



THE FLORIDA PDMP FOUNDATION INC.

FEI/EIN Number: 272004435

10801 Starkey Rd. #104-221,
Seminole, FL 33777
850-284-4490
www.flpdmpFoundation.com

ANNUAL REPORT TO DEPARTMENT OF HEALTH

2014

Issuing Authority

The Florida PDMP Foundation, Inc. (Foundation) was established by the Florida Legislature in 2009 with the adoption of section 893.055(11), Florida Statutes (F.S.). It is a Direct Support Organization under contract with the Florida Department of Health. It is a not-for-profit corporation created under Chapter 617, F.S. and is organized and operated as a tax-exempt organization under section 501(c)3 of the Internal Revenue Code. Its board, of up to 11 members, is appointed by the State Surgeon General. The business of the Foundation is managed by the Board of Directors and its executive director.

Mission:

The mission of the Florida PDMP Foundation, Inc. is to conduct fundraising for the benefit of the Prescription Drug Monitoring Program (PDMP) in order to reduce prescription drug abuse and diversion.

Results

Since its formation, the Foundation has been very active seeking support for the PDMP, known as E-FORCSE (Electronic-Florida Online Reporting of Controlled Substances Evaluation). Through June 2014, the Foundation raised over \$2.8M in private and corporate contributions. Of these funds it provided nearly \$634,000 to the Department of Health for operation, hosting, and maintenance of the PDMP.

Background

In December 2013, the Foundation's Board of Directors hired a new part-time executive director to oversee the daily business and fundraising operations of the organization. The Foundation had been without an executive director since 2010 and volunteer board members conducted the majority of its business with assistance from the Department of Health's E-FORCSE staff.

As one of his initial duties, the new executive director scheduled meetings with executive staff of all the major healthcare professional associations and regulatory boards whose members either prescribe or dispense controlled substances and who would have authority under Chapter 893.055, F.S., to register and use the PDMP database for patient treatment planning. He met with government and business professional associations including the Florida Association of Counties, Florida League of Cities and Florida Chamber of Commerce. He also met with the staffs of law enforcement professional associations whose members can also have access to the E-FORCSE database when investigating an active case.

Because only 25,000 of over 141,000 licensed health care practitioners are participating in the PDMP, the executive director determined that there was an immediate need to educate, through branding, health care professionals about E-FORCSE and its potential use in treatment planning. This was accomplished by the Foundation and E-FORCSE staff attending all major health care, law enforcement and government association conferences as an exhibitor. In the last fiscal year, this included the Florida Sheriff's Association, Florida Osteopathic Medical Association, Florida Society of Interventional Pain Physicians, Florida Dental Association, Florida Podiatric Medical Association, Florida Association of Counties, Florida Academy of Pain Management, Florida Police Chiefs Association, Florida Board of Pharmacy, Florida Board of Dentistry and Florida Board of Medicine. The executive director made presentations to the

regulatory boards and wrote articles for the Today's FDA, Quality Cities (publication of the League of Cities) and the FPMA Journal.

Currently, the Foundation Board of Directors is in transition. Three of its nine members did not seek reappointment and a fourth is resigning due to other responsibilities. By law it must have five members, but it can have up to 11. The executive director is working with the State Surgeon General's office to recruit and appoint new board members that will take an active interest in the association's mission and assist the executive director in identifying key individual and corporate donors.

Three Year Strategic Plan:

The following is an overview of the Foundation's short-range strategic plan:

In FY 2014-2015 the Foundation will be involved in the following activities to meet its goals and objectives:

- 1) Finalizing with the State Surgeon General key board appointments to include members representing major healthcare related corporations that support E-FORCSE ideals.
- 2) Finalizing the formation of The E-FORCSE Endowment Fund and promote to major donors the need to increase this fund from \$1.975M to \$5M over the next three fiscal years.
- 3) Contacting past donors to encourage their continued annual support to provide funding for Foundation operations.
- 4) Contacting targeted donors in law enforcement and health care professional associations for annual contributions.
- 5) Contacting political candidates running for office in 2014 to seek contributions from their excess campaign funds.
- 6) Continuing to brand E-FORCSE with health care practitioners, local government officials and law enforcement officials through continued presence at major conferences and trade shows.
- 7) Upgrading the Foundation's website to include a section on fundraising and links to provide the DSO-DOH reports.
- 8) Scheduling at least two conference calls and two live meetings of the Foundation Board of Directors during the fiscal year.
- 9) Providing quarterly payments for E-FORCSE operations to the DOH per the Direct Support Organization contract.
- 10) Developing and presenting courses throughout the state and at professional association meetings on E-FORCSE operations, the law and support of the program through the Foundation.

