

State of Florida

DEPARTMENT OF VETERANS' AFFAIRS

Office of the Executive Director

Suite 311 K 11351 Ulmerton Road Largo, Florida 33778-1630

Phone: (727) 518-3202 Ext.5594 Fax: (850) 488-4001

www.FloridaVets.org

Rick Scott Governor Pam Bondi Attorney General Jeff Atwater Chief Financial Officer Adam Putnam

Commissioner of Agriculture

August 1st, 2014

Honorable Rick Scott, Governor of Florida Honorable Don Gaetz, President, Florida Senate Honorable Will Weatherford, Speaker, Florida House of Representatives Office of Program Policy Analysis and Governmental Accountability

Gentlemen,

In accordance with Florida Statutes 20.058, please see the attached report from the Florida Veterans Foundation, a direct-support organization to the Florida Department of Veterans' Affairs.

The Florida Department of Veterans' Affairs relies daily on the support provided by the Florida Veterans Foundation. The Foundation's financial assistance program assists hundreds of veterans each year avoid financial hardship created by emergencies and they frequently fill gaps in the benefits available through State or Federal programs. The Foundation provides financial and administrative support for many statutory programs that are not funded through state appropriations such as the Florida Veterans' Walk of Honor, Veterans' Memorial Gardens, and Veterans' Hall of Fame.

I recommend that the Department continue its association with the Florida Veterans Foundation.

Sincerely,

Mike Prendergast, COL (Ret) USA

Executive Director

Florida Department of Veterans' Affairs



Col (Ret) Washington J. Sanchez, Jr Chairman

> Col (Ret) Gary Clark Vice-Chairman

Col (Ret) Sharon Richie-Melvan, PhD, MSN Secretary

> Col (Ret) Claude W. Shipley Treasurer

Regional Director Col (Ret) Thomas G. Bowman

> Board of Directors Susan Carabello, LMHC

LtCol (Ret) Antonio Colmenares

A Perry Hubbs II

Daniel Hughes

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Terry Lynn

Mike Mason

Darren Shull, Esquire

George Taylor

Bill Vagianos, PhD

Col (Ret) Mike Prendergast ex-officio

Maj (Ret) John L. Haynes Chairman Emeritus

FLORIDA VETERANS FOUNDATION, INC.

The Capitol, Suite 2105D 400 South Monroe Street Tallahassee, Florida 32399-0001

July 29, 2014

Mike Prendergast Colonel, United States Army, Retired Executive Director Florida Department of Veterans Affairs (FDVA) 11351 Ulmerton Road, Room 311-K Largo, FL 33778-1630

Direct Support Report

Pursuant to §20.058(1), F.S., the following draft report is submitted on behalf of the Florida Veterans Foundation:

A. The name, mailing address, telephone number, and website address of the organization:

Florida Veterans Foundation The Capitol, Suite 2105-D 400 South Monroe Street Tallahassee, FL 32399-0001 850-488-4182 www.floriaveteransfoundation.org.

B. Statutory Authority or executive order pursuant to which the organization was created:

In 2008, the Florida Legislature established the Florida Veterans Foundation as a Direct Support Organization to the Florida Department of Veterans' Affairs (FDVA) pursuant to §292.055, F.S.

- As a Direct Support Organization, the foundation is incorporated as a not for profit corporation under Chapter 617, Florida Statutes, to provide assistance, funding and support for the FDVA in carrying out its mission of veterans' advocacy. The Foundation operates for the direct and indirect benefit of the veterans of Florida, the FDVA and veteran service organizations.
- 2. The Florida Veterans Foundation is also a non-profit organization operating for charitable and educational purposes under Section 501(c)(3) of the Internal Revenue Code to:
 - a. Educate the public about the needs of veterans; and,
 - b. Promote and aid charitable activities for the support of the livelihood and general welfare of Florida-resident veterans.
- 3. The Foundation is governed by a voluntary Board of Directors, appointed by the Executive Director of the Florida Department of Veterans Affairs. Board members are veterans, business owners and community leaders throughout the state of Florida; and are highly

knowledgeable about the United States military, its service personnel, veterans, and mission.

C. A brief description of the mission of, and results obtained by, the organization:

Mission:

- 1. To serve Florida veterans and their families by providing direct and indirect services to our veterans, partnering with federal VA, state and local governments, veteran service organizations, and educational institutions to improve our veterans' physical, financial, mental, emotional, and social wellbeing.
- 2. To support the Florida Department of Veterans Affair's mission of advocacy. As such, the Florida Veterans Foundation advocates for our Florida veterans by educating our veterans, the public and governmental entities to increase awareness on veteran-related issues.

Results:

- 1. Held two 3 day Stand Downs for our homeless and at risk veterans in Tallahassee, Florida and Miami, Florida. See attached Exhibit "A" for the after action reports for the North Florida and the South Florida Homeless Veterans Stand Downs showing the successes of each.
- 2. Provided administrative and financial support to the Florida Veterans Hall of Fame. The first Inductees were installed in November 2013.
- 3. Spearheaded the material and briefing support for the passing of the Florida CS/CS/HB 7015, the Florida GI Bill, which includes the Veterans Memorial Garden and the Florida Walk of Honor to be built at the State Capital.
- 4. Supported the Pasco County 2 day Homeless Veterans Stand Down with tents and other Camp installation material in September 2013.
- 5. Collaborated with Leon and Pinellas Counties to provide support funds expeditiously to veterans with emergency financial needs.
- 6. Collaborated with VA Supportive Services for Veteran Families (SSVF) Grantees across the state to provide funds to veterans with emergency financial needs.
- 7. During fiscal year July 1, 2013 through June 30, 2014, the Florida Veterans Foundation provided services to over 700 veterans throughout the state of Florida.

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

- 1. Will continue to serve our Florida veterans and their families by providing direct and indirect services by partnering with federal VA, state and local governments, veteran service organizations, and educational institutions to improve veterans' physical, financial, mental, emotional, and social wellbeing.
- 2. Will begin the construction process and fundraising for the Veterans Walk of Honor at the Capital.
- 3. Will continue to provide administrative and financial support to the Florida Veterans Hall of Fame.

- 4. Will continue to provide full support to the 3 day Stand Downs for our homeless and at risk veterans in Tallahassee, Florida and Miami, Florida.
- 5. Will continue to provide support to the Pasco County 3 day Homeless Veterans Stand Down with tents and other Camp installation material in September 2014, 2015, and 2016.
- 6. Will continue to search for fundraising opportunities to better support our veterans with financial needs.
- 7. Will start construction on the Florida Veterans Memorial Garden in 2017.

E. A copy of the organization's code of ethics.

1. See attached Exhibit "B" Code of Ethics.

F. A copy of the organization's most recent federal IRS 990.

1. See attached Exhibit "C" IRS Form 990.

Sincerely,

Col. Washington J. Sanchez, Jr. USA (Ret.) Chairman

EXHIBIT "A"

TO THE PROPERTY OF THE PROPERT

FLORIDA VETERANS FOUNDATION, INC.

The Capitol, Suite 2105D 400 South Monroe Street Tallahassee, Florida 32399-0001

May 21, 2014

NORTH FLORIDA HOMELESS VETERANS STAND DOWN APRIL 4-6, 2014; NORTH FLORIDA FAIRGROUNDS

Attendance Veterans (Total 305)

- 253 Males
- 52 Females
- Additional attendance were 20 children (Kid Zone supported Saturday/Sunday)
 NOTE: 31 HUD/VASH; 12 Transitional; 33 Outside of Leon County; 12 unidentified as veterans
 Destitute homeless in Leon County: 229 veterans

> VA Housing with VA grantee support

- 41 veterans received housing or scheduled to obtain housing
- · VA Regional Director and program leaders presented house keys to homeless veterans at opening ceremony

> Cour

 Judge Ron Flury and Assistant State Attorney Campbell heard 32 veterans' cases; resolving 152 cases in the Sunday morning Stand Down Court (2nd Judicial Court); converting \$81,209.41 in fines to 4047 hours of community service

> Legal

- 49 veterans received legal advice
- DMV Senior Hearing Officer Blaine facilitated driver's license issues with the court
- 22 Attorneys and 5 legal assistants/paralegals plus 7 other volunteers assisted; attorneys continue to assist many additional cases identified during the Stand Down.

> Services

- 136 veterans received haircuts/hairstyling
- 41 veterans received housing or shortly thereafter
- 25 companion dogs received veterinarian care
- 29 veterans received employment counseling; continuing to follow-up
- 16 registered to vote plus several provided clemency forms
- Clothing provided for homeless veterans from local residents donations collected by local churches
- 10 veterans received assistance at Twelve Step Meetings

> Veterans Service Officers (Total 52 with 7 VSOs participating)

- Assisted 52 veterans with their benefit questions including filing seven claims for compensation and thirteen requests for DD-214s and service/medical records
- St. Petersburg VA representative directly influenced 20 cases e.g. expedited claims, determined documents needed

> VA Medical with additional support

- 17 received prescriptions
- 109 veterans received medical care with 11 patients referred for follow-up care the next week
- 56 veterans received audiology care
- 27 HIV tests (Department of Health)
- Over 50 veterans received dental care with many having teeth "pulled" (First Baptist Church mobile van)
- Substance Abuse Counseling: 15 veterans plus daily group meetings
- PTSD Therapist Counseling: 35 veterans

> Operation HOPE (military surplus plus local donations) issued:

209 sleeping bags; 166 boots; 291 MREs; 24 blankets; 60 laundry bags and items at in-processing and graduation i.e., 250 each: flight bags, underwear/brassieres/socks, personal hygiene items; back packs; MREs and sewing kits

Over 600 volunteers with over 100 Federal/State/County/City agencies, businesses, and organizations provided services and support helped provide the 305 veterans the Dignity and the Respect they deserve for their Service to our Nation.

STATE ADMINISTRAL

FLORIDA VETERANS FOUNDATION, INC.

The Capitol, Suite 2105D 400 South Monroe Street Tallahassee, Florida 32399-0001

June 30, 2014

SOUTH FLORIDA HOMELESS VETERANS STAND DOWN MAY 23-25, 2014; AMERICAN LEGION POST 29

> Attendance at the Stand Down (Total 284)

- 278 Males
- 6 Females
- 2 children of veterans were taken care of at the Kid Zone on Saturday/Sunday
 Miami Dade, Broward and Monroe County veterans by situation: 56 HUD/VASH; 27 Transitional; <u>Destitute homeless: 201</u>

> Veterans Affairs (VA) Housing with VA grantee support

- 54 veterans received housing or scheduled to obtain housing
- Local program leaders presented house keys to homeless veterans at closing ceremony

> Court

- 21 veterans cases heard by Judge Leifman and Assistant State Attorney Joanna Sandstrom on Saturday morning. More than \$27,000 dollars in fines were dismissed.
- 17 Veterans' records sealed and expunged

> Legal

- 37 veterans received legal advice
- 12 Attorneys and 3 legal assistants/paralegals assisted veterans during the stand down, and continue to assist many additional cases that were identified during the 3 day event

> Services

- 46 veterans received haircuts/hairstyling
- 6 companion dogs received veterinarian care
- 89 veterans received employment counseling; continuing to follow-up
- 6 registered to vote plus several provided clemency forms
- Up to 3 sets each of clothing provided for veterans from local residents' donations; collected by local churches
- 300 Clothing vouchers were provided by Goodwill and Salvation Army

Veterans Service Officers (4 participating)

- 76 assisted with their benefit questions including filing 12 claims for compensation
- 8 cases directly influenced by St. Petersburg VA representative e.g. expedited claims, determined documents holding up claims

VA Medical with additional support

- 22 received prescriptions
- 127 veterans received medical care with 28 patients referred for follow-up care the next week
- 44 veterans received eye examinations
- 47 HIV tests (Department of Health)
- 23 veterans attended group meetings for Substance Abuse Counseling
- 33 veterans received spiritual counseling led by Calvary Military Ministries
- 17 veterans received PTSD Therapist Counseling
- 6 veterans received assistance at Twelve Step Meetings

> Operation HOPE (military surplus plus local donations) issued:

20 sleeping bags; 12 boots; 300 MREs; 14 blankets; 25 laundry bags and items at in-processing and graduation i.e., 284 each: flight bags, underwear/brassieres/socks, personal hygiene items; back packs; MREs and sewing kits

830 volunteers with over 134 Federal/State/County/City agencies, businesses, and organizations provided services and support helped provide the 284 veterans the Dignity and the Respect they deserve for their Service to our Nation.

EXHIBIT "B"

FLORIDA VETERANS FOUNDATION, INC.



