Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Florida College System Foundation P.O. Box 10503 Tallahassee, FL 32302 850-245-9494 www.fldoe.org/fcs/foundation	Section 1004.71, F.S.	 The Florida College System Foundation is organized and shall be operated exclusively for charitable, cultural, scientific and educational purposes, and for the realization and attainment thereof for the following purposes: a. To support the development of economic services to business and industry. b. To promote public involvement and awareness of state educational policy issues. c. To provide scholarships and other kinds of support services to students in furtherance of their postsecondary education. d. To publicize and promote activities in support of the Florida College System. e. To support the advancement of sound educational policies and programs. g. To support the activities and staff of the Chancellor of the Florida College System as they relate to the mission of the Florida College System. h. To solicit and receive by gift, devise or bequest, and to acquire by purchase, lease, exchange, or otherwise, or to dispose of by sale, exchange, transfer or otherwise, property, both real and personal, either as absolute owner of, as trustee thereof, and to manage and administer the same. i. To receive contributions, grants, gifts, from and 	Goal 1: Increase Student Support (Scholarships, Books, Technology and other Support Programs) Goal 2: Increase System Support (Grants, Programs, Marketing and support for Division, Chancellor, Institutions and Faculty) Goal 3: Organizational Growth to Reflect System Growth (Board Development and Growth; Staff Expansion) See attached 2012-2016 Strategic Plan Document under Tab 2.	See Tab 2 for: Mission Form 990 Conflict of Interest Policy	The Florida College System Foundation has been providing student scholarships to help students succeed and enter the workforce since 1999. The Foundation has provided \$8,161,162 in scholarships to students enrolled in Florida's 28 colleges since its inception. The Florida College System Foundation will award over \$979,000 in scholarships for the 2015-2016 academic year. The Florida College System Foundation supports the comprehensive mission of the Florida College System and its students to be the nation's leading advocate for postsecondary educational opportunity, access and student success while respecting and protecting the autonomy and local support of Florida's 28 colleges. Our strategic plan includes goals to increase statewide partnerships for student scholarships, and continue to expand system wide support with our local colleges with federal and private grants to promote student success and increase graduation rates.

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Florida College System Foundation P.O. Box 10503 Tallahassee, FL 32302 850-245-9494 <u>www.fldoe.org/fcs/foundation</u>		to transfer property, both real and personal, to other organizations identified and associated with The Florida College System Foundation , Inc., which are tax exempt organizations under the provisions of Section 501 (c) (3) of the Internal Revenue Code of the United States of America or acts amendatory thereof or supplementary thereto. j. In furtherance of the above purposes, to conduct any and all activities permitted to an organization exempt under Section 501 (c) (3) of the Internal Revenue Code or acts amendatory thereof or supplementary thereto.			
The Florida Education Foundation, Inc. 325 West Gaines Street, Room 1524 Tallahassee, FL 32399-0400 850-245-9692 www.floridaeducationfoundation.org	Section 1001.24, F.S.	The Florida Education Foundation promotes and supports academic excellence for pre- kindergarten through 12th grade students in Florida. The Foundation recognizes outstanding teachers and educational contributors, develops strategic alliances with business organizations and advances statewide initiatives.	 The Florida Education Foundation Board of Directors determined that it will advance efforts specifically to Increase recognition and the direct participation of the business community in PreK-12 education via the redesign and launch of the Commissioner's Business Recognition Awards program; Cultivate a future STEM talent supply for Florida via growth and enhancement of the Sunshine State Scholars program; Provide training opportunities for teachers and principals to improve and develop effective leadership skills via nationally recognized professional development 	Both are included in the submitted documentation.	 The Foundation: Remains true to its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDOE; Serves as an efficient fiscal agent for statewide education-specific workshops and conferences; Serves as the fiscal agent for several corporate and private grants that benefit preK-12 education in Florida; Exhibits sound fiscal management which is documented in its annual outside audit; Is an effective vehicle for cultivating meaningful partnerships between the FDOE