In FY 2015-2016 the Foundation will be involved with:

- 1) Continuing to seek annual contributions from past and targeted donors and organizations.
- 2) Continuing to fill board positions which become vacant with key diverse professional and corporate representatives.
- 3) Planning a major fundraising event in cooperation with a state professional healthcare association convention to raise funds for The E-FORCSE Endowment Fund.
- 4) Continuing to host PDMP educational courses at various locations in the state and in conjunction with medical, dental and pharmacy school programs.
- 5) Identifying key corporations to seek major gifts for the Foundation's operations.
- 6) Continuing branding of PDMP at state conferences and trade shows.
- 7) Continuing to provide quarterly payments to DOH for E-FORCSE Operations.

In FY 2016-2017 the Foundation will be involved with:

- 1) Continuing annual campaign seeking funds from past donors and targeted new prospects.
- 2) Developing special events to promote gifts to reach \$5M goal for The E-FORCSE Endowment Fund.
- 3) Continuing to provide PDMP course at various venues throughout the state.
- 4) Continuing promotion of PDMP at conferences and trade shows.
- 5) Continuing to provide quarterly payments to DOH for E-FORCSE operations.
- 6) Filling board vacancies with key individuals supportive of the program.

CODE OF ETHICS

July 1, 2014

Mission Statement:

The mission of the Florida PDMP Foundation, Inc. is to conduct fundraising for the benefit of the Prescription Drug Monitoring Program in order to reduce prescription drug abuse and diversion.

Code of Ethics

The Board of Directors and staff of the Florida PDMP Foundation, Inc. shall abide by and conform to the following while serving in their capacity:

- 1) Will obey applicable federal, state and local laws and regulations.
- 2) Will work within the legislative guidelines of a Direct Support Organization under contract to the Florida Department of Health.
- 3) Will uphold the Foundation's mission, goals and objectives which it adopts and which are approved by the Florida Department of Health.
- 4) Will advance E-FORCSE with potential donors through use of various fundraising vehicles to seek financial support for the sustainability of the program.
- 5) Will protect, at all times, all entrusted assets (physical, digital, financial, proprietary informational, etc.) keeping them secure and providing them for public review upon official request.
- 6) Will not misuse or leverage for gain any entrusted asset by using it in any manner other than that which was intended by the entrustor, unless otherwise required by law.
- 7) Will exercise proper authority, sound judgment, due diligence and respect when dealing with donors, state government officials, private organizations and the public.
- 8) Will not engage in or facilitate any discriminatory or harassing behavior.
- 9) Will recuse themselves from taking any action on any matter before the Foundation which may potentially be a conflict of interest.
- 10) Will act honestly, truthfully and with integrity at all times within the best interest of the Foundation as a Direct Support Organization to the Florida Department of Health.
- 11) Will, unless extenuating circumstances arise, attend all scheduled Foundation conference calls and live meetings as approved by the board and properly noticed to the public.
- 12) Will ensure that all assets are designated only for the operation of the PDMP database and the Foundation.
- 13) Will follow nationally recognized fundraising guidelines to cultivate potential donors to seek their support for large gift donations.

**Short Form
Return of Organization Exempt From Income Tax**

2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 7/01, 2012, and ending 6/30, 2013

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C

THE FLORIDA PDMP FOUNDATION INC.
CAPITOL BUILDING, 400 S. MONROE ST. #2105
TALLAHASSEE, FL 32399

D Employer identification number
27-2004435

E Telephone number
(407) 244-5636

F Group Exemption Number..... ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

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

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 69,229.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I.....

		1	2	3	4	5 a	5 b	5 c	6 a	6 b	6 c	6 d	7 a	7 b	7 c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received.....															69,135.												
	2	Program service revenue including government fees and contracts.....																											
	3	Membership dues and assessments.....																											
	4	Investment income.....															94.												
	5 a	Gross amount from sale of assets other than inventory.....																											
	5 b	Less: cost or other basis and sales expenses.....																											
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....																											
	6	Gaming and fundraising events																											
	6 a	Gross income from gaming (attach Schedule G if greater than \$15,000).....																											
	6 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).....																											
6 c	Less: direct expenses from gaming and fundraising events.....																												
6 d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....																												
EXPENSES	7 a	Gross sales of inventory, less returns and allowances.....																											
	7 b	Less: cost of goods sold.....																											
	7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....																											
	8	Other revenue (describe in Schedule O).....																											
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... ▶															69,229.												
	10	Grants and similar amounts paid (list in Schedule O)..... <u>See Schedule O</u>															205,308.												
	11	Benefits paid to or for members.....																											
ASSETS	12	Salaries, other compensation, and employee benefits.....																											
	13	Professional fees and other payments to independent contractors.....																											
	14	Occupancy, rent, utilities, and maintenance.....																											
	15	Printing, publications, postage, and shipping.....																											
	16	Other expenses (describe in Schedule O)..... <u>See Schedule O</u>															4,158.												
	17	Total expenses. Add lines 10 through 16..... ▶															209,466.												
	18	Excess or (deficit) for the year (Subtract line 17 from line 9).....															-140,237.												
19	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).....															208,862.													
20	Other changes in net assets or fund balances (explain in Schedule O).....																												
21	Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶															68,625.													