The Capitol, Suite 2105D 400 South Monroe Street Tallahassee, Florida 32399-0001

ETHICAL PRINCIPLES

The Association of Fundraising Professionals (AFP) exists to foster the development and growth of fundraising professionals and the profession, to promote high ethical behavior in the fundraising profession and to preserve and enhance philanthropy and volunteerism. Members of AFP are motivated by an inner drive to improve the quality of life through the causes they serve. They serve the ideal of philanthropy, are committed to the preservation and enhancement of volunteerism; and hold stewardship of these concepts as the overriding direction of their professional life. They recognize their responsibility to ensure that needed resources are vigorously and ethically sought and that the intent of the donor is honestly fulfilled.

To these ends, AFP members, both individual and business, embrace certain values that they strive to uphold in performing their responsibilities for generating philanthropic support. AFP business members strive to promote and protect the work and mission of their client organizations. AFP members both individual and business aspire to:

- practice their profession with integrity, honesty, truthfulness and adherence to the absolute obligation to safeguard the public trust
- act according to the highest goals and visions of their organizations, professions, clients and consciences
- · put philanthropic mission above personal gain;
- · inspire others through their own sense of dedication and high purpose
- improve their professional knowledge and skills, so that their performance will better serve others
- · demonstrate concern for the interests and well-being of individuals affected by their actions
- · value the privacy, freedom of choice and interests of all those affected by their actions
- foster cultural diversity and pluralistic values and treat all people with dignity and respect
- · affirm, through personal giving, a commitment to philanthropy and its role in society
- adhere to the spirit as well as the letter of all applicable laws and regulations
- advocate within their organizations adherence to all applicable laws and regulations
- avoid even the appearance of any criminal offense or professional misconduct
- · bring credit to the fundraising profession by their public demeanor
- · encourage colleagues to embrace and practice these ethical principles and standards
- be aware of the codes of ethics promulgated by other professional organizations that serve philanthropy

ETHICAL STANDARDS

Furthermore, while striving to act according to the above values, AFP members, both individual and business, agree to abide (and to ensure, to the best of their ability, that all members of their staff abide)

by the AFP standards. Violation of the standards may subject the member to disciplinary sanctions, as provided in the AFP Ethics Enforcement Procedures.

MEMBER OBLIGATIONS

- 1. Members shall not engage in activities that harm the members' organizations, clients or profession.
- 2. Members shall not engage in activities that conflict with their fiduciary, ethical and legal obligations to their organizations, clients or profession.
- 3. Members shall effectively disclose all potential and actual conflicts of interest; such disclosure does not preclude or imply ethical impropriety.
- 4. Members shall not exploit any relationship with a donor, prospect, volunteer, client or employee for the benefit of the members or the members' organizations.
- 5. Members shall comply with all applicable local, state, provincial and federal civil and criminal laws.
- 6. Members recognize their individual boundaries of competence and are forthcoming and truthful about their professional experience and qualifications and will represent their achievements accurately and without exaggeration.
- 7. Members shall present and supply products and/or services honestly and without misrepresentation and will clearly identify the details of those products, such as availability of the products and/or services and other factors that may affect the suitability of the products and/or services for donors, clients or nonprofit organizations.
- 8. Members shall establish the nature and purpose of any contractual relationship at the outset and will be responsive and available to organizations and their employing organizations before, during and after any sale of materials and/or services.
- 9. Members will comply with all fair and reasonable obligations created by the contract.
- 10. Members shall refrain from knowingly infringing the intellectual property rights of other parties at all times. Members shall address and rectify any inadvertent infringement that may occur.
- 11. Members shall protect the confidentiality of all privileged information relating to the provider/client relationships.
- 12. Members shall refrain from any activity designed to disparage competitors untruthfully.

SOLICITATION AND USE OF PHILANTHROPIC FUNDS

- 13. Members shall take care to ensure that all solicitation and communication materials are accurate and correctly reflect their organizations' mission and use of solicited funds.
- 14. Members shall take care to ensure that donors receive informed, accurate and ethical advice about

the value and tax implications of contributions.

- 15. Members shall take care to ensure that contributions are used in accordance with donors' intentions.
- 16. Members shall take care to ensure proper stewardship of all revenue sources, including timely reports on the use and management of such funds.
- 17. Members shall obtain explicit consent by donors before altering the conditions of financial transactions.

PRESENTATION OF INFORMATION

- 18. Members shall not disclose privileged or confidential information to unauthorized parties.
- 19. Members shall adhere to the principle that all donor and prospect information created by, or on behalf of, an organization or a client is the property of that organization or client and shall not be transferred or utilized except on behalf of that organization or client.
- 20. Members shall give donors and clients the opportunity to have their names removed from lists that are sold to, rented to or exchanged with other organizations.
- 21. Members shall, when stating fundraising results, use accurate and consistent accounting methods that conform to the appropriate guidelines adopted by the American Institute of Certified Public Accountants (AICPA)* for the type of organization involved. (* In countries outside of the United States, comparable authority should be utilized.)

COMPENSATION AND CONTRACTS

- 22. Members shall not accept compensation or enter into a contract that is based on a percentage of contributions; nor shall members accept finder's fees or contingent fees. Business members must refrain from receiving compensation from third parties derived from products or services for a client without disclosing that third-party compensation to the client (for example, volume rebates from vendors to business members).
- 23. Members may accept performance-based compensation, such as bonuses, provided such bonuses are in accord with prevailing practices within the members' own organizations and are not based on a percentage of contributions.
- 24. Members shall neither offer nor accept payments or special considerations for the purpose of influencing the selection of products or services.
- 25. Members shall not pay finder's fees, commissions or percentage compensation based on contributions, and shall take care to discourage their organizations from making such payments.
- 26. Any member receiving funds on behalf of a donor or client must meet the legal requirements for the disbursement of those funds. Any interest or income earned on the funds should be fully disclosed

EXHIBIT "C"

2012 Exempt Organization Business Tax Return prepared for:

Florida Veterans Foundation, Inc 400 S. Monroe Street, #2105-D Tallahassee, FL 32399-0001

Steven R. Richards, CPA 2851 Remington Green Circle, Suite B Tallahassee, FL 32308

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service

Open to Public Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For the 2	012 calen	dar year, or tax year	beginning Jul 1	, 2012, a	and ending	Jun 30		, 2013
В	Check if app	licable:	C Name of organization	Florida Veterans	Foundation	n, Inc	D Employ	er Iden	tification Number
	Addres	s change	Doing Business As				26-	2748	811
	Name o	change	Number and street (or I	P.O. box if mail is not delivered to stree	t addr)	Room/suite	E Telepho	one num	ber
	Initial re	eturn	400 S. Monroe	Street		2105-	D (85	0) 4	88-4181
	Termin	ated	City, town or country		State	ZIP code + 4			
	Amend	ed return	Tallahassee		FL	32399-0	001 G Gross r	eceipts	\$ 392,404.
	Applica	tion pending	F Name and address of p	rincipal officer:		H(a) Is this a group return	for affili	ates? Yes X No
			John Haynes 40	0 S. Monroe St. Talla	hassee FL	32399-0001 H(b) Are all affiliates inclu If 'No,' attach a list. (ded?	Yes No
1	Tax-exer	npt status		(c) () ◀ (insert no.)	4947(a)(1) or	527	ir ivo, attacira iist. (see msu	ructions)
J	Websit	e: • ww		ransfoundation.or	a	H(c) Group exemption nu	mber 1	
K	Form of o	rganization:	X Corporation Trus			ear of Formation:	2008 Ms	State of I	legal domicile: FL
Pa	art I	Summar	ν						
				nission or most significant act	ivities: To	support	the Flori	da I	Dept. of
a	Ve	eterans	' Affairs, th	e veterans of the					
Activities & Governance	ch			vice organization				553	
E		3535							
0	2 Ch	eck this bo		zation discontinued its operat					
S	3 Nu			overning body (Part VI, line 1				3	11
es	4 Nu			bers of the governing body (F				4	11
¥	5 Tot			ed in calendar year 2012 (Par e if necessary)				5	0
cti	7a Tot			om Part VIII, column (C), line				7a	0.
4	100			ome from Form 990-T, line 34				7b	0.
-			TOTAL	THE HOLL COLL COLL THE COLL			Prior Year		Current Year
	8 Co	ntributions	and grants (Part VIII,	line 1h)		244 334	239,4	136.	346,275.
Revenue				line 2g)			2007	.50.	45,715.
Ver	New York	•		nn (A), lines 3, 4, and 7d)			2	264.	414.
æ	I CONTRACT), lines 5, 6d, 8c, 9c, 10c, and					
	12 To	tal revenue	e - add lines 8 through	n 11 (must equal Part VIII, col	umn (A), line 12)	239,7	700.	392,404.
	13 Gra	ants and si	milar amounts paid (P	art IX, column (A), lines 1-3)			87,0	22.	85,955.
	14 Be	nefits paid	to or for members (Pa						
	15 Sal	laries, othe	er compensation, empl		43,6	23.	43,688.		
Expenses	16a Pro	fundraising fees (Part							
pen	h To			, column (D), line 25)					
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	4.5			i), lines 11a-11d, 11f-24e).			27,6		75,132.
	1.000			ust equal Part IX, column (A)			158,2		204,775.
8	19 Re	venue less	s expenses. Subtract II	ne 18 from line 12			81,4		187,629.
Assets of	20 To	tal assats (Dod V line 40)				Beginning of Curre		
Ass	20 To	Long to the second					268,3		452,997.
Net							2,9		0.
_	22 146			act line 21 from line 20			265,3	368.	452,997.
			re Block						
Und	er penalties o plete. Declara	of perjury, I dec ation of prepar	clare that I have examined thi rer (other than officer) is base	s return, including accompanying sched d on all information of which preparer h	fules and statements, as any knowledge.	and to the best of	f my knowledge and be	lief, it is	true, correct, and
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01		Signatu	ure of officer				Date		
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US	of Only	Firm's addre		ngton Green Circl			Firm's EIN	1	-2450464
_		11	Tallahass		FL 32308		Phone no.	(85	
				arer shown above? (see instruction				* * *	· X Yes No
HΔ	H FOR Pa	nerwork i	sequetion Act Notice	See the congrate instruction	ane	TEEAC	101 05/00/13		Form 990 (2012)

		ns Foundation, Inc	26-2	748811 Page 2
Par		Service Accomplishments		
		a response to any question in this Part III		X
1	Briefly describe the organization's mis-			
	To support the Florida			
		veterans of the state, an	d_congressionally	
	chartered veteran serv	ice organizations.		
2	Did the organization undertake any sig	nificant program services during the year w	hich were not listed on the prior	
				Yes X No
	If 'Yes,' describe these new services o			п. п.
3	Did the organization cease conducting If 'Yes,' describe these changes on So	, or make significant changes in how it cond	ducts, any program services?	Yes X No
4	Describe the organization's program s	ervice accomplishments for each of its three	e largest program services, as measu	red by expenses.
	Section 501(c)(3) and 501(c)(4) organ	izations and section 4947(a)(1) trusts are re le, if any, for each program service reported	quired to report the amount of grants	and allocations to
4 a	(Code:) (Expenses \$	203,024 including grants of	\$ 85,955.)(Revenue	\$ 392,404.)
		st and support Florida's V		
	in need of emergency as	ssistance		
4 6	(Code:) (Expenses \$	including grants of	\$) (Revenue	ė v
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40	(Code:) (Expenses \$_	including grants of	\$) (Revenue	\$)
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		*		
4 0	d Other program services. (Describe in	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
	e Total program service expenses	203,024.		Form 990 (2012)
BAA		TEEA0102 08/08/12		FUITI 990 (2012)

ra	TIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
9	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	complete Schedule G, Part III.	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	10.00	

Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part X 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete X 23 X 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.............. 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I X 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete X 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. . . . X 26 X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . 28a X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, X and V, line 1 34 X 35a X 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 X 37

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38 X Form 990 (2012)

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Form 990 (2012)

_	990 (2012) Florida Veterans Foundation, Inc	26-2748811		P	age 5
Par					_
	Check if Schedule O contains a response to any question in this Part V	***********	146 6	4-1-	a T
			1	res	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	reportable gaming	1 c		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	.			
	ments, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruct	COVICE OF THE PERSON OF THE PE			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?. \cdot	The state of the s	3 a		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial	er authority over, a al account)?	4 a		Х
b	If 'Yes,' enter the name of the foreign country: ►				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance	SALANIA SETEMONY			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	Charles and the control of the contr	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	The same of the sa	5 b		X
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and dissolicit any contributions that were not tax deductible as charitable contributions?	d the organization	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	itions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fractions provided to the payor?		7 a	- 0	Х
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? \dots		7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it Form 8282?	was required to file	7 c		х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef		7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co		7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ Form 1098-C?	nization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have e	xcess business			
	holdings at any time during the year?		8		X
	Sponsoring organizations maintaining donor advised funds.			- 1	
	Did the organization make any taxable distributions under section 4966?	ment of the second seco	9 a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		X
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10 a		1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
	Section 501(c)(12) organizations. Enter:	Da o û			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of F		12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13 c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedu	lle O	14b	TY	