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
The Florida Education Foundation, Inc. 325 West Gaines Street, Room 1524 Tallahassee, FL 32399-0400 850-245-9692 www.floridaeducationfoundation.org			 programs that include the Teacher LEAD Network and the Commissioner's Leadership Academy; Continue to help with communication and messaging on the Florida Standards and determine what level of support is appropriate for FL Standards professional development; and Explore potential initiatives in entrepreneurship, civics, and other non- STEM related subject areas. 		 and other stakeholders; Expedites Commissioner-initiated projects and special task forces; and Is actively engaged in developing and successfully executing innovative programs such as the Sunshine State Scholars initiative and the Commissioner's Business Recognition Awards program.
Florida Endowment for Vocational Rehabilitation (dba The Able Trust) 3320 Thomasville Rd, Ste. 200 Tallahassee, FL 32308 850-224-4493 www.abletrust.org	Section 413.615, F.S.	The Able Trust's mission is to be a key leader in providing Floridians with disabilities opportunities for successful employment.	 The following general concepts will be developed into strategies and tactics for the 2016 – 2018 planning period, to be further refined during Committee meetings over the summer and at the September 2015 Board meeting. Grant awards should continue at two levels, with more emphasis on larger, multi-year grants that are directly linked to advancement of the mission of The Able Trust. The Able Trust should embark on a grant initiative pilot that deals with internships. The organization should continue its two transportation pilot programs, one each in Orlando and Miami, gathering outcomes to be used in developing funding sources that would allow for expansion of the transportation pilot, if outcomes justify such expansion. 	Included in the documentation.	 The Endowment: Remains true to its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDOE Division of Vocational Rehabilitation (VR); Exhibits sound fiscal management which is documented in its annual outside audit; Is an effective vehicle for cultivating meaningful partnerships between the FDOE and VR and other stakeholders; and Is actively engaged in developing and successfully executing innovative programs, such as the Annual Youth Leadership Forum and outcome-focused statewide employment grant-making activities. The Able Trust has been a valuable partner in the Governor's Commission on the Employment of Persons with Disabilities, as well as the Governor's Employment First

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Florida Endowment for Vocational Rehabilitation (dba The Able Trust) 3320 Thomasville Rd, Ste. 200 Tallahassee, FL 32308 850-224-4493 www.abletrust.org			 The Able Trust should continue its efforts to expand work experiences for job seekers, which might include job shadowing, mentoring, internships, or other related activities. Additional Internship Seminars should be conducted in cooperation with regional business groups, trade associations, and Chambers of Commerce. The Able Trust should implement its 3rd year statewide communications plan, directed towards business and designed to change misperceptions and increase the number of people with disabilities who are successfully employed. The Able Trust should continue its internal, youth programs, contingent upon obtaining outcome data that supports the resources dedicated to the programs and evidence that the programs continue to contribute to the mission. Florida Youth Leadership Forum: Goal of 45 – 50 new students each year. Florida High School High Tech: Goal is expansion at a 1–2 new sites per year, provided state matching funds are available to help support the expansion. 		initiative.

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Blind Services Foundation of Florida, Inc. 325 W. Gaines St. Room 1114, Turlington Building, Tallahassee, Florida 32399 1-800-342-1828 www.blindservicesfoundation.org	Section 413.0111, F.S.	The Blind Services Foundation of Florida, Inc., serves Florida's blind citizens with intensity. Our efforts are to use funds of the Foundation to support programs of the FDBS; and to conduct programs and activities, and initiate developmental projects for the benefit of citizens of Florida who are blind and/or visually impaired.	 From its strategic planning sessions in March and April of 2014, the Blind Services Foundation of Florida, Inc., Board of Directors determined that it will advance efforts for the foundations three year plan to: Increase recognition of the Bikers Care Tag and the direct participation of the biker community via new marketing initiatives; Provide support to encourage, challenge, motivate and recruit people, organizations and other not for profit organizations to support the FDBS as they serve Florida's blind citizens with shrinking resources and exploding senior populations; Develop strategic planning to identify a statewide need for further needs assessments as they relate to services and funding; Continue to help with communication and messaging of the FDBS and determine what level of support is appropriate for development; Will meet with the director of Highway, Safety Motor Vehicle on August 6th to discuss assistance with marketing of the Bikers Care motorcycle tag and education and enforcement of the White Cane Law. 		 The Florida Division of Blind Services, rationale to continue the Blind Services Foundation of Florida, Inc., is that the foundation: Maintains its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDBS; Serves as an efficient fiscal agent for statewide initiatives and developmental projects for the benefit of blind and/or visually impaired Floridians, through fundraising and advocacy groups for the blind and/or visually impaired Floridians; Exhibits sound fiscal management which is documented in its 990 and Bikers Care Tag Annual Financial Report. Is an effective vehicle for cultivating meaningful partnerships between the FDBS and other stakeholders; and Is actively engaged in developing and successfully executing innovative programs such as the Bikers Care Tag initiative and supports the efforts of the FDBS regarding services to support the blind and/or visually impaired community.



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

Goal 1

INCREASE STUDENT SUPPORT

Scholarships, Books, Technology, and other support programs

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

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

Goal 2 INCREASE SYSTEM SUPPORT Grants, Programs, Marketing, and support for Division, Chancellor, Institutions and Faculty

Double system support through increased grants and programs

- Organize and prepare for additional grant writing
- Revive unfunded grant proposals and find a new funder or partner
- Pursue additional state settlement funds
- Pursue funds for startup or expansion of programs aligned with state workforce needs

