- Individually and collectively act in accordance with the adopted Code of Ethics.
- Communicate openly in accordance with Florida's Sunshine Law.
- Protect confidential records and information.
- Coordinate, whenever possible, fund-raising efforts with the Department.
- Serve as ambassadors of goodwill for the Department and the youth it serves.
- Protect donors through sound investment policies.
- Enhance, not supplant, state funding of programs.
- Recognize achievements and distinctions of those who support the Foundation's mission.

Governor DeSantis, et al.  
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**2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850**

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**Ron DeSantis, Governor**

**Eric S. Hall, Secretary**

*The mission of the Florida Department of Juvenile Justice is to enhance public safety through high-quality effective services for youth and families delivered by world-class professionals dedicated to building a stronger, safer Florida.*

August 15, 2024

The Foundation works toward these principles with a mission to solicit and steward private gifts to promote education and vocational services, and public safety through effective prevention, diversion and intervention services. The Foundation's Board of Directors creates policies, provides direction, raises funds, and stewards all funds raised to enhance the activities of the Florida Department of Juvenile Justice. The Foundation achieves this specifically by promoting delinquency prevention, intervention and educational opportunities for youth.

One of the many programs the Foundation funds is the Youth Investment Award program, which provides financial assistance designed to further the education and employability of juvenile justice-involved youth. In addition, the Foundation funds back-to-school drives, Youth Success Week, and provides support and recognition for the DJJ Teacher of the Year award. The Foundation is an integral part of the Department of Juvenile Justice and shares a long and collaborative relationship that is rare amongst direct-support organizations.

In recognition of the support the Foundation provides to DJJ, I therefore fully recommend the continued collaboration and association between the Department and the Foundation.

Sincerely,

A handwritten signature in blue ink that reads "Eric S. Hall". The signature is written in a cursive style with a large initial "E" and "H".

Eric S. Hall, Ed.D.  
Secretary

EH/ct

**Florida Youth Foundation  
Annual Reporting Requirements  
In accordance with section 20.058, Florida Statutes**

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**1. The name, mailing address, telephone number, and website address of the organization.**

Name: Florida Youth Foundation  
Address: 2737 Centerview Drive, Knight Building Tallahassee, Florida 32399-3100  
Telephone: (850) 717-2705  
Website: <https://fyf.djj.state.fl.us/>

**2. The statutory authority or executive order pursuant to which the organization was created.**

In 1999, a direct-support organization was established by Chapter 99-284, Laws of Florida, which is incorporated in law as section 985.672, Florida Statutes. This direct-support organization was organized to help support the mission of the Florida Department of Juvenile Justice. The direct-support organization operated under the name, Florida Juvenile Justice Foundation from 2005 until the summer of 2022 when it rebranded as the Florida Youth Foundation.

**3. A brief description of the mission of, and results obtained by, the organization.**

**Mission:** The mission of the Foundation is to positively change the lives of at-risk youth through the promotion of prevention , intervention and academic achievement efforts while placing a strong emphasis on workforce readiness.

**Results:** The Foundation serves to change lives, the lives of students, the lives of their parents, and the lives of the citizens in our communities, by promoting delinquency prevention, intervention, and educational opportunities for youth. The Foundation has a vibrant board of directors made up of community leaders that are active and engaged in Foundation business. The board meets quarterly to ensure the organization is on point with the strategic plan. In addition, fundraising tasks are completed throughout the year by each member of the board. Frequent meetings with the board chair and the executive director help ensure the vision of the foundation is met and supported by all parties.

Specific Activities: Funding is financed through grants and donations.