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Form 990 (2012) Florida Veterans Foundation, Inc	26-2748811		P	age 6
Part VI Governance, Management and Disclosure For each 'Yes' response to a 'No' response to line 8a, 8b, or 10b below, describe the circumstances,	lines 2 through 7b below, processes, or changes ir	and	for	
Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI				. X
Section A. Governing Body and Management	24 10 6 31 21 21 21 21			
	V3		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year	1a 11			
b Enter the number of voting members included in line 1a, above, who are independent	1b 11			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee or key employee?		2		х
3 Did the organization delegate control over management duties customarily performed by or under of officers, directors or trustees, or key employees to a management company or other person?	the direct supervision	3		х
4 Did the organization make any significant changes to its governing documents	÷	31		
since the prior Form 990 was filed?		4	1	X
5 Did the organization become aware during the year of a significant diversion of the organization's a	And the same of th	5		X
6 Did the organization have members or stockholders? ,		6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or members of the governing body?	· • • • • • • • • • • • • • • • • • • •	7 a		Х
b Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or other persons other than the governing body?		7 b		Х
8 Did the organization contemporaneously document the meetings held or written actions undertake the following:	n during the year by			
a The governing body?	the size of the si	8 a	X	
b Each committee with authority to act on behalf of the governing body?	_	8 b	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	e reached at the	9		Х
Section B. Policies (This Section B requests information about policies not require	ed by the Internal Revenu	ie Co	ode.)	1
		4.1	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?		10 a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, an operations are consistent with the organization's exempt purposes?		10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the fo	rm?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that to conflicts?		12b	Х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Schedule O how this is done	Yes,' describe in	12 c	X	
13 Did the organization have a written whistleblower policy?		13		X
14 Did the organization have a written document retention and destruction policy?		14		X
15 Did the process for determining compensation of the following persons include a review and appropersons, comparability data, and contemporaneous substantiation of the deliberation and decision	val by independent ?			
a The organization's CEO, Executive Director, or top management official		15a		X
b Other officers of key employees of the organization		15b		Х
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?	gement with a	16a		х
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalu participation in joint venture arrangements under applicable federal tax law, and taken steps to saf organization's exempt status with respect to such arrangements?	eguard the	16 b		
Section C. Disclosure				
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	 0-T (501(c)(3)s only) available f			
inspection. Indicate how you make these available. Check all that apply. Own website Another's website Dynon request Oth	er (explain in Schedule O)			
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest pot the public during the tax year.	licy, and financial statements available	e to		
20 State the name, physical address, and telephone number of the person who possesses the books	and records of the organization	1:		
Barbara Radford 400 S Monroe St, 2105-D Tallahassee F BAA TEEA0106 08/08/12		0) 4 Form		
			-	

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

(A)	(B)	(C) Position (do not check more than					an	(D)	(E)	(F)	
Name and Title	Average hours per	one box, unless person is both an officer and a director/trustee)						Reportable compensation from	Reportable compensation from	Estimated amount of other	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director		Officer Institutional trustee		Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) John Haynes	40.00										
Chairman		X		X				0.	0.	0.	
(2) Robert Creger Vice Chairman	10.00	х		х				0.	0.	0.	
(3) Sharon Richie-Melvin Secretary	10.00	х		X				0.	0.	0.	
	5.00	x						0.	0.	σ.	
(5) Michael Coker Director	5.00	Х					Ц	0.	0.	0.	
(6) Bill Vagianos Director	5.00	х						0.	0.	0.	
	20.00	х		х				0.	0.	0.	
(8) Tony Colmenares Director	5.00	х						0.	0.	0.	
	5.00	х		ú				0.	0.	0.	
(10) Gary Clark Director	5.00	Х	ī					Q.	0.	0.	
(11) Thomas G Bowman Director	5.00	Х						0.	Ó.	0.	
(12)		T		Ī							
(13)											
(14)	4224										

Part VII Section A. Officers, Directors, Tru	(B)	T		((,					100.	,
(A) Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			an	(D) Reportable compensation from	(E) Reportable compensation from	amou	(F) stimated ant of oth		
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	org an	pensatio rom the anization d related anization	
(15)												
(16)				Ħ			ī					
(17)				H								
[18]					-			£				
19)												
20)	4						A					
(21)				Y								
[22]												
23)												
(24)												
(25)												
1 b Sub-total							>	0.	0.			0
d Total (add lines 1b and 1c)							ivec	0 . d more than \$100,0	0. 000 of reportable con	mpensa	tion	0
from the organization				_							Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trustee	e, key	emp	oloye	ee, c	r high	nest	t compensated em	ployee	. 3		Х
4 For any individual listed on line 1a, is the sum of replace the organization and related organizations greater to the organization of the sum	han \$150.	,000?	If 'Y	'es'	com	olete	Sch	nedule J for				
 such individual Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or services rendered to the organization? 	ompensa	tion fr	om a	any	unre	lated	org	anization or individ	lual	5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensal										.1 •		
compensation from the organization. Report compe	nsation fo	or the	cale	nda	r yea	ar end	ding	with or within the	organization's tax ye			
(A) Name and business addr	ess							Description o		Compe	C) ensatio	n
Total number of independent contractors (including \$100,000 in compensation from the organization	but not lir	mited	to th	ose	liste	ed abo	ove)) who received mo	re than			
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_	m 990 (2012) Florida Veterans Foundation, I	nc		26-2748811	Page
Par	t VIII Statement of Revenue				
	Check if Schedule O contains a response to any question in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
NTS	1 a Federated campaigns 1 a				
GR/	b Membership dues 1 b				
TS,	c Fundraising events 1 c		(
2 4	d Related organizations 1 d				
SIN	e Government grants (contributions) 1e 15,471.		(
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 330,804.				$y_{y} = (y_{y})$
ANI	g Noncash contributions included in Ins 1a-1f: \$				
-14	h Total. Add lines 1a-1f	346,275.			
E	Business Code				
PROGRAM SERVICE REVENUE	2a Stand Down Function 624100	45,715.	45,715.	0.	0.
픧	b				
8	c				
₩.	°				
8	f All other program service revenue				
8	g Total. Add lines 2a-2f	45,715.			ni se ne e
	Investment income (including dividends, interest and	13,713.			
	other similar amounts)	414.	0.	0.	414.
	4 Income from investment of tax-exempt bond proceeds			*****	
	5 Royalties				
	(i) Real (ii) Personal				
	6 a Gross rents		V - 1		
	b Less: rental expenses c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Societies (ii) Other		II-		
	assets other than inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
OTHER REVENUE	8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c).				
RR	See Part IV, line 18 a				
물	b Less: direct expenses b		TE		
0	c Net income or (loss) from fundraising events ▶				
	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b	F # 0	235		
	c Net income or (loss) from gaming activities ▶				
	10 a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				12367
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue Business Code			V	

392,404 BAA TEEA0109 12/17/12

12 Total revenue. See instructions

d All other revenue . . e Total. Add lines 11a-11d . .

45,715

414. Form **990** (2012)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dor	Check if Schedule O contains a res	ponse to any question in (A) Total expenses	(B)	(C)	(D)
7b, 8	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	85,955.	85,955.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	43,688.	43,688.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	552.	552.	0.	0.
C	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, col-	587.	587.	0.	0.
12	umn (A) amt, list line 11g expenses on Sch O) Advertising and promotion	12,551.	12,551.	0.	0.
13	Office expenses	3,501.	1,750.	1,751.	0.
14	Information technology	3/301.	17.501	1,101.	
15	Royalties				
16	Occupancy				
17	Travel	6,275.	6,275.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	7,2,2,			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ē	Printing	17,368.	17,368.	0.	0.
k	Stand Down Function	28,764.	28,764.	0.	0.
	Hall of Fame Function	2,198.	2,198.	0.	0.
(Bank & Merchant Fees	1,994.	1,994.	0.	0.
•	All other expenses	1,342.	1,342.	0.	0.
25	Total functional expenses. Add lines 1 through 24e	204,775.	203,024.	1,751.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Ba	alance Sheet
-----------	--------------

Savings and temporary cash investments 152,143, 2 438,122.			Check if Schedule O contains a response to any question in this Part X			
2 Savings and temporary cash investments						
Savings and temporary cash investments		1	Cash – non-interest-bearing	116,197.	1	7,867.
A Accounts receivable, net		2	Savings and temporary cash investments		2	
A Accounts receivable, net .		3	Pledges and grants receivable, net		3	
Tustees, key employees, and highest compensated employees. Complete 5		4		. 0.	4	0.
Tustees, key employees, and highest compensated employees. Complete 5		5	Loans and other receivables from current and former officers, directors			
section 4958(f(71)), persons described in section 4958(c(316)), and contributing employees and sponsoroing organizations of section 501c(6)) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		3	trustees, key employees, and highest compensated employees. Complete		5	
10 a Land, buildings, and equipment: cost or other basis.		6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees'		6	
10 a Land, buildings, and equipment: cost or other basis.	AS	7	Notes and loans receivable, net		7	
10 a Land, buildings, and equipment: cost or other basis.	S	8	Inventories for sale or use		8	
Complete Part VI of Schedule D	S	9	Prepaid expenses and deferred charges		9	
b Less: accumulated depreciation 10 b 0 10 c 7,008 11 Investments - publicly traded securities 11 12 Investments - other securities 5ee Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 15 16 Total assets. See Part IV, line 11 15 17 Accounts payable and accrued expenses 2,972 17 0 18 Grants payable 18 19 Deferred revenue 19 19 Deferred revenue 19 21 21 Escrow or custodial account liabilities 20 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule 22 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 25 Total liabilities not included on lines 17-24). Complete Part IV of Schedule 25 25 26 Total liabilities not included on lines 17-24). Complete Part X of Schedule 25 25 27 443,683 27 443,683 28 29 29 29 29 29 29 29	Î	10 a				
11 Investments - publicly traded securities 11 12 1 12 1 12 13 13		b		Ö.	10 c	7.008
13 Investments — program-related. See Part IV, line 11 14 Intangible assets 14 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 15 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 268,340, 16 452,997. 17 Accounts payable and accrued expenses 2,972, 17 0. 18 Grants payable and accrued expenses 2,972, 17 0. 18 19 19 19 19 19 19 19		11	Investments – publicly traded securities		11	
14 Intangible assets. 14 15 15 15 15 15 15 15		12	Investments – other securities. See Part IV, line 11		12	
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 268, 340. 16 452, 997. 17 0. 17 Accounts payable and accrued expenses 2, 972. 17 0. 18 Grants payable		13	Investments – program-related. See Part IV, line 11		13	
16 Total assets. Add lines 1 through 15 (must equal line 34) 268,340. 16 452,997. 17 Accounts payable and accrued expenses. 2,972. 17 0. 18 Grants payable. 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 2,972 26 0. 26 Total liabilities. Add lines 17 through 25. 2,972 26 0. 27 Organizations that follow SFAS 117 (ASC 958), check here x and complete lines 27 through 29, and lines 33 and 34. 265,368 27 443,683 28 9,314 29 9 9 314 265,368 31 26 31 31 31 31 31 31 31 3		14	Intangible assets		14	
Total counts payable and accrued expenses. 2,972, 17 0, 18 Grants payable 18 Grants payable 18 18 18 19 Deferred revenue 19 19 19 19 19 19 19 1		15	Other assets. See Part IV, line 11		15	
Total counts payable and accrued expenses. 2,972, 17 0, 18 Grants payable 18 Grants payable 18 18 18 19 Deferred revenue 19 19 19 19 19 19 19 1		16	Total assets. Add lines 1 through 15 (must equal line 34)	268,340.	16	452,997.
19 Deferred revenue		17	Accounts payable and accrued expenses		17	
Tax-exempt bond liabilities		18	그녀들은 아일 수를 가는 것이 맛이 되었는데 되었다. 이 경기에 되었다면 하는데 이번 가장 아이들이 되었다면 하는데 되었다면 하는데 하는데 되었다면 하는데 하는데 되었다면 하는데 하는데 되었다.		18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		19			19	
21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds. 31 Total liabilities and net assets/fund balances. 32 265,368. 33 452,997.	L	20	그리 생기에 있다면 하는 사람들은 사람들이 되었다. 그리고 있는 사람들이 되었다면 하는 사람들이 되었다면 하는 것이 없는 것이 없다면 하는 것이 없다면 하는 것이 없다면 없다면 하는 것이 없다면 다른 사람들이 없다면 하는 것이다면 하는데 없다면 하는데 없			
L T E S E S E S E S E S E S E S E S E S E	A	21	그 가장 그리고 있는 이번 경기 가장 있다면 얼마나 가장 되었다면 얼마나 나를 하는데 되었다면 살아 내려면 얼마나 나를 하는데 되었다면 살아 되었다면 살아 없었다. 그리고 말아 나를 하는데 없는데 그리고 말아 없는데 그리고 없는데 그리고 말아니다.		21	
23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 26 0. Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 265, 368. 33 452, 997. 34 Total liabilities and net assets/fund balances 268, 340. 34 452, 997.	- 1	22	key employees, highest compensated employees, and disqualified persons	*	22	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	T	23	그렇게 하시면 보다가 되었어 있어요? 이렇게 하게 되어 하는 것이 되었다고 싶어 그렇게 하는데 하는데 이렇게 하는데			
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	S	123	그 선생님들이 맛있다. 선생님 이번 나를 내려가 되었다. 사람들이 얼마나 얼마나 얼마나 없는 사람들이 되었다. 그렇게 되었다는 것이 없는 것이 없는 것이 없었다.		-	
Total liabilities. Add lines 17 through 25. 2,972. 26 0. Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 265,368. 27 443,683. 28 Temporarily restricted net assets. 28 9,314. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 Total net assets or fund balances. 265,368. 33 452,997. 34 Total liabilities and net assets/fund balances. 268,340. 34 452,997.			Other liabilities (including federal income tax, payables to related third parties,		74.1	
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26	그래픽 이 경험 가장 하나 가는 이 전에 가장 하나 있다면 가장 하는 것이 되었다.	2 972		0
27 Unrestricted net assets	ZET		Organizations that follow SFAS 117 (ASC 958), check here ► k and complete	2,3,2.		
28 Temporarily restricted net assets	A	27		265 369	27	443 683
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds	SE	28	Temporarily restricted net assets	203,300.		
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds	T					J, J14.
No			Organizations that do not follow SFAS 117 (ASC 958), check here ►			
B A A A A A A A A A A A A A A A A A A A	ZC	30			30	
A No. 1 A No. 2 B No. 2						
200,540.	Ā		등실 그리아 이 경에 가게 되어 되어서 어려워 이 아니아의 원이 가게 하지 않는데 가장 하지만 하지 않는데 하지 않는데 하는데 하는데 하는데 하다 하나 하다 하다 하다 하다 하다 하는데 하다 때문에			
200,540.	N N			265 260		452 007
200,540.	DEIC					
	_			200,340.	1 - 1	Form 990 (2012)