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

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

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

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

riorities	Goals	Strategies	Action
1. STUDENT SUPPORT (sch	olarships)		
X	Expand Student		
	Scholarships through	organization and preparation	statewide donor list by
	increased donations	for increased fundraising	targeted industries
			develop collateral material for use in fundraising
		secure gifts to fund	
		scholarships in specific areas	
		such as baccalaureate degree	
		students, teaching, IT, other	
		healthcare fields	
2. SYSTEM SUPPORT (dran	ts. programs)		
2. SYSTEM SUPPORT (gran	ts, programs) Expand systemwide support through increased grants and programs	organize and prepare for additional grant writing	coordinate with local college grant writers
2. SYSTEM SUPPORT (gran	Expand systemwide support through increased grants		
2. SYSTEM SUPPORT (gran	Expand systemwide support through increased grants	additional grant writing revive SmartNet proposal and	
2. SYSTEM SUPPORT (gran	Expand systemwide support through increased grants	additional grant writing revive SmartNet proposal and find a new funder or partner pursue additional state	grant writers

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

Priorities	Goals	Strategies	Action
FIUITIES	50015	Strategies	Action
	increase number of board member (25 is max)	achieve diversity of race/gender, geographic representation	
		attract additional high profile or influential board members	
		align new board members with targeted industry sectors for potential funding	
	increase the role of board members	define the role and expectation of board members	
	Establish a Leadership Council or Chancellor's Council	Consist of funders or friends of funders	
		create additional working committees of the board	fundraising committee
		increase the number of in person board meetings	2-3 per year
	increase coordination with the FCS stakeholder groups	Attend COP meetings, AFC convention	
		coordinate marketing efforts with COP/AFC	
		increase awareness opportunities with statewide groups (AIF, C100, FCoC)	
	Increase FCSF staff as funding allows		



Conflict of Interest Policy

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

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

In light of this, the following policy is established:

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

I acknowledge that I have received, read and understand this Florida College System Foundation, Inc., "Policy on Conflict of Interest."

Signature

Date

Print or type name

P. O. Box 10503 ■ Tallahassee, Florida 32302-0503 Phone: (850) 245-9494 ■ Fax: (850) 245-9454 www.fldoe.org/fcs/foundation

Code of Ethics Policy

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

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

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

(1) I have received a copy of the Conflicts of Interest Statement and that I will follow the Code of Ethics as defined by The Florida Statutes, Title X, and Chapter 112.

(2) I will formally and promptly communicate any potential conflict to the Foundation Board Chair, the Chancellor and the President of the Florida College System Foundation.

(3) I will act at all times with honesty, integrity and independence, avoiding actual or apparent conflicts of interest in personal and professional relationships and expect and encourage such conduct by other Directors.

(4) I will comply with all applicable rules and regulations of federal, state, and local governments and other appropriate private and public regulatory agencies.

(5) I will comply with the Foundation's policies and procedures, and contribute constructively to their ongoing evaluation and reformulation.

(6) I will act in good faith, responsibly, with due care, competence, and diligence, and without knowingly misrepresenting material facts or allowing my independent judgment to be subordinated.

(7) I will protect and respect the confidentiality of information acquired in the course of my membership on the Board except when authorized or otherwise legally obligated to disclose. Confidential information acquired in the course of my membership on the Board shall not be used for personal advantage.

(8) I will responsibly use and control assets and other resources entrusted to me.