- **General Foundation Fund:** General Fund responsive to statewide needs specific to juvenile justice initiatives, including:
  - Back-to-School Support Drives
  - Provide Youth Success Packages of clothing, toiletries, and basic personal items
  - Youth Ambassador Project
  - “Unleashing You” Youth Summit
  - Restoring Hope Conference
  - Tallahassee State College Public Safety Awards sponsorship
  - Everyday Hero Award (Juvenile Probation Officer, Juvenile Detention Officer, Provider Staff, Juvenile Justice Teacher, and Support Services Team Member of the Year Awards)

- **Youth Investment Awards Fund:** Financial assistance designed to further the education and employability of juvenile justice-involved youth.
  - Vocational school tuition and fees
  - Specialty therapies
  - GED fees
  - Emergency living expenses
- **Florida Youth Stars Scholarship in Partnership with Prepaid Florida**
- **Youth of the Month Campaign**
- **Youth Success Package**

**4. A brief description of the plans of the organization for the next 3 fiscal years.**

Please see Addendum 1, the Florida Youth Foundation Strategic Plan document, for a thorough description of organizational goals and strategic goals, which comprise the organization’s plans for the next three fiscal years.

**5. A copy of the organization’s code of ethics.**

Please see Addendum 2, the Florida Youth Foundation Code of Ethics document, which serves as the organization’s code of ethics.

**6. A copy of the organization’s most recent federal Internal Revenue Service Return of Organization Exempt from Income Tax form (Form 990).**

Please see Addendum 3, the Florida Youth Foundation IRS Form 990, to complete this requirement.

## **Addendum 1: Strategic Plan**

### **Florida Youth Foundation Strategic Plan**

#### **Mission Statement**

The mission of the Foundation is to positively change the lives of at-risk youth through the promotion of prevention, intervention and academic achievement efforts while placing a strong emphasis on workforce readiness.

#### **Vision**

With an ever-decreasing number of youth entering the juvenile justice system, we envision an enhanced continuum of services to promote positive outcomes for youth. The Foundation will be nationally recognized in this effort.

#### **Guiding Principles**

- Support the Department of Juvenile Justice, as their direct-support organization, in carrying out its mission.
- Individually and collectively act in accordance with the adopted Code of Ethics.
- Communicate openly in accordance with Florida's Sunshine Law.
- Protect confidential records and information.
- Coordinate, whenever possible, fund-raising efforts with the Department.
- Serve as ambassadors of goodwill for the Department and the youth it serves.
- Protect donors through sound investment policies.
- Enhance, not supplant, state funding of programs.
- Recognize achievements and distinctions of those who support the Foundation's mission.

#### **Goal Overview**

- Explore and acquire multiple funding opportunities.
- Support DJJ's Vision and Mission.
- Sustain Foundation development by growing the tent of youth advocates throughout the state.

#### **Strategic Goals**

Goal 1: Seek supplemental funds to encourage and support youth with the tools necessary to further their success, being certain funds for specific requests are not otherwise available.

- Strategic Objective 1. Fund and administer Youth Investment Award scholarship program.
- Strategic Objective 2. Partner with granting organizations and corporations focused on meeting life transition needs of youth, including those who are pursuing career or post-secondary education.
- Strategic Objective 3: Establish initiatives promoting the academic and social development of youth. As well as honoring and recognizing the courageous work of the agencies' workforce.

Goal 2: Work on development and promotion of initiatives designed to meet the mission of the Department.

- Strategic Objective 1: Develop a marketing plan to communicate with and market to youth focused organizations and businesses.
- Strategic Objective 2: Create partnerships with universities and state colleges to support the leadership and community-based programs of the Department.

Goal 3: Sustain the development and growth of the Foundation.

- Strategic Objective 1: Increase board membership with broad regional representation throughout the state (North, South, East and West).
- Strategic Objective 2: Develop and implement a comprehensive resource development plan.
- Strategic Objective 3: Develop and launch a public awareness campaign regarding the foundation and its initiatives.
- Strategic Objective 4: Develop a prospective donor and business partner list to support the mission and vision to be updated annually.



## **Addendum 2: Code of Ethics**

### **Florida Youth Foundation Code of Ethics**

#### **Statement of Commitment**

In establishing policy for and on behalf of the Florida Youth Foundation, Inc., each board member is a custodian in trust of the assets of the organization. The organization needs competent and committed board members to serve the organization in a sincere and ethical way.

Therefore, as a board member of the Florida Youth Foundation, Inc., please acknowledge and complete the Code of Ethics Statement of Commitment.