TEEA0111 01/03/13

	6-2748811		Pa	ge 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI				
1 Total revenue (must equal Part VIII, column (A), line 12)	-	3.	92,4	04.
2 Total expenses (must equal Part IX, column (A), line 25)		2	04,7	75.
3 Revenue less expenses. Subtract line 2 from line 1	_	1	87,6	29.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	2	65,3	68.
5 Net unrealized gains (losses) on investments	. 5			
6 Donated services and use of facilities	. 6			
7 Investment expenses	. 7			
8 Prior period adjustments	. 8			
9 Other changes in net assets or fund balances (explain in Schedule O)	. 9			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	. 10	4	52.9	97.
Part XII Financial Statements and Reporting		-	0 4 7 5	
 				lv.
Check if Schedule O contains a response to any question in this Part XII	*****		11.	. X
			Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both:	n a			
Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?		2 b	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
X Separate basis Consolidated basis Both consolidated and separate basis				
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c		х
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle	3 a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 b		
BAA		Form	990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 2012

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2012

Name o	f the	organization							Employer	identificati	on number		
Flo	ric	da Veterans Fo	undation, Ind	Ċ.					26-27	48811			
Part	1	Reason for Publ	ic Charity Statu	s (All organizations	must co	mplet	e this p	art.) S	ee inst	ructions	5.		
The o	rga	nization is not a private	foundation because	it is: (For lines 1 through	11, check	only o	ne box.)						
1		A church, convention	of churches or associ	ation of churches describ	ed in sec	ction 17	0(b)(1)(A	A)(i).					
2		A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E.)									
3		A hospital or a cooper	ative hospital service	organization described in	n section	170(b)	(1)(A)(iii)).					
4		A medical research or	ganization operated in	n conjunction with a hosp	ital desc	ribed in	section	170(b)(1	I)(A)(iii).	Enter the	hospital's		
	_	name, city, and state:											
5		An organization opera 170(b)(1)(A)(iv). (Cor	ted for the benefit of a	a college or university ow	ned or o	perated	by a gov	ernment	tal unit d	escribed i	n section		
6				ernmental unit described									
7		An organization that n in section 170(b)(1)(A	ormally receives a su A)(vi). (Complete Par	bstantial part of its support II.)	ort from a	govern	mental ur	nit or fro	m the ge	neral pub	olic describ	ed	
8		A community trust des	scribed in section 170	O(b)(1)(A)(vi). (Complete	Part II.)								
9	X	An organization that no related to its exempt fu unrelated business taxa (Complete Part III.)	rmally receives: (1) mounctions — subject to able income (less section)	ore than 33-1/3% of its su certain exceptions, and (ion 511 tax) from business	pport from 2) no mor ses acquir	contrib e than 3 ed by th	utions, me 33-1/3% d e organiz	embersh of its sup ation aft	ip fees, a port fron er June 3	and gross n gross in 80, 1975. S	receipts fro vestment in See sectior	m acti ncome 509(a	vities and a)(2).
10				clusively to test for public									
11		An organization organis supported organization supporting organization	ns described in section	usively for the benefit of, to on 509(a)(1) or section 50 11e through 11h.	to perform 09(a)(2).	the fun See sec	ctions of, tion 509	or carry (a)(3). C	out the p check the	ourposes of box that	of one or mo describes	ore pu the ty	blicly pe of
		a Type I b	Type II	Type III - Function	nally integ	grated		d \square	Type III -	- Non-fur	ctionally in	tegrat	ed
е		By checking this box, other than foundation section 509(a)(2).	I certify that the organ managers and other	nization is not controlled than one or more publicly	directly of support	r indirec ed orga	tly by one	e or mor describ	e disqua ed in sec	lified pers tion 509(sons a)(1) or		
f				nination from the IRS tha			e II or Ty	pe III su	pporting	organiza	tion,		al E
g		Since August 17, 2006	6, has the organizatio	n accepted any gift or co	ontributio	n from a	ny of the	followin	ng persor	ns?		Yes	No
		(i) A person who di below, the gove	irectly or indirectly co rning body of the sup	ntrols, either alone or tog ported organization?	ether wit	n persoi	ns descri	bed in (i	i) and (iii)	11 g (i)	103	110
		(ii) A family member	er of a person describ	ed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	d entity of a person d	escribed in (i) or (ii) abov	e?						11 g (iii)		1
h				supported organization(119 (11)		
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	your go	ation in) listed in	(v) Did yo the organi column (i) supp	zation in of your	(vi) Is organiza colum organize U.S	ation in	(vii) Amount	of mon	etary
_					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
3.7													
(C)	_												
(D)								*					
(E)													
Total													

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

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

(Complete only if yo	u 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	quality under the tests listed	ed below, please complete Part III.)	

Sect	tion A. Public Support						
begir	ndar year (or fiscal year nning 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				4		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instru	ictions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organizat	ion's first, second,	third, fourth, or fiftl	h tax year as a sec	tion 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 2013						%
15	Public support percentage from 20)11 Schedule A, F	art II, line 14			15	%
16 a	33-1/3% support test — 2012. If and stop here. The organization of	the organization of qualifies as a publ	lid not check the bo icly supported orga	ox on line 13, and to	the line 14 is 33-1/3	3% or more, check t	his box
b	33-1/3% support test - 2011. If t and stop here. The organization of						
17 a	10%-facts-and-circumstances to or more, and if the organization method the organization meets the 'facts-a	eets the 'facts-and	d-circumstances' te	st, check this box	and stop here. Ex	plain in Part IV how	
	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and circumstances' te	d-circumstances' te st. The organizatio	st, check this box n qualifies as a pu	and stop here . Ex blicly supported or	plain in Part IV how ganization	the ▶ □
18	Private foundation. If the organiz	ation did not ched	ck a box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instruction	ns ▶
BAA					Co	bodulo A /Form 000	000 E7) 2012

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	174 500	107 003	CE 075	220 426	201 000	000 010
any 'unusual grants.') 2 Gross receipts from admis-	174,588.	127,823.	65,075.	239,436.	391,990	998,912.
sions, 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						
Tax revenues levied for the organization's benefit and either paid to or expended on						
its behalf The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5	174,588.	127,823.	65,075.	239,436.	391,990	. 998,912.
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0	
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	0.	0.	0.	0.	0	. 0,
8 Public support (Subtract line 7c from line 6.)						998,912.
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	174,588.	127,823.	65,075.	239,436.	391,990	. 998,912.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	363.	1,195.	373.	264.	414	. 2,609.
c Add lines 10a and 10b	363.	1,195.	373.	264.	414	2 (00
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	363.	1,195.	3/3.	204.	414	. 2,609.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add ins 9, 10c, 11, and 12.)	174,951.	129,018.	65,448.	239,700.	392,404 on 501(c)(3)	
14 First five years. If the Form 990 is organization, check this box and st	op here					, × X
Section C. Computation of Pub						
15 Public support percentage for 2012	The state of the s					્રે
16 Public support percentage from 20	11 Schedule A, Pa	rt III, line 15			16	o o
Section D. Computation of Inve						
17 Investment income percentage for	2012 (line 10c, col	umn (f) divided by I	line 13, column (f)), , , , , , , , , ,	17	ફ
18 Investment income percentage from	m 2011 Schedule A	A, Part III, line 17 .			18	al _o
19 a 33-1/3% support tests — 2012. If is not more than 33-1/3%, check the	is box and stop he	ere. The organization	on qualifies as a p	ublicly supported o	organization	
b 33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%, c	theck this box and	stop here. The org	janization qualifies	as a publicly supp	orted organizat	ion · · · · · ►
20 Private foundation. If the organiza	ation did not check	a box on line 14, 1	9a, or 19b, check	this box and see ir	structions	
BAA		TEEA0403 0	8/09/12	Sc	hedule A (Form	990 or 990-EZ) 2012

	(Form 990 or 990-l		Flo	rida V	eterans	Foundat	cion, Inc	26-	2748811	Page 4
Part IV	Supplemental Part II, line 17a (See instructio	I Informa a or 17b; ns).	tion. and Pa	Comple art III, lir	te this par ne 12. Als	t to provide o complete	e the explai this part fo	nations required b or any additional in	y Part II, line 10; formation.	
	8-98-98-	19145			9-58-					
			5355							
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			444.	-4-5-						
			-55							

Schedule A (Form 990 or 990-EZ) 2012

BAA

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		Employer identification number
Florida Veterans Foundat:	ion, Inc	26-2748811
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number	·) organization
	4947(a)(1) nonexempt charitat	ble trust not treated as a private foundation
	527 political organization	NY ACESTRA AND CARINE AND A STATE OF STATE AND ADDRESS.
Form 990-PF	501(c)(3) exempt private found	dation
	4947(a)(1) nonexempt charitat	ble trust treated as a private foundation
	501(c)(3) taxable private found	dation
		ation
Check if your organization is covered by t	the General Rule or a Special Rule	
		Canada Dula and a Canada Dula Can instructions
	n) organization can check boxes for both the	General Rule and a Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 9 contributor. (Complete Parts I and II.)	990-EZ, or 990-PF that received, during the y	year, \$5,000 or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi) and red		3% support test of the regulations under sections year, a contribution of the greater of (1) \$5,000 or . Complete Parts I and II.
total contributions of more than \$1,00		ceived from any one contributor, during the year, , scientific, literary, or educational purposes, or
contributions for use exclusively for re	eligious, charitable, etc, purposes, but these total contributions that were received during	ceived from any one contributor, during the year, contributions did not total to more than \$1,000. the year for an exclusively religious, charitable, etc, s organization because it received nonexclusively
religious, charitable, etc, contributions	s of \$5,000 or more during the year	
	h. W. C	oes not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must

F	Page	1	of	
	Employer	identif	cation	number

1 of Part 1

Florida	Veterans	Foundation,	Tno

26-2748811

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is need	eded.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Tallahassee Community College 444 Appleyard Drive	\$ <u>5,000</u> .	(Complete Part II if there is
	TallahasseeFL_32303		a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Florida Republican Party 420 Jefferson Street	\$300,000.	
	TallahasseeFL_32301	_	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		- - - -	Person Payroll Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		- - - -	Person Payroll Complete Part II if there is a noncash contribution.
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
DAA	TCEA0702 44/20/40	Sahadula B (Farm I	900 900 E7 or 900 PE\ (2011