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

Signature

Printed Name

Title New Policy Date

PUBLIC INSPECTION COPY

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

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

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

2244	4 04/23/2015 10:35	AM				OMP No. 1545-0047
Forr	990		Return of Organization Exempt From Income			OMB No. 1545-0047
	_		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private Do not enter Social Security numbers on this form as it may be made put		ns)	Open to Public
	rtment of the Treasunal Revenue Service		 Do not enter obtail decunity numbers on this form as it may be made provide the providence of the providenc			Inspection
A	For the 2013 c	alendar	year, or tax year beginning 07/01/13 , and ending 06/30/14			
	Check if applicable:	D	Emplo	yer identification number		
:	Address change		FOUNDATION, INC.			
•••••	Name change	Doing E	Business As		65-	-0530384
· .	·	Numbe	r and street (or P.O. box if mail is not delivered to street address) Room/su	ite E	Teleph	ione number
	nitial return	FL	DEPT EDUCATION P.O. DRAWER 10503		850	0-245-9494
	Terminated	City or	own, state or province, country, and ZIP or foreign postal code			
	Amended return	TAL	LAHASSEE FL 32302-0503	G	Gross rece	eipts \$ 9,628,88
	Application pending	F Name a	nd address of principal officer:			ubordinates? Yes X N
'	Application pending	ਹਾਹ	DY GREEN	s this a group r	return for su	ubordinates? Yes X N
		FL	DEPT EDUCATION P.O. DRAWER 10503	Are all subord	inates inclu	uded? Yes N
		TAI	LAHASSEE FL 32302-0503	If "No," att	ach a list.	(see instructions)
1	Tax-exempt status:	X	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website: F			Group exempt	tion numbe	er
к	Form of organization:	X c	prporation Trust Association Other	ation: 19	94	M State of legal domicile: F
7000000		ummar				
		escribe th	e organization's mission or most significant activities:			
~		SCHED				
nc.						
rna						
ove	2 Check th	is box 🕨	if the organization discontinued its operations or disposed of more than 25% of its ne	t assets.		
Ö			nembers of the governing body (Part VI, line 1a)		3	22
ŝ			ndent voting members of the governing body (Part VI, line 1b)		4	22
Activities & Governance	1	-	dividuals employed in calendar year 2013 (Part V, line 2a)		5	0
Cţi			olunteers (estimate if necessary)		6	22
∢	1		siness revenue from Part VIII, column (C), line 12		7a	
			ness taxable income from Form 990-T, line 34		7b	
				Prior Year		Current Year
¢	8 Contribut	tions and	grants (Part VIII, line 1h)	L,094		180,00
Revenue	9 Program	service r	evenue (Part VIII, line 2g)		, 385	51,61
eve	10 Investme	ent incom	e (Part VIII, column (A), lines 3, 4, and 7d)	2,300	,446	
œ	11 Other rev	venue (Pa	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			81
	12 Total rev	enue – a		3,440		1,823,55
	13 Grants a	nd simila	amounts paid (Part IX, column (A), lines 1–3)	L,384	,033	933,69
		•	for members (Part IX, column (A), line 4)			
ŝ	15 Salaries,	other co	mpensation, employee benefits (Part IX, column (A), lines 5–10)			
nse	16a Professio	onal fundi	aising fees (Part IX, column (A), line 11e)			
Expenses	b Total fun	draising e	expenses (Part IX, column (D), line 25) ► 0			450.01
ш	17 Other ex	penses (l	Part IX, column (A), lines 11a–11d, 11f–24e)		,542	453,61
	18 Total exp	oenses. A		L,896		1,387,30
	· · · · · · · · · · · · · · · · · · ·	e less exp		L,543		436,25 End of Year
s or				ing of Curren		22,549,34
Net Assets (20 Total ass			0,423	,020,0	22, 343, 34
et A: nd F	21 Total liab		rrt X, line 26)	0,423		22,549,34
				5,423	,020	22, 349, 34
			e Block			
U	nder penalties of	perjury, I c	eclare that I have examined this return, including accompanying schedules and statements, and to the eclaration of preparer (other than officer) is based on all information of which preparer has any know	ne pest of m ledge.	iy Knowle	euge and belief, it is
	ue, correct, and co	ompiete. L			<u> </u>	
<u>.</u> .		Signature of			Date))
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Preparer	Firm's name	•	CARROL	L AND	СОМЕ	PANY, CP	PAS			F	irm's EIN	59	9-3038	528
Use Only			2640-A	MITC	HAM D	RIVE								
	Firm's address	►	TALLAH	ASSEE	, FL	32308				F	ho <u>ne no.</u>	850	<u>)-877-</u>	<u>1099</u>
May the IR	S discuss this	return	with the prepar	er shown	above? (s	ee instructions)						X Yes	No

orm	990 (2013	B) THE FLORIDA	COLLEGE	SYSTEM	1	65-	0530384			Page 2
Pai	rt III	Statement of Progra	m Service A	ccomplisi	nments					
		Check if Schedule O				y line in this I	Part III			X
1	Briefly de	scribe the organization's mis				••••••••••••••••••••••••••••••••••••••	- <u>, , , , , , , , , , , , , , , , , , ,</u>			
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2	Did the or	ganization undertake any si	anificant program	services du	ring the year	which were not	listed on the			
		- 000 000 570								Yes X No
		lescribe these new services	on Schedule O	• • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • •					
		rganization cease conductin		cant change	e in how it co	inducts any prov	aram			
	services?	-	-							Yes X No
				· · · · · · · · · · · · · · · · · · ·					• • • • • • • • • • •	
		lescribe these changes on S		abuanta for .	anah af ita th	roo lorgest progr		manage and by		
		the organization's program								
		s. Section 501(c)(3) and 501				the amount of gr	ants and allocati	ons to others		
	the total e	expenses, and revenue, if ar	ny, for each progr	am service r	eported.					
			1 204	200			022 600			E1 E12
4a	(Code:) (Expenses \$	1,324,	308 inclu	uding grants	of \$	933,690) (Revenue		51,612)
		MADE TO THE	FLORIDA	СОГГЕС	ES TO .	FUND SCH	OLARSHIP	SFOR	STUDEN	TS AND
0	THER	ACTIVITIES SU	PPORTING	THE F.	LORIDA	COLLEGE	SYSTEM.			
	• • • • • • • • • • • •									
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4b	(Code:) (Expenses \$		incl	uding grants	of \$) (Revenue	\$)
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) (Dec.		
4c	(Code:) (Expenses \$		incl	uding grants	of \$) (Revenue	\$	•••••••••••••••••••••••••••••••••••••••
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										· · · · · · · · · · · · · · · · · · ·
4d	Other pro	ogram services. (Describe ir	Schedule O.)							
	(Expense		including	grants of \$_)	(Revenue \$	<u>.</u>)
		gram service expenses 🕨		324,30	8					