In addition, each employee of the Foundation shall abide by the same Codes of Ethics as members of the board. Further, each Foundation employee shall acknowledge and complete the Code of Ethics Statement of Commitment. Each employee of the Foundation shall comply with the Department's Policy #FDJJ – 1900 "Employee Code of Ethics and Personal Responsibility" as found on the agency's Web site [www.djj.state.fl.us](http://www.djj.state.fl.us), a copy of which shall be maintained in the Foundation's office.

#### **Conflict of Interest Policy**

Conflict of interest exists whenever the personal or professional interests of a board member are potentially at odds with the best interests of the organization.

Specifically, a conflict of interest arises when a person having official responsibilities for the Florida Youth Foundation, Inc. has been empowered to make decisions or take actions on behalf of the Foundation and who, as a result of that power, can potentially benefit personally, directly or indirectly, from an entity or person conducting business with the Foundation or the Florida Department of Juvenile Justice. Such persons, hereinafter referred to as representatives, include: Board of Directors, volunteers, and Foundation staff.

To prevent any conflict of interest, the following shall apply:

- Each representative shall sign a conflict of interest statement at the time they are appointed by the Secretary, disclosing his or her financial interest in businesses or organizations which deal with the Florida Youth Foundation or the Florida Department of Juvenile Justice. Direct or indirect conflicts of interest and potential conflicts of interest should be reported annually.
- Conflicts listed in these statements shall be disclosed to the Board of Directors.
- No board or staff member may participate in discussion or debate or vote on any matter involving a conflict for that representative. As with any member of the public, all board and staff members may remain in the room during discussion or

debate and in no way should a board or staff member be encouraged to leave the room during that discussion or debate.

- Competitive bidding or comparison shopping shall be used by the Foundation in all circumstances involving potential conflicts to ensure the Foundation receives the most advantageous arrangement in such transactions. The Foundation Executive Director shall keep written records of all conflict of interest transactions and report them to the Board of Directors.
- Therefore, board members of the Florida Youth Foundation, Inc., shall acknowledge and commit to the Conflict of Interest Statement.

### **Confidentiality and Nondisclosure Policy**

The protection of confidential information is vital to the interests and the success of the Florida Youth Foundation, Inc. and to the Florida Department of Juvenile Justice. For the most part, Florida's public information, public records and Sunshine laws govern the Foundation.

However, from time to time, members of the Foundation Board of Directors shall be privy to confidential information that includes, but is not limited to, the following examples:

- Donor compensation or personal data
- Juvenile information and lists
- Scholarship applicants' and recipients' personal data
- For-profit corporation financial information
- Pending projects and proposals
- Technological data
- Prospect mailing lists
- Donor giving information
- Grant and funding information

It is the policy of the Foundation to abide by all laws, governmental rules, and policies of the Florida Department of Juvenile Justice that govern confidentiality of juvenile records. Because of the services the Foundation provides, confidentiality of juvenile and family information is an extremely important issue. Board members, employees, contractors and agents of the Foundation must always be aware of their responsibility to protect this information when engaged in the collection, handling or dissemination of any information, including, but not limited to: health/medical information and juvenile/family identifiable information. Unless a duly executed release of information form has been processed with the Florida Department of Juvenile Justice, all members of the Board of Directors and all Foundation employees are required to keep juvenile/family information confidential and shall sign a confidentiality statement as provided in Appendix I at the back of this manual.

## **Policy of Open Government**

Members of the Florida Youth Foundation, Inc. Board of Directors and staff are required to adhere to Florida's Public Records and Sunshine (open meetings) Laws.

According to the Florida Attorney General's *Government-In-The-Sunshine Manual*, "The Florida Constitution safeguards every Floridian's right of access to government meetings and records. The comprehensive breadth and scope of our sunshine laws have served for many years as a model for the rest of the nation. In Florida, disclosure is the standard, unless the Legislature has created an express statutory exemption from our strong open government laws. The best way to ensure that government truly represents the people it serves is to keep the government open and accessible to those people. For several decades now, Florida has shown that openness is the key to building and maintaining public trust in the institutions of government."