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection
Employer identification number

10	rida Veterans Foundation, Inc				26-2748811
ar	Organizations Maintaining Donor A			or A	ccounts. Complete if
	the organization answered 'Yes' to Fo	2 ()) () () () () () () () ()			
	Since the second	(a) Donor advise	ed funds	(b	Funds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
5	Did the organization inform all donors and donor adviare the organization's property, subject to the organization				
3	Did the organization inform all grantees, donors, and for charitable purposes and not for the benefit of the impermissible private benefit?	donor advisors in writing donor or donor advisor,	g that grant funds can be or for any other purpose o	used o conferri	nly ng Yes No
ar	t II Conservation Easements. Complete	if the organization	answered 'Yes' to Fo	orm 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or	ganization (check all that	at apply).		
	Preservation of land for public use (e.g., recreation	on or education)	Preservation of an	histori	cally important land area
	Protection of natural habitat		Preservation of a c	ertified	historic structure
	Preservation of open space				
	Complete lines 2a through 2d if the organization held last day of the tax year.	a qualified conservation	n contribution in the form	of a co	nservation easement on the
					Held at the End of the Tax Yes
a	Total number of conservation easements			2a	-11-2
b	Total acreage restricted by conservation easements			2b	
C	Number of conservation easements on a certified his	toric structure included i	n (a)	2 c	
d	Number of conservation easements included in (c) ac structure listed in the National Register			2 d	
3	Number of conservation easements modified, transfetax year ►	erred, released, extinguis	shed, or terminated by the	organ	ization during the
1	Number of states where property subject to conserva	ation easement is located	d >		
5	Does the organization have a written policy regarding and enforcement of the conservation easements it has	the periodic monitoring	, inspection, handling of v	iolation	ns, Yes No
5	Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing co	onservation easements du	iring th	e year
7	Amount of expenses incurred in monitoring, inspectin	ng, and enforcing conser	vation easements during	the yea	ar
8	Does each conservation easement reported on line 2 and section $170(h)(4)(B)(ii)$?				Yes No
9	In Part XIII, describe how the organization reports co include, if applicable, the text of the footnote to the or conservation easements.	nservation easements in rganization's financial str	n its revenue and expense atements that describes the	e stater he orga	nent, and balance sheet, and anization's accounting for
ar	Organizations Maintaining Collection Complete if the organization answered			ther S	Similar Assets.
1 a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held fin Part XIII, the text of the footnote to its financial state.	or public exhibition, educ	cation, or research in furth	ment ar	nd balance sheet works of e of public service, provide,
b	olf the organization elected, as permitted under SFAS historical treasures, or other similar assets held for pure following amounts relating to these items:	116 (ASC 958), to repoublic exhibition, education	rt in its revenue statemen on, or research in furthera	t and b	alance sheet works of art, public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1		******		▶\$
	(ii) Assets included in Form 990, Part X				> \$
2	If the organization received or held works of art, histo amounts required to be reported under SFAS 116 (A)	orical treasures, or other	similar assets for financia		
a	Revenues included in Form 990, Part VIII, line 1				▶\$
b	Assets included in Form 990, Part X	91911141141	11111111111111	23.4	> S

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Schedule D (Form 990) 2012

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

Schedule D (Form 990) 2012 Florida Part III Organizations Maintainin		ns Foundation,			748811 Page 2
3 Using the organization's acquisition, acc					
items (check all that apply):	ocosion, and		arry or the following that	are a significant ase t	71 Its concollen
a Public exhibition		d Loan o	or exchange programs		
b Scholarly research		e Other	-		
c Preservation for future generations					
4 Provide a description of the organization Part XIII.	n's collection	ns and explain how the	y further the organization	n's exempt purpose ir	1
5 During the year, did the organization so to be sold to raise funds rather than to be	licit or recei	ve donations of art, his	torical treasures, or othe	r similar assets	Tyes No
Part IV Escrow and Custodial Arra reported an amount on For	angement	ts. Complete if the			
1 a Is the organization an agent, trustee, cu				sets not included	Dv. Dv.
on Form 990, Part X?				*******	Yes No
b If 'Yes,' explain the arrangement in Part	Alli and co	implete the following tal	Die.		Amount
c Beginning balance				. 1c	Amount
				. 1d	
d Additions during the year				. 1e	
e Distributions during the year				. 1f	
지수도 [20] 전시 전시 점점 경우 [20] 얼마 없는 전기 마이 네트를 다 다.					T IV I IV-
2 a Did the organization include an amount b If 'Yes,' explain the arrangement in Part					Yes No
bili Yes, explain the arrangement in Part	XIII. Check	nere ii the explantion	nas been provided in Pa	ILXIII	
Dant V Endoument Funda Com	alata if the	araonization and	wared 'Vee' to Form	000 Post IV line	10
Part V Endowment Funds. Comp	(a) Current			(d) Three years	
	(a) Current	(b) Prior yea	r (c) Two years	(u) Three years	(e) Four years
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs				-	
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the	e current ye	ar end balance (line 1g	, column (a)) held as:		
a Board designated or quasi-endowment	-	8			
b Permanent endowment ►	8				
c Temporarily restricted endowment		ક			
The percentages in lines 2a, 2b, and 2d	should equ	ial 100%.			
3 a Are there endowment funds not in the p organization by:	ossession (of the organization that	are held and administer	ed for the	Yes No
(i) unrelated organizations			er i a de la composition de		3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(ii), are the related organization					3b
Describe in Part XIII the intended uses					
Part VI Land, Buildings, and Equ					
Description of property		a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		Will a walled his	TTO COMMON /	Top. Coladio/	
b Buildings					
c Leasehold improvements	-				
d Equipment			7,008.		7 000
e Other.			7,008.		7,008.
Total. Add lines 1a through 1e. (Column (d) r		Form 990, Part X, colur	mn (B) line 10(c))	OLD TO TAKE	7 008
BAA		Sim 555, Fait A, Solul	(5), 10(0).)		7,008. hedule D (Form 990) 2012

Schedule **D** (Form 990) 2012

Part VII	Investments - Other Securities. Se	e Form 990, Part X, line	12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financ	cial derivatives		
	y-held equity interests	:	
3) Other			
A)			
(B)			
C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<u>(I)</u>			
	mn (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII	Investments – Program Related. Se		
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			Sing St. year married rains
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	mn (b) must equal Form 990, Part X, column (B) line 13.)	>	
Part IX	Other Assets. See Form 990, Part X,		
			(b) Book value
	(a) L	Description	(b) book value
(1)	(a) L	Description	(b) book value
(1)	(a) L	Description	(b) book value
	(a) L	респрион	(b) Dook value
(2)	(a) L	рексприон	(b) book value
(2)	(a) L	рекстриоп	(b) book value
(2) (3) (4)	(a) L	рексприоп	(b) book value
(2) (3) (4) (5)	(a) L	рексприоп	(b) book value
(2) (3) (4) (5) (6) (7) (8)	(a) L	евсприоп	(B) BOOK VALUE
(2) (3) (4) (5) (6) (7)	(a) L	евстриоп	(b) book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)			
(2) (3) (4) (5) (6) (7) (8) (9) (10)	(a) L olumn (b) must equal Form 990, Part X, column (B		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	olumn (b) must equal Form 990, Part X, column (B Other Liabilities. See Form 990, Part), line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	olumn (b) must equal Form 990, Part X, column (B Other Liabilities. See Form 990, Part (a) Description of liability), line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	olumn (b) must equal Form 990, Part X, column (B Other Liabilities. See Form 990, Part), line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	olumn (b) must equal Form 990, Part X, column (B Other Liabilities. See Form 990, Part (a) Description of liability), line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3)	olumn (b) must equal Form 990, Part X, column (B Other Liabilities. See Form 990, Part (a) Description of liability), line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4)	olumn (b) must equal Form 990, Part X, column (B Other Liabilities. See Form 990, Part (a) Description of liability), line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5)	olumn (b) must equal Form 990, Part X, column (B Other Liabilities. See Form 990, Part (a) Description of liability), line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6)	olumn (b) must equal Form 990, Part X, column (B Other Liabilities. See Form 990, Part (a) Description of liability), line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7)	olumn (b) must equal Form 990, Part X, column (B Other Liabilities. See Form 990, Part (a) Description of liability), line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8)	olumn (b) must equal Form 990, Part X, column (B Other Liabilities. See Form 990, Part (a) Description of liability), line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	olumn (b) must equal Form 990, Part X, column (B Other Liabilities. See Form 990, Part (a) Description of liability), line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10)	olumn (b) must equal Form 990, Part X, column (B Other Liabilities. See Form 990, Part (a) Description of liability), line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	olumn (b) must equal Form 990, Part X, column (B Other Liabilities. See Form 990, Part (a) Description of liability), line 15.)	

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Schedule D (Form 990) 2012 Florida Veterans Foundation, Inc	26-2748811	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1 Total revenue, gains, and other support per audited financial statements	1	379,904.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	379,904.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	379,904.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1 Total expenses and losses per audited financial statements	1	201,590.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	201,590.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		201 500
	1 3 1	201,590.
Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	and the send Ohe Death	,
line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		
ВАА	Schedule D (Fo	orm 990) 2012

	(Form 990) 2012	Florida Veteran	s Foundation,	Inc	2	6-2748811	Page 5
Part XIII	Supplementa	I Information (contin	ued)				
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22223							
			444444			e doube see	entan.
X FF FF				y			

TEEA3305 06/08/12

Schedule **D** (Form 990) 2012

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SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Florida Veterans Foundation, Part I General Information on Gra		tanco				26-274881	
Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc	substantiate the a	amount of the grants			ts or assistance, and		X Yes No
Part II Grants and Other Assistand Form 990, Part IV, line 21 for							s' to
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations							

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Cash Assistance	149	87,022.	0.	0	N/A
2					
3					
(
5					
6					
art IV Supplemental Information. C additional information.					
art IV Supplemental Information. Cadditional information. I Line 2 The foundat See full ex	cion_provides_direc	t_assistance	to veterans, u	up to a maximum o	f \$1,100.
art IV Supplemental Information. Canditional information. I Line 2 The foundate See full exert III Line 1 The foundate	cion provides direction provides direction below.	t_assistance	to veterans, u	up to a maximum o	f \$1,100.
art IV Supplemental Information. Can additional information. I Line 2 The foundate See full example art III Line 1 The foundate.	cion_provides_direc	t_assistance	to veterans, u	up to a maximum o	f \$1,100.
additional information. I Line 2 The foundat See full ex art III Line 1 The foundat The funds a	cion provides direction provides direction below.	t assistance t assistance	to veterans, i	up to a maximum o	f \$1,100. f \$1,100. r to
art IV Supplemental Information. Cadditional information. L Line 2 The foundate See full exact III Line 1 The foundate The funds a vendors tha	cion provides direction provides direction provides direction paid direct	t_assistance t_assistance ly_to_the_vet vy_veterans_(u	to veterans, i	up to a maximum o	f \$1,100. f \$1,100. r to
art IV Supplemental Information. Cadditional information. L Line 2 The foundate See full example art III Line 1 The foundate The funds a vendors that	cion provides direct splanation below. cion provides direct are not paid direct	t_assistance t_assistance ly_to_the_vet vy_veterans_(u	to veterans, i	up to a maximum o	f \$1,100. f \$1,100. r to

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

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

Florida Veterans	Foundation, Inc	26-2748811
Pt_VI, Line 11b_	_Form 990 is provided to the Board of Directors t	o review
**	and approve prior to sending it to the IRS.	
Pt_VI, Line 12c_	The Foundation requires the Board to sign a Conf	lict of Interest
	Policy on an annual basis to make certain that a	all members
	_are_aware_of_their_responsibilities	
Pt_VI, Line 19	The financial statements and Form 990 are availa	ble_on_request
المحتدد والمحتود	to anyone. This information is not available or	its_website
Pt_XII, Line_1	The Foundation's financial statements are prepar	red on the
	_accrual basis of accounting to better report inc	come and
	_expenses_each_year	
Pt III, Line 2	The Foundation did not undertake any new activit	ies
-55		

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning $\ \ Jul\ 1$, 2012, and ending $\ \ Jun\ 30$, $\ 2013$.