Form 990 (2 <u>013)</u>	THE	FLORIDA	COLLEGE	SYSTEM
Part IV	Checkl	ist of Require	ed Schedules	\$

65-0530384

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			1
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
Ũ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	_12a	X	\square
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		
	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		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
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	ļ	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	1

Form 990 (2013)	THE	FLORIDA	COLLEGE	SYSTEM	

P	art IV Checklist of Required Schedules (continued)			_
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	amolovees2 If "Vee " complete Schedule 1	23		X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			F
244	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schoolule K. If "No." go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
				<u> </u>
С		24c		
4	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d 25a				
25a		25a		x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			<u> </u>
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		x
	If "Yes," complete Schedule L, Part I	250		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		x
	disqualified persons? If so, complete Schedule L, Part II	26		<u> </u>
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			x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	28b		X
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			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	·		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a		<u>35a</u>		X
b				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		X
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	X	

Form	990 (2013) THE FLORIDA COLLEGE SYSTEM	65-0530384		Р	'age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliand	ce			
	Check if Schedule O contains a response or note to any line in	this Part V	<u> </u>	<u></u>	
		1 1 .	(debecodered)	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vene	dors and			
	reportable gaming (gambling) winnings to prize winners?		<u>1c</u>	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	1 <u>2a</u> 0			
b	If at least one is reported on line 2a, did the organization file all required federal employme		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see			[]	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the y	vear?	<u>3a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature				
	over, a financial account in a foreign country (such as a bank account, securities account,	or other financial			
	account)?	· · · · · · · · · · · · · · · · · · ·	4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and		_		77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax she	elter transaction?	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>	┼───	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000				v
	organization solicit any contributions that were not tax deductible as charitable contribution		<u>6a</u>	──	x
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			Į	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	a partly for goods	70		X
	and services provided to the payor?	· · · · · · · · · · · · · · · · · · ·	7 <u>a</u>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provide			<u> </u>	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	which it was	70		x
	required to file Form 8282?		7c		A
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e		x
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a person		78 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal b	enemi contract?		<u></u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization	allon life Form 6699 as required?	· <u>7g</u> -C? 7h		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did t		-0:		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3				
	organizations. Did the supporting organization, or a donor advised fund maintained by a	sponsoning	8		400000000000
•	organization, have excess business holdings at any time during the year?		· · · · · · · · · · · · · · · · · · ·		
9	Sponsoring organizations maintaining donor advised funds.		9a		3.
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>
b					
10	Section 501(c)(7) organizations.Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a L	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1
b					
11	Section 501(c)(12) organizations.Enter: Gross income from members or shareholders	11a			
a L	Gross income from thembers of shareholders Gross income from other sources (Do not net amounts due or paid to other sources	·····			
b	against amounts due or received from them.)	116			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in		12a		
12a 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.			<u> </u>	
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note. See the instructions for additional information the organization must report on Sche	dule O.			<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which			ļ.	
D.	the organization is licensed to issue qualified health plans	126		1	
с	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year	?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation	in Schedule O	14b		