To that end, a copy of the Government-In-The-Sunshine Manual, A Reference For Compliance with Florida's Public Records and Open Meetings Laws, shall be available electronically to all board members via the Internet at <https://www.myfloridalegal.com/files/pdf/page/322216979465EBDB8525897100464AC2/SunshineManual.pdf>. It is the responsibility of every board member and the Foundation's Executive Director to ensure that Foundation business is conducted in compliance with these laws. Therefore, original documents that pertain to the Florida Youth Foundation, Inc. shall be provided to and maintained by the Foundation's Executive Director as public records.

All board members shall acknowledge and commit to the Government-In-The-Sunshine Statement.

## **Addendum 3: Form 990**

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)

OMB No. 1545-0047

## 2022

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2022 calendar year, or tax year beginning **07/01/22**, and ending **06/30/23**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FLORIDA YOUTH FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>59-3623272</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2737 CENTERVIEW DR, ROOM 3216</b>		<b>E</b> Telephone number <b>850-487-1886</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>TALLAHASSEE FL 32399-3100</b>		<b>F</b> Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990).

**I** Website: **HTTPS://FYF.DJJ.STATE.FL.US/**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  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 \$ **122,073**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>118,233</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	<b>3,840</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	<b>2,130</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<b>1,710</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>119,943</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>6,000</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>3,375</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>423</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>120,789</b>
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>130,587</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	<b>-10,644</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>99,255</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>88,611</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2022)

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

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	98,735	22	89,422
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	750	24	
25 Total assets	99,485	25	89,422
26 Total liabilities (describe in Schedule O)	230	26	811
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	99,255	27	88,611

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O			
(Grants \$ 6,000 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		117,588
29			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		117,588

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TADAR MUHAMMAD VICE CHAIR	3.00	0	0	0
DOREA MAYS BOARD MEMBER	3.00	0	0	0
WANSLEY WALTERS BOARD MEMBER	3.00	0	0	0
PAUL MITCHELL BOARD MEMBER	3.00	0	0	0
MONESIA BROWN CHAIR	3.00	0	0	0
CHRISTY DALY-BRODEUR BOARD MEMBER	3.00	0	0	0
MEAGAN GALLAGHER BOARD MEMBER	3.00	0	0	0
ISABEL GONZALEZ BOARD MEMBER	3.00	0	0	0
SHANNON BAKER EXECUTIVE DIRECTOR	3.00	62,009	0	0
FREDDIE FIGGERS BOARD MEMBER	3.00	0	0	0
JARRETT TERRY BOARD MEMBER	3.00	0	0	0
DEE ANN SMITH BOARD MEMBER	3.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

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
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 activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed NONE
42a The organization's books are in care of LIBBY TAYLOR Telephone no. 850-567-8890
2737 CENTERVIEW DRIVE, RM 3216
Located at TALLAHASSEE FL ZIP + 4 32399-3100
42b 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)? If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c 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
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 donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

	Yes	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
<b>b</b> If "Yes," was the related organization a section 527 organization?	49b	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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

<b>Sign Here</b>	Signature of officer <b>SHANNON BAKER</b>	Date <b>EXECUTIVE DIRECTOR</b>
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MATTHEW R. HANSARD</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00273516</b>
	Firm's name <b>THOMSON BROCK LUGER &amp; COMPANY</b>	Firm's EIN <b>20-2259573</b>			
	Firm's address <b>3375G CAPITAL CIR NE TALLAHASSEE, FL 32308-3736</b>	Phone no. <b>850-385-7444</b>			

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



**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2022**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

Name of the organization

**FLORIDA YOUTH FOUNDATION, INC.**

Employer identification number

**59-3623272**

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	79,559	69,959	30,243	44,735	118,233	342,729
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	79,559	69,959	30,243	44,735	118,233	342,729
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						56,290
<b>6</b> Public support. Subtract line 5 from line 4						286,439

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	79,559	69,959	30,243	44,735	118,233	342,729
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						342,729