OMB No. 1545-1878

2012

Do not send to the IRS. Keep for your records

Internal Revenue Service	se not sena to the morniograp for your records.		
Name of exempt organization		Employe	r identification number
Florida Veterans	Foundation, Inc	26-2	748811
Name and title of officer			
John Haynes	Chairman		
Part I Type of Retur	n and Return Information (Whole Dollars Only)		
check the box on line 1a, 2a, leave line 1b, 2b, 3b, 4b, or	for which you are using this Form 8879-EO and enter the applicable amount 3a, 4a, or 5a, below, and the amount on that line for the return being filed 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- not complete more than 1 line in Part I.	with this form was	blank, then
1 a Form 990 check here .	b Total revenue, if any (Form 990, Part VIII, column (A), line	e 12)	1b 392,404.
2 a Form 990-EZ check he			
3 a Form 1120-POL check	here • b Total tax (Form 1120-POL, line 22)		3 b
4 a Form 990-PF check he	(- 1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
5 a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)		5 b
(5 · 10 6 · 1 · 1			
	nd Signature Authorization of Officer declare that I am an officer of the above organization and that I have exam		
refund, and (c) the date of ar funds withdrawal (direct debit organization's federal taxes c contact the U.S. Treasury Fir authorize the financial institut answer inquiries and resolve	ment of receipt or reason for rejection of the transmission, (b) the reason for ny refund. If applicable, I authorize the U.S. Treasury and its designated Fir t) entry to the financial institution account indicated in the tax preparation is sowed on this return, and the financial institution to debit the entry to this account and the second second in the entry to the second in the processing of the electronic payment of taxes to receive issues related to the payment. I have selected a personal identification number and, if applicable, the organization's consent to electronic funds withdraways only.	nancial Agent to ini software for paymer count. To revoke a payment (settleme ve confidential infor imber (PIN) as my	tiate an electronic nt of the payment, I must mt) date. I also mation necessary to
authorize	to enter my F	DINI	las my signatura
	ERO firm name		as my signature
a state agency(ies) regulthe return's disclosure co	year 2012 electronically filed return. If I have indicated within this return thating charities as part of the IRS Fed/State program, I also authorize the abonsent screen. Dization, I will enter my PIN as my signature on the organization's tax year and that a copy of the return is being filed with a state agency(ies) regulating PIN on the return's disclosure consent screen.	forementioned ERG 2012 electronically	urn is being filed with O to enter my PIN on filed return, If I have
Officer's signature ►	Date ►		
Part III Certification a	and Authentication		
ERO's EFIN/PIN. Enter your number (EFIN) followed by your I certify that the above numer	six-digit electronic filing identification our five-digit self-selected PIN	eturn for the organi	. 59405344393 do not enter all zeros
above. I confirm that I am sul Authorized IRS <i>e-file</i> Provide	bmitting this return in accordance with the requirements of Pub 4163 , Moders for Business Returns.	ernized e-File (Mel	F) Information for
ERO's signature	Date >		
	ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To	o Do So	
DAA E. D.	AND A A MORE TO LOUIS AND		5 0070 50

2012 Exempt Organization Business Tax Return prepared for:

Florida Veterans Foundation, Inc 400 S. Monroe Street, #2105-D Tallahassee, FL 32399-0001

Steven R. Richards, CPA 2851 Remington Green Circle, Suite B Tallahassee, FL 32308

Return of Organization Exempt From Income Tax

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

2012

OMB No. 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury Internal Revenue Service

Preparer Use Only Sign Here May the IRS discuss this return with the preparer shown above? (see instructions) BAA For Paperwork Reduction Act Notice, see the separate instructions. Part II ₩ 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, complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Net Assets or Fund Balance Revenue **Activities & Governance Expenses** Check if applicable: For the 2012 calendar year, or tax year beginning Jul 16a Professional fundraising fees (Part IX, column (A), line 11e) 6 ဖ ထ Form of organization: Website: ► Tax-exempt status **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ Application pending Amended return Initial return Name change Address change Revenue less expenses. Subtract line 18 from line 12 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Benefits paid to or for members (Part IX, column (A), line 4) Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) Net unrelated business taxable income from Form 990-T, line 34 · · · Total unrelated business revenue from Part VIII, column (C), line 12 . . . Net assets or fund balances. Subtract line 21 from line Total liabilities (Part X, line 26) Total assets (Part X, line 16) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . Investment income (Part VIII, column (A), lines 3, 4, and 7d) Program service revenue (Part VIII, line 2g) . Contributions and grants (Part VIII, line 1h)... Number of independent voting members of the governing body (Part VI, line 1b) $\,\cdot\,\cdot\,$ Check this box ▼ Veterans' Affairs, the veterans of the st chartered veteran service organizations. Briefly describe the organization's mission or most significant activities: Signature Block Summary Firm's address Firm's name Steve Print/Type preparer's name Signature of officer WWW. Richards John Tallahassee 400 S. C floridaveteransfoundation.org Corporation 501(c)(3) Name and address of principal officer: Name of organization Number and street (or P.O. box if mail is not delivered to street addr Doing Business As Steven 2851 Re Tallaha<u>ssee</u> Haynes 400 S. Monroe Remington Trust 501(c) ₽. Florida Richards, Street Association Monroe Preparer's signature Green (insert no.) Veterans 13 13 CPA 20 Circle Other Tallahassee state Foundation, Έ 4947(a)(1) or Suite 32308 2012, and ending State ΞL FL 32399-0001 To support the Florida and congressionally __ L Year of Formation: Ш ZIP code + 4 32399-527 Inc 2105-D 0 . H(b) Are all affiliates included?
If 'No,' attach a list. (see instructions) H(c) Group exemption number 0001 Chairman Beginning of Current Year Jun 2008 Is this Prior Year a group return for affiliates? Phone no. Check D self-employed G 30 Firm's EIN ▼ 265 158 ,89 81 27, 87 39 Employer Identification Number 43,623 Gross receipts (850)2,972. M State of legal domicile: ,436. 368 410 290 645 340. 022 700. \bowtie 264 2748811 (850) 425-1040 4 70 59-2450464 7ь 7a Dept._of_ 488-4181 -Ω-P01254476 × Yes 2013 End Current Year , and l of Year 187 452 452, 204,775 346 75, 92 85 43,688 45 Έ 997 629 997 132 955 404. 275 <u>Z</u>

TEEA0101

05/09/13

Form **990**

(2012)

	990 (2012) Florida Veterans Foundation, Inc	26-2748811	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	· · · · · · · · · · · · · · · · · · ·	X
1	Briefly describe the organization's mission:		
	To support the Florida Dept. of		
	Veterans' Affairs, the veterans of the state, and congressionally	Y	
	chartered veteran service organizations.		
2	Did the organization undertake any significant program services during the year which were not listed on the p		
	Form 990 or 990-EZ?	· · · · · · L	s X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? ∐ Ye	s X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.	as measured by expen of grants and allocation	nses. Ons to
4 a	a (Code:) (Expenses \$		392,404.
	Costs incurred to assist and support Florida's Veterans, especia	lly those	
	in need of emergency assistance.		
4 F	o (Code:) (Expenses \$ including grants of \$) (R	Revenue \$	1
7.	/ (Node:) (Expenses φ) (Node: φ)	.cvcnuc p	
4 c	: (Code:) (Expenses \$ including grants of \$) (R	Revenue \$)
4 c	d Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4 6	e Total program service expenses ► 203.024.		

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2		2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
1	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13		13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ļ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) Florida Veterans Foundation, Inc Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> 'Yes,' <i>complete Schedule R, Part V, line</i> 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> 'Yes,' <i>complete Schedule R</i> , <i>Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA Form **990** (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

	Check if Schedule O contains a response to any question in this Part V	• • •			
			Υ	es	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
ı	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 0	3		Χ
2 :	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a				
-	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 k	0		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)				
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 8	а		Χ
-	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 k	5		
	a 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)?	4 8	а		Х
ı	b If 'Yes,' enter the name of the foreign country: ►				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	а		Χ
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 k	_		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 0	3		
	-				
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 8	а		Х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 k	5		
7	Organizations that may receive deductible contributions under section 170(c).				
í	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	a .		X
-	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 k	5		
,	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70	:		Х
(d If 'Yes,' indicate the number of Forms 8282 filed during the year				
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 6	•		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	i i		Х
,	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 9	a		
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	71			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			Х
9	Sponsoring organizations maintaining donor advised funds.				
;	a Did the organization make any taxable distributions under section 4966?	9 a	а		Х
ı	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 k	0		Χ
10	Section 501(c)(7) organizations. Enter:				
	a Initiation fees and capital contributions included on Part VIII, line 12				
- 1	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
;	a Gross income from members or shareholders				
ı	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
12	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	а		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
;	a Is the organization licensed to issue qualified health plans in more than one state?	13 a	a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
ı	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
(c Enter the amount of reserves on hand				
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	а		Χ
ı	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 k	0		

Form 990 (2012) Florida Veterans Foundation, Inc Page 6 26-2748811 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ Did the organization make any significant changes to its governing documents 4 X 5 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? . . . 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8 a 8 b Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes Nο 10 a Χ b If 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.............. 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12 h X to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c X 13 X 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ 15 a Χ 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Χ b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Other (explain in Schedule O) Own website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Barbara Radford

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Form 990 (2012) Florida Veterans Foundation, Inc | Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of
 compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
 who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000
 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

0 0 0 0 0 0 0 0 0 0 0 Estimated amount of other compensation from the organization and related organizations E 0 0 0 0 0 0 0 0 С 0 0 Reportable compensation from related organizations (W-2/1099-MISC) Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee 0 0 0 0 0 0 0 0 0 0 0 Reportable compensation from the organization (W-2/1099-MISC) Former Position (do not check more than one box, unless person is both an officer and a director/trustee) lighest compensated employee Key employee <u>ල</u> Officer × × × × nstitutional trustee Individual trustee × × \bowtie × \bowtie × \bowtie × × or director 10.00 20.00 5.00 5.00 5.00 5.00 5.00 5.00 0.00 0 40.00 Average hours per week (list any hours for related organizations below dotted line) i اکا H 1 -Sharon Richie-Melvin. -Sanchez Susan Carabello. <u>Tony Colmenares</u> G_Bowman_ (A) Name and Title Creger Michael Coker (6)_Bill_Vagianos Chairman (1)_John_Haynes_ <u>Washington</u> (9) Jerry Neff (10)_Gary_Clark Secretary Director Director Director Director Director Director Directo easur Robert Thomas Vice 4 (11) **E** ල | 8 3 (2) (14) (12) 5

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0 0 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont) Estimated amount of other compensation from the organization and related organizations Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ -2748811 Reportable compensation from related organizations (W-2/1099-MISC) 0 0 Reportable compensation from the organization (W-2/1099-MISC) 0 0 <u>@</u> Position (do not check more than one box, unless person is both an officer and a director/trustee) Former \blacktriangle Highest compensated employee Key employee Officer nstitutional trustee Individual trustee or director Average hours per week (list any hours for related organiza - tions below dotted line) <u>@</u> c Total from continuation sheets to Part VII, Section A Name and title d Total (add lines 1b and 1c) € 1 b Sub-total. (17)_ (15)_ (18) (22) (19) (20) (21) (23) (24) (25) (16) (16)

			Section B. Independent Contractors
×		5	for services rendered to the organization? If 'Yes,' complete Schedule J for such person
			5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual
×		4	such individual
			4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations creater than \$150,000? If 'Yes' complete Schedule 1 for
×		3	on line 1a? If 'Yes,' complete Schedule J for such individual
			3 Did the organization list any former officer director or trustee key employee or highest compensated employee
٥N	Yes No		

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

	(A) Name and business address	(B) Description of services	(C) Compensation
7	2 Total number of independent contractors (including but not limited to those listed above) who received more than	who received more than	
	©100 000 in componention from the erronization		

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	e Total. Add lines 11a-11d 12 Total revenue. See instructions	All other revenue	C	b	Miscellaneous Revenue	c Net income or (loss) from sales of inventory	b Less: cost of goods sold	10a Gross sales of inventory, less returns and allowances				c Net income or (loss) from fundraising events.	See Part IV, line 18	of contributions reported on line 1c).	8 a Gross income from fundraising events (not including. \$	Net gain or (loss)	c Gain or (loss)	b Less: cost or other basis and sales expenses	assets other than inventory	7 a Gross amount from sales of	d Net rental income or (loss) .	b Less: rental expenses			4 Income from investment	3 Investment income (inclu other similar amounts)	g Total. Add lines 2a-2f	f All other program service revenue	e	d	b	<u>Stand_Down</u>		b Total. Add lines 1a-1f		-	e Government grants (contrib	d Related organizations	ם כ	- a			Check if Schedule O co
	uctions	.			Business Code	sales of inventory		less returns	gaming activities				:	ine 1c).	aising events					(i) Securities (ii) Other	3)		(i) Real (ii) Personal		Income from investment of tax-exempt bond proceeds	Investment income (including dividends, interest and other similar amounts)		revenue				<u>Function</u> 624100	Busine		1f 330,	and	: :	10	10 10	1 1 2		-	Check if Schedule O contains a response to any question in this Part VIII .
TEEA0109	· · · · · · · · · · · · · · · · · · ·				Code	: : •				,		: : •				: : •				ner	•		onal	:	ς	▼							Code	: •	804.		471.						uestion ir
12/17/12	392,404.																								1 1	414	45,715.					45,715.		346 275							Total revenue	(A)	າ this Part VIII
	45.715.																								c.	D .						45,715.									Related or exempt function revenue	(B)	
	0.																									O						0.									Unrelated business revenue		
Form 990 (2012)	414.																								- 1	414						0.									Revenue excluded from tax under sections 512, 513, or 514	_ (D)	