65

5-	0	5	3	0	3	8	4	

Fart VI Governance, Management, and Disclosure. For each "Yes" response to line 32 through 7b below, and for a Not" response to ince 32 the origin 5chedule O. See instructions. Check if Schedule O. contains a response or note to any line in this Part VI. X. Section A. Governing Body and Management X. To find the number of outing members of the governing body at the each of the tax year. 1 a 22 Yes. No. If the governing body despet to the adverse to inflat commentes of similar committee. explain its Schedule O. 1 b 22 X. D Entot to number of outing members induced in line 1a, above, who are independent 1 b 22 X. 2 D any officer, director, trustes, or key employee have a family relationship or a business reationship with any other officer, director, rustes, or key employees 1 and angement. 2 k 3 D dth enganization edepast control over management dubts customarily performed by or under the direct. 3 k 4 D dth enganization edepast control over management dubts customarily performed by or under person? 3 k 5 D dth enganization edepast control over management dubts customarily performed by or under person? 4 k 6 D dth enganization edepast control over management dubts customarily performed by or under person? 5 k 7 D dth enganization members of thotoffort? 5 k 7 D dth enganization have ensemise,	Form	990 (2013) THE FLORIDA COLLEGE SYSTEM 65-	-0530384				F	Page 6
response to line 64, 69, or 100 below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check H Schedule O. Contains a response or note to any line in this Part V. Section A. Governing Body and Management 1a Enter ha number of volm genemens of the governing body at the end of the tax year Image: Contains a response body degree of the tax year Image: Contains a response body degree of the tax year If there are mather of volm genemens of the governing body, are markers of the governing body, are provided at the tax year Image: Contains a response body degree of the tax year If the governing body degree of the dimension				gh 7b	below, a	and for a "		
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Section A. Governing Body and Management Yes, No. 1a Enter the number of loading mambers of the governing body, at the or of the tax year if the expension allowed address of the governing body at the or of the tax year if the governing body degree to the governing body at the or of the tax year if the governing body degree to the governing body at the or smilar committer, explain in Schedule 0. 1a 22 1a 2a X 2 0 data or governing body at the originate intering the origon origin the originate intering the originate intering the orig			•			,		;
a Einer the number of volge members of the governing body of the tax year. fine a governing body delegated fixed authority to an executive committee or similar committee, registion in Steddal O. Ends fine number of volge members included in line 1a, above, who are independent be fixed fine numbers included in line 1a, above, who are independent be committee, registion in Steddal O. be committee or key employees to an anagement duties cuatomanity performed by or under the direct supervision follows, directors, or key employees to an anagement company or other person? be committee and persons on transagement duties cuatomanity performed by or under the direct supervision follows, directors, or totelsee, reverse or the significant diverse measures or stochodors? be committee and persons or to a significant diverse measures or stochodors? be committee with analytics, or other persons who haid the power to elect or appoint one or more members or tochodors? be committee, or persons other than the governing body? be committee with authority for an one behavior the organization reserved to for subject to approval by members, stochodoles, or persons other than the governing body? be committee with authority for an one of members with authority to and on behavior (the governing body? be committee, or persons other than the governing body? be committee with authority to an one behavior of the organization to every members, stochodole and persons and persons (the committee anadole and the governing body? be	Sec							
If the governing body delegated two authority to an executive committee or similar commitse, explain in Schedudo 0. Image: the image of the security of the security committee or similar commitse, explain in Schedudo 0. D ID to any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duies customary performed by or under the direct supervision of officers, director, subtee or key employees to a management duies customary performed by or under the direct supervision of officers, director, trustee, or key employees to a management duies customary performed by or under the direct supervision of officers, director, busites, or trustees or key employees to a management duies customary performed by or under the direct supervision of officers, director, busites or do significant diversion of the organization assets? 6 X C ID the organization baceme swite during the year of a significant diversion of the organization assets? 7 K X D ID the organization makemy are members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 K K D ID the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 K D ID the organization have went the power to elect or appoint members of the governing body? 8 K K K </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Yes</td> <td>No</td>							Yes	No
If the governing body delegated tored autionity to an executive committee or smalar committee, explain in Schedule 0. Image: the second s	1a	Enter the number of voting members of the governing body at the end of the tax year		1a	22			
committee, expany in Schedule 0. 10 22 b Entre the number of voling members included in line 1a, above, who are independent 2 2 2 D3 the organization decysic control over management dulies customarily performed by or under the direct supervision of directs, directors, or trastees, or key employees to a management company or other person? 3 X 4 D4 the organization become sware during the year of a significant diverses to a management dulies customarily performed by or under the direct supervision of directs, directors, or tastees, or key employees to a management company or other person? 3 X 5 D4 the organization have emethers or tock/holders? 5 X 6 D4 the organization have emethers or tock/holders? 5 X 7 D4 the organization have emethers or tock/holders? 5 X 7 D4 the organization have emethers or tock/holders, or other porsons who had the power to elect or appoint one or more members of the governing body? 7 5 X 8 D4 the organization have emethers, stock/holders, or other porsons who had the power to elect or appoint the members of the governing body? 7 5 X 8 D4 the organization have emethers of the governing body? 7 5 X 9 is there any officer, director, truste		If there are material differences in voting rights among members of the governing body, or						
b Else the number of values members included in line 1a, above, who are independent to 10 2 10		if the governing body delegated broad authority to an executive committee or similar						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 2 X 3 Did the organization make any significant charges to its governing documents since the person? 3 X 4 Did the organization make any significant charges to its governing documents since the person? 3 X 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the powering body? 6 X 6 Did the organization nate any sequencing body? 8 X X 7 Did the organization nate any sequencing body? 8 X X 8 Did the organization conservopromocouldy document the meetings held or writen actions undertaken during the year by the following. 8 X 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reacted at the organization nate organization nate organization and directors if III''s and officers further, or they employee listed in Part VII. Section A, who cannot be reacted at the organization have local chapters. If reaction they are consistent with the organization for they organization have local chapters. If reaction runstees and proceedures governing body? 10 X 9 Is there any officer, director, trustee,		committee, explain in Schedule O.						
ary other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duries customarily performed by or under the direct 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 vas filed? 4 X 5 Did the organization have members or stockholders? 5 X 6 Did the organization have members, stockholders? 6 X 7 Did the organization have members, stockholders? 6 X 7 Did the organization have members, stockholders? 7 X 8 Did the organization contemportation reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 X 9 Did the organization contemportation contempor	b	Enter the number of voting members included in line 1a, above, who are independent		1b	22			
3 Did the organization delegate control over management dues customally performed by or under the direct 3 X 4 Did the organization make any significant durages to its governing documents since the prior form 950 was filed? 4 X 5 Did the organization make any significant durages to its governing documents since the prior form 950 was filed? 5 X 6 Did the organization have members, stockholders? 6 X 7 Did the organization contemporaneously documents since the prior form 950 was filed? 7 X 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7 X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X 9 Is there any difficant durage or they employee listed in Part VII. Section A, who cannot be reached at the organization real local chapters, branches, or advises in formation about policies not required by the Internal Revenue Code) Yes No. 10a Did the organization have written policies and procedures governing body? 10a X 2 Ut we organization nave written policies and procedures governing body before filing the form? 10a X 10a Did the organization nave	2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	ionship with					
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4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization have members or stockholders? 6 X 7a Did the organization have members or stockholders? 6 X 7a Did the organization have members or stockholders? 7a X 7a Did the organization conserved to (or subject to approval by) members, stockholders. or persons other than the governing body? 7b X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 7b X 8 Each committee with authority to at on behalf of the governing body? 8b X 8b X 9 Is there any officer. (trustee, or key employee listed in Part VII. Section A who cannot be reached at the organization have writes the organization about policies not required by the Internal Revenue Code : Yes No 9 Did the organization have writem policies and procedures governing body? 8b X No 10a Did the organization have writem policies and procedures governing body before filing the form? 10a X 11a Has the organization neares and texp policy of this Form 990 tat all members of ta governing body?	3	Did the organization delegate control over management duties customarily performed by or und	ler the direct					
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members, so cholders? 6 X 7 Did the organization have members, so cholders? 7 X 8 Did the organization have members, so cholders? 7 X 9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stocholders, or persons other than the governing body? 8 X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X 9 Is there any officer. director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written policies and to the special matrix and addresses in Schedule O 9 X 9 Is there any officer. director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing body? 10 10 X 9 I'Yes, ''did the organization have written policies and procedures governing body be discing and participation and addresses in Schedule O. Yes, 'No. 10a X 10 I'Yes, ''did the organization have written policies and procedures governing body? 11a X		supervision of officers, directors, or trustees, or key employees to a management company or o	other person?			3		
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 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ FL 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ JUDY GREEN 	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arr	angement					1
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organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 17 List the states with which a copy of this Form 990 is required to be filed ▶ FL 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X X Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 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: ▶ P.O. DRAWER 10503 P.O. DRAWER 10503 P.O. DRAWER 10503	b							
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ FL 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 19 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ JUDY GREEN P.O. DRAWER 10503			afeguard the					
 17 List the states with which a copy of this Form 990 is required to be filed FL 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JUDY GREEN P.O. DRAWER 10503 			<u></u>		<u></u>	16b		<u> </u>
 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JUDY GREEN P.O. DRAWER 10503 	Sec							·
 available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JUDY GREEN P.O. DRAWER 10503 		Eist the states with which a copy of the Form over to required to be mode in		->/@>				
 X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JUDY GREEN P.O. DRAWER 10503 	18		1 990-1 (Section 501(c)(3)S 0	niy}			
 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JUDY GREEN P.O. DRAWER 10503 								
 financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JUDY GREEN P.O. DRAWER 10503 				nolicy	and			
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JUDY GREEN P.O. DRAWER 10503	19		ns, connict of interest	policy,	anu			
organization: JUDY GREEN P.O. DRAWER 10503	••		oks and records of the	a				
	20			-				
	m			02		850-24	15-9	9494