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, tax reporting, and state filing.

42a The organization's books are in care of BRIAN KAHAN Telephone no. 561-392-9000 Located at 2300 NW CORPORATE BLVD #123 BOCA RATON FL ZIP + 4 33431

Table for questions 42b and 42c regarding foreign financial accounts and offices. Includes a reference to Form TD F 90-22.1.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [] N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

Table for questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

46 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. Yes No
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.

47 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. Yes No
47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 X

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X

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 paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(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 address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts 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.

Sign Here	Signature of officer		Date		
	BRIAN KAHAN Type or print name and title.		TREASURER/D		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	George Ponczek	George Ponczek	11/10/13		P00366523
	Firm's name ▶ George R. Ponczek, C.P.A., PA	Firm's address ▶ 7000 West Palmetto Park Rd., Ste 220 Boca Raton, FL 33433		Firm's EIN ▶ 65-0963657	Phone no. (561) 477-2880

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization THE FLORIDA PDMP FOUNDATION INC.	Employer identification number 27-2004435
---	---

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)		125,000.	339,444.	124,954.	65,138.	654,536.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	0.	125,000.	339,444.	124,954.	65,138.	654,536.
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).						0.
6 Public support. Subtract line 5 from line 4.						654,536.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	0.	125,000.	339,444.	124,954.	65,138.	654,536.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		8.	315.	191.	94.	608.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						655,144.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	%

16a **33-1/3% support test— 2012.** If the organization did not check the box on line 13, and the 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— 2011.** 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— 2012.** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test— 2011.** 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 IV 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 9 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 yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge. ...						
6 Total. Add lines 1 through 5. ...						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ...						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included 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 IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests— 2012.** 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— 2011.** 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.

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

OMB No. 1545-0047

2012

Name of the organization

THE FLORIDA PDMP FOUNDATION INC.

Employer identification number

27-2004435

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use **exclusively** for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use **exclusively** for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for **arexclusively** religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year ► \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization THE FLORIDA PDMP FOUNDATION INC.	Employer identification number 27-2004435
---	---

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHRISTOPHER NOCCO, PASCO COUNTY ----- 36409 STATE ROAD 52 ----- DADE CITY, FL 33525 -----	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THOMAS KNIGHT, SARASOTA COUNTY ----- PO BOX 4115 ----- SARASOTA, FL 34230-4115 -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BRANDEIS ----- 415 SOUTH STREET ----- WALTHAM, MA 02453 -----	\$ 5,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	FLORIDIANS FOR A DISCIPLINED GVT ----- 8217 MASSACHUSETTS AVE ----- NEW PORT RICHEY, FL 34653-3111 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	FLORIDA BLUE FOUNDATION ----- 4800 DEERWOOD CAMPUS PKWY DCC3 ----- JACKSONVILLE, FL 32246 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE FLORIDA PDMP FOUNDATION INC.

27-2004435

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

THE FLORIDA PDMP FOUNDATION INC.

Employer identification number

27-2004435

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10)

organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

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.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE FLORIDA PDMP FOUNDATION INC.

Employer identification number

27-2004435

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

DIRECT SUPPORT OF THE FLORIDA OFFICE OF DRUG CONTROL

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or
indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or
indirectly, on a personal benefit contract?..... No

Client FLPDMPFO

THE FLORIDA PDMP FOUNDATION INC.

27-2004435

11/04/13

06:56AM

**Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000**

Donee's Name: FLORIDA DEPT OF HEALTH
Cash Amount Given: \$ 205,308.

**Form 990-EZ, Part I, Line 16
Other Expenses**

Advertising and Promotion.....	\$	60.
BANK CHARGES.....		11.
FEE.....		850.
Insurance.....		3,237.
	Total \$	<u>4,158.</u>

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** on page 2 of this form.

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension— check this box and complete Part I only.

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. THE FLORIDA PDMP FOUNDATION INC.	Employer identification number (EIN) or 27-2004435
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. CAPITOL BUILDING, 400 S. MONROE ST. #2105	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE, FL 32399	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ BRIAN KAHAN

Telephone No. ▶ 561-392-9000 FAX No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 14, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 20 12, and ending 6/30, 20 13.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.