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re	sponse to any question i	n this Part IX		
Do r 7b, 8	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		,		, , , , , , , , , , , , , , , , , , , ,
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	85,955.	85,955.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	43,688.	43,688.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	50,1001	55,7557		
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting	552.	552.	0.	0.
	Lobbying	334.	334.	0.	0.
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11q amt exceeds 10% of line 25, col-				
9	umn (A) amt, list line 11g expenses on Sch O)	587.	587.	0.	0.
12	Advertising and promotion	12,551.	12,551.	0.	0.
13	Office expenses	3,501.	1,750.	1,751.	0.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	6,275.	6,275.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Printing	17,368.	17,368.	0.	0.
	Stand Down Function	28,764.	28,764.	0.	0.
	Hall of Fame Function	2,198.	2,198.	0.	0.
	Bank & Merchant Fees	1,994.	1,994.	0.	0.
	All other expenses	1,342.	1,342.	0.	0.
25	Total functional expenses. Add lines 1 through 24e	204,775.	203,024.	1,751.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)		,	_,· _	

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	116,197.	1	7,867.
	2	Savings and temporary cash investments	152,143.	2	438,122.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ASSETS	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
Ţ	9	Prepaid expenses and deferred charges		9	
3		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation 10b	0.	10 c	7,008.
	11	Investments — publicly traded securities	0.	11	7,000.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11 · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	268,340.	16	452,997.
	17	Accounts payable and accrued expenses	2,972.	17	432,337. 0.
	18	Grants payable		18	•
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
I A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
LIABILITIES	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ţ	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,972.	26	0.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► x and complete lines 27 through 29, and lines 33 and 34.			
AS	27	Unrestricted net assets	265,368.	27	443,683.
ASSETS	28	Temporarily restricted net assets		28	9,314.
	29	Permanently restricted net assets		29	
OR F		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds		30	
Ŗ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
L L	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCEの	33	Total net assets or fund balances	265,368.	33	452,997.
Š	34	Total liabilities and net assets/fund balances	268,340.	34	452,997.

BAA Form **990** (2012)

orn	m 990 (2012) Florida Veterans Foundation, Inc 26-	2748811		Pa	ge 1 2
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	92,4	04.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	04,7	75.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	87,6	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		65,3	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4	52.9	97
Pai	rt XII Financial Statements and Reporting			<u> </u>	<i>)</i> / .
. u	<u> </u>				
	Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ı	b Were the organization's financial statements audited by an independent accountant?		2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
	∑ Separate basis				
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t, •••••	2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				

BAA Form **990** (2012)

3 a

3 b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection

Employer identification number

Floi	ric	da Veterans Fo	oundation, Inc	!					26-27	748811	L	
Part	I	Reason for Pub	lic Charity Status	(All organizations r	must co	omplete	e this p	art.) S	ee inst	ruction	S.	
The o	gar	nization is not a private	foundation because it	is: (For lines 1 through	11, checl	k only on	e box.)					
1		A church, convention	of churches or associa	ation of churches describe	ed in se d	ction 17	0(b)(1)(<i>A</i>	۸)(i).				
2		A school described in	section 170(b)(1)(A)(ii). (Attach Schedule E.)								
3		A hospital or a cooper	rative hospital service	organization described in	section	170(b)(1)(A)(iii)).				
4		A medical research or	rganization operated ir	conjunction with a hosp	ital desc	ribed in s	section	1 70(b)(1	I)(A)(iii).	Enter th	e hospital's	
		name, city, and state:										
5		An organization opera 170(b)(1)(A)(iv). (Co		college or university ow	ned or o	perated I	by a gov	ernmen	tal unit d	escribed	in section	
6		A federal, state, or loc	cal government or gove	ernmental unit described	in sectio	on 170(b)(1)(A)(\	/).				
7		in section 170(b)(1)(A)(vi). (Complete Part			governn	nental ur	nit or fro	m the ge	eneral pu	blic described	
8	Щ	A community trust des	scribed in section 170	(b)(1)(A)(vi). (Complete	Part II.)							
9	Χ	An organization that no related to its exempt funrelated business tax (Complete Part III.)	ormally receives: (1) mo unctions — subject to c able income (less section	re than 33-1/3% of its sup- tertain exceptions, and (2 on 511 tax) from businesse	port from no mor acquir	contribute than 3 ed by the	itions, me 3-1/3% o organiz	embersh of its sup ation afto	ip fees, a port fron er June 3	and gross n gross i 80, 1975.	receipts from activities nvestment income and See section 509(a)(2).	
10		An organization organ	nized and operated exc	clusively to test for public	safety.	See sect	ion 509	(a)(4).				
11		supported organization	ized and operated excluins described in section and complete lines	usively for the benefit of, to n 509(a)(1) or section 50 11e through 11h.	perform 9(a)(2).	the fund See sect	tions of, tion 509	or carry (a)(3). C	out the p heck the	ourposes box tha	of one or more publicly t describes the type of	
		a Type I b	Type II c	Type III — Function	ally integ	grated	c	1 🔲 t	Гуре III -	- Non-fu	nctionally integrated	
е		By checking this box, other than foundation section 509(a)(2).	I certify that the organ managers and other th	ization is not controlled d nan one or more publicly	lirectly or supporte	r indirect ed organ	ly by one izations	e or mor describe	e disqua ed in sec	lified per tion 509	rsons (a)(1) or	
f		If the organization red check this box	eived a written determ	ination from the IRS that	is a Typ	e I, Type	II or Ty	pe III su	pporting	organiza	ation,	
g		Since August 17, 200	6, has the organization	accepted any gift or co	ntributio	n from ar	ny of the	followin	g persor	ns?		
											Yes No	_
		(i) A person who d below, the gove	irectly or indirectly con rning body of the supp	trols, either alone or toge orted organization?	ether with	n person	s descrit	ped in (ii) and (iii))	. 11 g (i)	_
		(ii) A family member	er of a person describe	d in (i) above?							. 11 g (ii)	
		(iii) A 35% controlle	ed entity of a person de	scribed in (i) or (ii) above	e?						· 11 g (iii)	_
h				supported organization(s							9 (/	_
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organiza column (i) your go docur	ation in) listed in	(v) Did yo the organiz column (i) supp	zation in of your	(vi) Is organiza colum organized U.S	ation in In (i) d in the	(vii) Amount of monetary support	_
					Yes	No	Yes	No	Yes	No		
A)												_
В)												_
												_
C)												_
D)												_
E)												_
Γotal												

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

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

Sec	tion A. Public Support			1			
	ndar year (or fiscal year nning 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s						▶ □
	tion C. Computation of Pu						
	Public support percentage for 2012	, , , , , , , , , , , , , , , , , , , ,					%
15	Public support percentage from 20	011 Schedule A, Pa	art II, line 14			15	%
16 a	33-1/3% support test — 2012. If and stop here. The organization of	the organization diqualifies as a public	d not check the bo cly supported organ	x on line 13, and the control of the	he line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test — 2011. If to and stop here. The organization of						
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	-circumstances' tes	st, check this box a	and stop here. Exp	lain in Part IV how	<i>'</i>
b	o 10%-facts-and-circumstances to or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and-	-circumstances' tes	st, check this box a	and stop here. Exp	lain in Part IV how	the
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instruction	ons ▶
ВΛΛ					0.4		0 000 F7\ 0040

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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.)

	tion A. Public Support						
	ndar 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.')	174,588.	127,823.	65,075.	239,436.	391,990.	998,912.
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	1717300.	11170131	037073.	237, 130.	3317330.	333,312.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
_	organization without charge						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from	174,588.	127,823.	65,075.	239,436.	391,990.	998,912.
t	disqualified persons	0.	0.	0.	0.	0.	0.
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.)						998,912.
	tion B. Total Support						-
	ndar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	174,588. 363.	1,195.	65,075. 373.	239,436.	391,990. 414.	998,912.
t	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	2.62					
"	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	363.	1,195.	373.	264.	414.	2,609.
	activities not included in line 10b, whether or not the business is	363.	1,195.	373.	264.	414.	2,609.
12	activities not included in line 10b, whether or not the business is regularly carried on						
12 13 14	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	174,951. s for the organizatio	129 , 018 . on's first, second, tr	65,448.	239,700. tax year as a secti	392,404.	1,001,521.
12 13 14 Sec	activities not included in line 10b, whether or not the business is regularly carried on	174,951. s for the organization here	129,018. on's first, second, tr	65,448. hird, fourth, or fifth	239 , 700 . tax year as a secti	392,404. ion 501(c)(3)	1,001,521. ▶ X
12 13 14 Sec 15	activities not included in line 10b, whether or not the business is regularly carried on	174,951. If or the organization here · · · · · · blic Support P 2 (line 8, column (f)	129,018. on's first, second, trercentage divided by line 13,	65,448.	239 , 700 . tax year as a secti	392,404. ion 501(c)(3) 	1,001,521. ▶ X
12 13 14 Sec 15 16	activities not included in line 10b, whether or not the business is regularly carried on	174,951. If or the organization of the organiz	129,018. on's first, second, the secontage divided by line 13, rt III, line 15.	65 , 448 . hird, fourth, or fifth	239 , 700 . tax year as a secti	392,404. ion 501(c)(3) 	1,001,521. ▶ X
12 13 14 Sec 15 16	activities not included in line 10b, whether or not the business is regularly carried on	174,951. s for the organization here	129,018. on's first, second, the contage divided by line 13, rt III, line 15	65,448. hird, fourth, or fifth column (f))	239 , 700 . tax year as a secti	392,404. fon 501(c)(3) 	1,001,521. ▶ X
12 13 14 Sec 15 16	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	174,951. s for the organization here	129,018. n's first, second, transcription of the contage of the c	65 , 448 . ird, fourth, or fifth	239,700. tax year as a secti	392,404. fon 501(c)(3)	1,001,521. ▶ X
12 13 14 Sec 15 16 Sec 17	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	174,951. s for the organization here	129,018. on's first, second, tracercentage divided by line 13, rt III, line 15 ne Percentage umn (f) divided by A, Part III, line 17	65 , 448 . ird, fourth, or fifth	239,700. tax year as a secti	392,404. fon 501(c)(3)	1,001,521 X % %
12 13 14 Sec 15 16 Sec 17 18 19 a	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	174,951. If for the organization here	129,018. on's first, second, the second sec	65 , 448 . aird, fourth, or fifth column (f)) line 13, column (f) x on line 14, and line on qualifies as a p	239,700. tax year as a secti	392,404. fon 501(c)(3)	1,001,521.
12 13 14 Sec 15 16 Sec 17 18 19 a	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	174,951. Is for the organization here Is for the organization here It is column (f) 11 Schedule A, Parestment Incom 2012 (line 10c, column 2011 Schedule A the organization dinis box and stop hete organization dinis box and stop hete organization dinis here	129,018. on's first, second, the contage divided by line 13, rt III, line 15 ne Percentage umn (f) divided by A, Part III, line 17. d not check the boore. The organization of check a box of the contage and the contage are the organization of the contage and the contage are the contage and the contage are the con	65 , 448 . aird, fourth, or fifth column (f)) line 13, column (f) x on line 14, and line on qualifies as a pon line 14 or line 1	239,700. tax year as a secti	392, 404. fon 501(c)(3)	1,001,521

Schedule A	(FOIIII 990 OF 990-EZ) Z	uiz Florida	veterans Fo	undation, inc	26-2/4	88TT	Page 4
Part IV	Supplemental Info Part II, line 17a or (See instructions).				ations required by Pa any additional inforn		
					. – – – – – – – – –		