Form 990 (2013)

Form 990 (2013) THE	FLORIDA	COLLEGE	SYSTEM	65-0530384	Page 7
	Indepen	ndent Contra	ctors		es, Key Employees, Highest Compensated Emp te to any line in this Part VII	ployees, and X
Section A.	Officers,	Directors, Trus	stees, Key Emp	loyees, and Hi	ghest Compensated Employees	
1a Complete the organization's ta		all persons requi	ired to be listed. I	Report compens	sation for the calendar year ending with or within the	
			officers, directors), and (F) if no co		ner individuals or organizations), regardless of amount of s paid.	

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unles	ss per	tion nore rson i	than one s both a r/trustee	n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director		Officer			Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) DR. JOHN BELOHLA										
	3.00								0	0
DIRECTOR	0.00	X					\rightarrow	0	0	0
(2) WENDY WALKER										
	3.00								0	0
DIRECTOR	0.00	X					-	0	0	
(3) RANDY BERRIDGE	~ ~ ~									
	3.00							0	0	0
DIRECTOR	0.00	X				_		0	0	v
(4) ISA ADNEY	2 00									
	3.00							0	0	0
DIRECTOR	0.00	X						0		
(5) DR. JEFFREY ALLE	3.00	1								
								0	0	0
DIRECTOR	0.00	X		_				V		
(6) BRIAN P. BUWALDA										
·	6.00 0.00	x		x				0	0	0
TREASURER (7) TERESA BORCHECK	0.00	┢┻		^	-		-	V		
(7) TERESA BORCHECK	3.00									
DIDECMOD	0.00	x						0	0	0
DIRECTOR (8) SALLY BRADSHAW	0.00					+ +-	-		<u>_</u>	
(6) SALLI DIADSIAN	3.00						1			
DIRECTOR	0.00	x						0	0	0
(9) JOSEPH H. LANG		+								
	3.00									
DIRECTOR	0.00	x						0	0	0
(10) NANCY BOTERO										
	3.00									
DIRECTOR	0.00	X						0	0	0
(11) DR. ANN MCGEE						1 [Ī			
	6.00			1					_	
CHAIR	0.00	X		Х				0	0	Form 990 (2013