**12** Gross receipts from related activities, etc. (see instructions) 12 82,540

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

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

**14** Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 83.58 %

**15** Public support percentage from 2021 Schedule A, Part II, line 14 15 73.71 %

**16a 33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2022.** 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—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

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

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

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

Section D – Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 .....			
<b>b</b> From 2018 .....			
<b>c</b> From 2019 .....			
<b>d</b> From 2020 .....			
<b>e</b> From 2021 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 .....			
<b>b</b> Excess from 2019 .....			
<b>c</b> Excess from 2020 .....			
<b>d</b> Excess from 2021 .....			
<b>e</b> Excess from 2022 .....			

**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.)

[Dotted lines for supplemental information]



**Schedule B  
(Form 990)**

**Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2022**

Name of the organization

Employer identification number

**FLORIDA YOUTH FOUNDATION, INC.**

**59-3623272**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization

**FLORIDA YOUTH FOUNDATION, INC.**

Employer identification number

**59-3623272**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>AMERIHEALTH</b> 3875 WEST CHESTER PIKE NEWTOWN SQUARE PA 19073	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>MONESIA BROWN</b> 1700 NORTH MONROE STREET SUITE 11-119 TALLAHASSEE FL 32303	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>CHRISTY DALY-BRODEUR</b> 201 E PARK AVE FLOOR 5 TALLAHASSEE FL 32301	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<b>FREDDIE FIGGERS</b> 3810 INVERRAY BLVD FORT LAUDERDALE FL 33319	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**FLORIDA YOUTH FOUNDATION, INC.**

Employer identification number

**59-3623272**

**FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO INDIVIDUALS**

**CASH CONTRIBUTION: 6,000**

**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
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**EXPENSES**

G&A: COMP/INTERNET/SOFTWARE	\$ 1,258
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TRAVEL & MEALS	\$ 555
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PROGRAM: CONFERENCES/MEETINGS	\$ 104,073
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G&A: INSURANCE	\$ 1,622
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PROGRAM: YOUTH EXPENSES	\$ 7,013
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SUPPLIES	\$ 216
----------	--------

AWARDS & RECOGNITION	\$ 1,845
----------------------	----------

MISCELLANEOUS	\$ 19
---------------	-------

G&A: LICENSES	\$ 70
---------------	-------

G&A: BANK FEES	\$ 135
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CONSULTING	\$ 3,983
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<b>TOTAL</b>	<b>\$ 120,789</b>
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**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
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ACCOUNTS RECEIVABLE	\$ 750	\$ 0
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DEPRECIABLE ASSETS	\$ 10,640	\$ 10,640
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LESS ACCUMULATED DEPRECIATION	\$ 10,640	\$ 10,640
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<b>TOTAL</b>	<b>\$ 750</b>	<b>\$ 0</b>
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Name of the organization

Employer identification number

FLORIDA YOUTH FOUNDATION, INC.

59-3623272

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 230	\$ 811

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO ENCOURAGE THE COLLABORATION AMONG BUSINESS PEOPLE, COMMUNITY MEMBERS, PARENTS, YOUTHS OF FLORIDA, AND THE FLORIDA JUVENILE JUSTICE SYSTEM TO PROMOTE EDUCATION AND PUBLIC SAFETY THROUGH EFFECTIVE PREVENTION, INTERVENTION, AND TREATMENT SERVICES THAT STRENGTHEN FAMILIES AND POSITIVELY CHANGE THE LIVES OF TROUBLED YOUTH.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

PROVIDE ASSISTANCE TO YOUTHS, AGES 16 TO 22, WHO ARE OR HAVE BEEN SERVED BY THE FLORIDA DEPARTMENT OF JUVENILE JUSTICE TO ASSIST IN THEIR SUCCESSFUL TRANSITION INTO ADULTHOOD AND BECOMING PRODUCTIVE CITIZENS BY PROVIDING TUITION ASSISTANCE, JOB TRAINING, AND LIVING FINANCIAL SUPPORT.