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		Employer identification number
Florida Veterans Foundation	on, Inc	26-2748811
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) orga	nization
	4947(a)(1) nonexempt charitable trus	st not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trus	st 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) or	organization can check boxes for both the Gene	ral Rule and a Special Rule. See instructions
General Rule	, ga <u>_</u> a ca cc zc zc a c	.a. raio and a opera raio coo monaciono.
) F7 000 DF that received during the coord	25 000 (in (in
contributor. (Complete Parts I and II.))-EZ, or 990-PF that received, during the year, \$	55,000 or more (in money or property) from any one
Special Rules		
For a section 501(c)(3) organization filin	ng Form 990 or 990-EZ that met the 33-1/3% sup	oport test of the regulations under sections
509(a)(1) and 170(b)(1)(A)(vi) and recei	ived from any one contributor, during the year, a	contribution of the greater of (1) \$5,000 or
	Part VIII, line 1h or (ii) Form 990-EZ, line 1. Comp	•
	anization filing Form 990 or 990-EZ that received for use <i>exclusively</i> for religious, charitable, scien	
the prevention of cruelty to children or a		
For a section 501(c)(7), (8), or (10) orga	anization filing Form 990 or 990-EZ that received gious, charitable, etc, purposes, but these contrib	I from any one contributor, during the year,
If this box is checked, enter here the total	al contributions that were received during the ye	ear for an <i>exclusively</i> religious, charitable, etc,
	rts unless the General Rule applies to this orga	•
religious, charitable, etc, contributions o	f \$5,000 or more during the year	
		t file Schedule B (Form 990, 990-EZ, or 990-PF) but it must
answer 'No' on Part IV, line 2, of its Form 990; meet the filing requirements of Schedule B	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
	, , , ,	Cabadula B (Farm 200, 200 F7 as 200 BE) (2010)
or 990-PF.	ce, see the Instructions for Form 990, 990EZ,	Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page

1 of **Part 1**

Florida Veterans Foundation, Inc

Page 1 of Employer identification number

26-2748811

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
	Tallahassee Community College 444 Appleyard Drive Tallahassee FL 32303	\$_	5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
	Florida Republican Party 420 Jefferson Street Tallahassee FL 32301	\$_	3 <u>00,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Complete Part II if there is a noncash contribution.
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Complete Part II if there is a noncash contribution.
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Complete Part II if there is a noncash contribution.
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection
Employer identification number

Flo	orida Veterans Foundation, Inc	26-2748811
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fund	
	the organization answered 'Yes' to Form 990, Part IV, line 6.	·
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advante the organization's property, subject to the organization's exclusive legal control?	vised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose impermissible private benefit?	e conferring
Par	Conservation Easements. Complete if the organization answered 'Yes' to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	an historically important land area
	Protection of natural habitat Preservation of a	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the formulast day of the tax year.	
		Held at the End of the Tax Year
	a Total number of conservation easements	
	Total acreage restricted by conservation easements	
(Number of conservation easements on a certified historic structure included in (a)	2 c
(d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by t tax year ►	he organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of and enforcement of the conservation easements it holds?	f violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements •	during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements durin ► \$	ng the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1 and section 170(h)(4)(B)(ii)?	70(h)(4)(B)(i) · · · · · · · · · Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expeninclude, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements.	se statement, and balance sheet, and the organization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	Other Similar Assets.
1 a	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stat art, historical treasures, or other similar assets held for public exhibition, education, or research in fu in Part XIII, the text of the footnote to its financial statements that describes these items.	
ı	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statemed historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financiamounts required to be reported under SFAS 116 (ASC 958) relating to these items:	cial gain, provide the following
á	a Revenues included in Form 990, Part VIII, line 1	
	h Assets included in Form 990 Part X	▶ \$

Part III	Organizations Mainta	ining Collection	s of Art, Histo	rical Treasures, o	or Other Similar As	sets (continu	ıed)
3 Usin	g the organization's acquisitions (check all that apply):	n, accession, and oth	er records, check a	any of the following that	are a significant use of i	ts collection	
а	Public exhibition		d Loan o	r exchange programs			
b	Scholarly research		e Other				
С	Preservation for future generat	ions					
	ride a description of the organiz XIII.	zation's collections ar	nd explain how the	y further the organizatio	on's exempt purpose in		
to be	ng the year, did the organization sold to raise funds rather than	n to be maintained as	part of the organi	zation's collection?			No
Part IV	Escrow and Custodial reported an amount on			organization answer	ed 'Yes' to Form 990), Part IV, line	9, or
	e organization an agent, truste orm 990, Part X?					Yes	No
b If 'Ye	es,' explain the arrangement in	Part XIII and comple	te the following tal	ole:		Amount	
c Reg	nning balance				1c	Amount	
Ū	tions during the year						
	ributions during the year						
	ing balance						
	the organization include an am					Yes	No
	es,' explain the arrangement in	·	•				- NO
Part V	Endowment Funds. C						
		(a) Current	(b) Prior yea	r (c) Two years	(d) Three years	(e) Four yea	ars
1 a Beg	nning of year balance						
b Con	tributions						
	investment earnings, gains, losses						
d Gran	nts or scholarships						
	er expenditures for facilities programs						
f Adm	inistrative expenses						
g End	of year balance						
2 Prov	ride the estimated percentage	of the current year er	nd balance (line 1g	, column (a)) held as:			
a Boa	rd designated or quasi-endown	nent ►	%				
b Perr	nanent endowment ►	%					
c Tem	porarily restricted endowment	>	%				
	percentages in lines 2a, 2b, ar		00%.				
					16 4		
	there endowment funds not in a inization by:	the possession of the	e organization that	are held and administer	ed for the	Yes	No
J	unrelated organizations					. 3a(i)	1
` '	related organizations						
	es' to 3a(ii), are the related org					` '	
	cribe in Part XIII the intended u		•			. 05	<u> </u>
Part VI	Land, Buildings, and						
i ait vi	Description of property		est or other basis	(b) Cost or other	(c) Accumulated	(d) Book va	عبراد
	Description of property		investment)	basis (other)	depreciation	(a) Book ve	aiuc
1 a Land	1		·				
b Build	dings						
	sehold improvements						
	pment			7,008.		7	,008.
•	er			.,		<u> </u>	<u>,</u>
	I lines 1a through 1e. (Column	•	990, Part X, colun	nn (B), line 10(c).)		7	,008.

BAA Schedule **D** (Form 990) 2012

Part VII	Investments – Other Securities. See	Form 990, Part X,	line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: end-of-year market v	
(1) Financ	ial derivatives			
. ,	y-held equity interests			
(3) Other	,			
		-		
$\frac{(A)}{(B)}$			+	
(C)		-		
$\frac{(D)}{(D)}$		-	-	
$\frac{(D)}{(E)}$		_		
		_		
$\frac{(F)}{(G)}$		-	-	
(H)		-	+	
		-	+	
(l) Tatal (Calum		-	_	
	nn (b) must equal Form 990, Part X, column (B) line 12.) •		line 12	
Part VIII	Investments — Program Related. See (a) Description of investment type	(b) Book value	(c) Method of valuation:	Cost or
	(a) Description of investment type	(b) book value	end-of-year market v	alue
(1)				
(2)				
(3)				
(4)			1	
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX	Other Assets. See Form 990, Part X, li			
		escription		(b) Book value
(1)	•	•		, ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	olumn (b) must equal Form 990, Part X, column (B),	line 15.)		
Part X	Other Liabilities. See Form 990, Part		<u> </u>	
I di C /	(a) Description of liability	(b) Book value		
(1) Fede	eral income taxes	, ,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	nn (b) must equal Form 990, Part X, column (B) line 25.)	. ▶		
	SC 740) Footnote. In Part XIII, provide the text of the footnote		statements that reports the organization's liability for	r uncertain tay positions
under FIN 48	(ASC 740). Check here if the text of the footnote has been pro	ovided in Part XIII	· · · · · · · · · · · · · · · · · · ·	

Schedule D (Form 990) 2012 Florida Veterans Foundation, Inc	26-2748811	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1 Total revenue, gains, and other support per audited financial statements	1	379,904.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	379,904.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3.2,2021
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)	-	
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		270 004
		379,904.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		001 500
1 Total expenses and losses per audited financial statements	1	201,590.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	_	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	201,590.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	201,590.
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines ine 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit		
PAA	Schodulo D (Fo	

Schedule D (Form 990) 2012	Florida Vet	erans Foundation	, Inc	26-2748811	Page 5
Part XIII	Supplemental	Information (d	erans Foundation continued)			

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

name of the organization						Employer identifica	ation number
Florida Veterans Foundatio	n, Inc					26-274881	1
Part I General Information on G	rants and Assist	ance					
 Does the organization maintain records the selection criteria used to award the Describe in Part IV the organization's p 	grants or assistance? procedures for monitori	ng the use of grant	funds in the United States				X Yes No
Part II Grants and Other Assista Form 990, Part IV, line 21 f							s' to
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
<u>(3)</u>							
<u>(4)</u>							
<u>(5)</u>							
<u>(6)</u>							
<u>(7)</u>							
2 Enter total number of section 501(c)(3)3 Enter total number of other organization	ns listed in the line 1 to	able					
BAA For Paperwork Reduction Act Notice	e, see the Instruction	s for Form 990.		TEEA3901	11/30/12	Schedul	le I (Form 990) (2012)

65 of 68

., ., .	or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Cash Assistanc	ce	149	87,022.	0.	0	N/A
rt IV Supplement additional inf	tal Information. Comportation.	lete this part to pro	vide the information	n required in Part I,	line 2, Part III, column	(b), and any other
<u> I Line 2 </u>	The_foundation	<u>provides_dire</u>	ct_assistance	to veterans, u	<u>up to a maximum c</u>	£ \$1,100.
_I_Line_2	The_foundation See_full_expla					f_\$1,100
	See full expla	nation_below.				
	See_full_expla The_foundation	nation below. provides dire	ct_assistance	to veterans, u	up to a maximum c	
	See_full_expla The_foundation The_funds_are	nation below. provides dire	ct_assistance	to veterans, u	up to a maximum c	er_to
	See_full_explaThe_foundationThe_funds_arevendors_that_a	nation below. provides dire not paid direc re owed money	ect_assistance tly_to_the_vet by_veterans_(v	to veterans, ueran (in most	up to a maximum c cases) but rathe	f \$1,100. r to
	See_full_explaThe_foundationThe_funds_arevendors_that_a	nation below. provides dire not paid direc re owed money	ect_assistance tly_to_the_vet by_veterans_(v	to veterans, ueran (in most	up to a maximum c cases) but rathe	er_to
	See_full_explaThe_foundationThe_funds_arevendors_that_aloans,_mortgag	nation below. provides dire not paid direc re owed money e payments, et	ct_assistance tly_to_the_vet by_veterans_(u	to veterans, useran (in most stility compani	up to a maximum c cases) but rathe	f \$1,100. r to
rt III Line 1	See_full_explaThe_foundationThe_funds_arevendors_that_aloans,_mortgag	nation below. provides dire not paid direc re owed money e payments, et	ect_assistance etly_to_the_vet by_veterans_(v	to veterans, u	up to a maximum c cases) but rathe	ef \$1,100. er to
ert III Line 1	See_full_explaThe_foundationThe_funds_arevendors_that_aloans,_mortgag	nation below. provides dire not paid direc re owed money e payments, et	ect_assistance etly_to_the_vet by_veterans_(u	to veterans, u	up to a maximum o cases) but rathe	er to
	See_full_explaThe_foundationThe_funds_arevendors_that_aloans,_mortgag	nation below. provides dire not paid direc re owed money e payments, et	ect_assistance etly_to_the_vet by_veterans_(u	to veterans, u	up to a maximum o cases) but rathe	ef \$1,100. er to

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

2012

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

26-2748811 Florida Veterans Foundation, Inc Pt VI, Line 11b Form 990 is provided to the Board of Directors to review and approve prior to sending it to the IRS. Pt_VI, Line 12c _ The Foundation requires the Board to sign a Conflict of Interest Policy on an annual basis to make certain that all members are aware of their responsibilities. Pt_VI, Line 19___ The financial statements and Form 990 are available on request to anyone. This information is not available on its website. Pt XII, Line 1 _ The Foundation's financial statements are prepared on the accrual basis of accounting to better report income and expenses each year. The Foundation did not undertake any new activities.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning $\,$ Jul $\,$ 1 $\,$, 2012, and ending $\,$ Jun $\,$ 30 $\,$, $\,$ 2013 \cdot

OMB No. 1545-1878

Form **8879-EO**

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Employer identification number Name of exempt organization Florida Veterans Foundation, Inc 26-2748811 John Haynes Chairman Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I. 1 a Form 990 check here . . . ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1 b 5 a Form 8868 check here . . . D Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5 b Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must organization's federal taxes owed on this feturn, and the limitical institution to debit the entry to this account. To revoke a payment, it must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only Lauthorize to enter my PIN as my signature Enter five numbers, but on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🛛 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date ▶ Part III | Certification and Authentication 59405344393 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. ERO's signature Date > ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.