**Federal Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Dell Latitude D830 Laptop	9/21/08	1,076			1,076	5 MO S/L	1,076	0
2	Dell Optiplex GX755 Minitower	9/21/08	1,524			1,524	5 MO S/L	1,524	0
3	Computers	11/01/05	2,107			2,107	5 MO S/L	2,107	0
4	Furniture	5/14/07	1,980			1,980	7 MO S/L	1,980	0
5	Downing Displays	7/01/07	3,953			3,953	5 MO S/L	3,953	0
	<b>Total Other Depreciation</b>		<u>10,640</u>			<u>10,640</u>		<u>10,640</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>10,640</u>			<u>10,640</u>		<u>10,640</u>	<u>0</u>
	<b>Grand Totals</b>		10,640			10,640		10,640	0
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>10,640</u>			<u>10,640</u>		<u>10,640</u>	<u>0</u>

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Dell Latitude D830 Laptop	9/21/08	1,076			1,076	5 MO S/L	1,076	0
2	Dell Optiplex GX755 Minitower	9/21/08	1,524			1,524	5 MO S/L	1,524	0
3	Computers	11/01/05	2,107			2,107	5 MO S/L	2,107	0
4	Furniture	5/14/07	1,980			1,980	7 MO S/L	1,980	0
5	Downing Displays	7/01/07	3,953			3,953	5 MO S/L	3,953	0
	<b>Total Other Depreciation</b>		<u>10,640</u>			<u>10,640</u>		<u>10,640</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>10,640</u>			<u>10,640</u>		<u>10,640</u>	<u>0</u>
	<b>Grand Totals</b>		10,640			10,640		10,640	0
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>10,640</u>			<u>10,640</u>		<u>10,640</u>	<u>0</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2021 &amp; 2022</b>
For calendar year 2022, or tax year beginning <b>07/01/22</b> , ending <b>06/30/23</b>		

Name **FLORIDA YOUTH FOUNDATION, INC.** Taxpayer Identification Number **59-3623272**

			2021	2022	Differences
<b>R</b> <b>e</b> <b>v</b> <b>e</b> <b>n</b> <b>u</b> <b>e</b>	1. Contributions, gifts, grants	1.			
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.			
	5. Investment income	5.			
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12.</b>			
<b>E</b> <b>x</b> <b>p</b> <b>e</b> <b>n</b> <b>s</b> <b>e</b> <b>s</b>	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.			
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.			
	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.			
	21. Other expenses	21.			
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b>			
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b>			
<b>O</b> <b>t</b> <b>h</b> <b>e</b> <b>r</b> <b>I</b> <b>n</b> <b>f</b> <b>o</b> <b>r</b> <b>m</b> <b>a</b> <b>t</b> <b>i</b> <b>o</b> <b>n</b>	24. Total exempt revenue	24.			
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.			
	27. Total assets	27.			
	28. Total liabilities	28.			
	29. Retained earnings	29.			
	30. Number of voting members of governing body	30.			
31. Number of independent voting members of governing body	31.				
32. Number of employees	32.	0			
33. Number of volunteers	33.				



**Federal Statements****Schedule A, Part II, Line 1(e)**

<u>Description</u>	<u>Amount</u>
FL DEPARTMENT OF JUVENILE JUSTICE	\$ 63,525
UNRESTRICTED CONTRIBUTIONS	9,708
AMERIHEALTH	
CASH CONTRIBUTION	20,000
MONESIA BROWN	
CASH CONTRIBUTION	10,000
CHRISTY DALY-BRODEUR	
CASH CONTRIBUTION	5,000
FREDDIE FIGGERS	
CASH CONTRIBUTION	10,000
TOTAL	<u>\$ 118,233</u>

**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ANNIE E CASEY FOUNDATION	\$ 50,000	\$ 43,145
WALMART	20,000	13,145
TOTAL	<u>\$ 70,000</u>	<u>\$ 56,290</u>

# Federal Statements

## Schedule A, Part II, Line 12 - Current year

Description

Amount

LEMOYNE

\$ 3,840

TOTAL

\$ 3,840