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(A) Name and title	(B) Average hours per week (list any	b)	o not o x, unle	(Pos check ass pe	C) sition more erson	e than o is both or/truste	ne an	nd Highest Compensated (D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) GEORGE I. PLATT,	III									
DIRECTOR	3.00	x						0	0	0
(13) VIOLETA SALUD	0.00									
· · · · · · · · · · · · · · · · · · ·	3.00									•
DIRECTOR	0.00	X		-		$\left - \right $		0	0	0
(14) LARRY STEWART	3.00									
DIRECTOR	0.00	x						0	0	0
(15) MICHAEL HIGHTOWE	R									
	6.00								0	0
VICE CHAIR	0.00	X		X			-	0	0	0
(16) TAMI CULLENS	3.00									
DIRECTOR	0.00	x						0	0	0
(17) STACEY WEBB										
	3.00							о	0	0
DIRECTOR (18) DR. THOMAS E. FU		X				+			0	
(18) DR. THOMAS E. PC	6.00		1							
PAST CHAIR	0.00	x		x				0	0	0
(19) WILLIAM CRAMER										
	3.00							о	0	0
DIRECTOR the Sub total	0.00	X	1	<u> </u>	1			0		
1b Sub-total c Total from continuation she	ets to Part VII.	Sect	ion /	4				81,000		29,062
d Total (add lines 1b and 1c)								81,000		29,062
2 Total number of individuals (increportable compensation from	cluding but not lin	nited	to th O	ose	liste	d abo	ve)	who received more than \$1	00,000 in	
	Ine organization		<u> </u>					aa		Yes No
3 Did the organization list any fo	rmer officer, dire	ctor,	or tr	uste	e, ke	ey em	ploy	ee, or highest compensated	l	3 X
 employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual 	1a, is the sum o	f rep	ortab	ole co	omp	ensat	ion ' coi	and other compensation from mplete Schedule J for such	m the	4 <u>X</u>
5 Did any person listed on line 1	a receive or accr	ue co	ompe	insat	tion	from a	any	unrelated organization or inc	dividual	5 X
for services rendered to the or		es," c	comp	lete	Sch	edule	J fo	r such person	······ <u>.</u>	5 X
Section B. Independent Contractor 1 Complete this table for your five	e highest compe	nsate	ed in	depe	ende	nt cor	 ntra	ctors that received more that	n \$100,000 of	
compensation from the organiz	ation. Report co	mpei	nsatio	on fo	or the	e cale	nda	r year ending with or within t	the organization's tax year.	(C)
Name and	(A) I business address						<u> </u>	Descrip	(B) tion of services	(C) Compensation
							ļ			
							+-			
				_						
							1-			
2 Total number of independent of	contractors (inclue	ding	but n	iot lir	mite	d to th	nose	listed above) who	0	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2

0

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Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	impl	oyee	es, a	and Highest Compensated	Employee(continued)	
(A) Name and title u	(B) • Average hours per week (list any hours for	bo	x, uni	Pos check ess pe	erson	than d is both pr/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) LYN STANFIELD DIRECTOR	3.00	x						0	0	0
(13) KAREN MOORE	3.00									`
DIRECTOR (14) JOHN PADGET	0.00	x						0	0	0
DIRECTOR (15) JUDY GREEN	3.00 0.00	x						0	0	0
PRESIDENT	40.00 0.00			x				81,000	0	29,062
(16)										
(17)										
(18)					-	- - -				
(19)				-						
1b Sub-total c Total from continuation she d Total (add lines 1b and 1c)	<u></u>			<u></u> ,				81,000		29,062
2 Total number of individuals (ind reportable compensation from	cluding but not lin the organization	hited ►	to th	iose	liste	d abo	ove)	who received more than \$1	00,000 in	Yes No
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organ individual 	complete Schedu 1a, is the sum o izations greater t	ile J f rep han	for s ortat \$150	uch ble c 0,000	indiv omp I? If '	vidual ensat 'Yes,	tion " coi	and other compensation from mplete Schedule J for such	m the	4
5 Did any person listed on line 1 for services rendered to the or	ganization? If "Ye	ue co s," c	ompe	ensa lete	tion f Sche	from a edule	any J fo	unrelated organization or incomendation or incomendation of the second sec	dividual	5
Section B. Independent Contractor Complete this table for your five compensation from the organize	e highest compe	nsate	ed in nsati	depe on fo	ende or the	nt co e cale	ntrao Inda	ctors that received more tha r year ending with or within	n \$100,000 of the organization's tax year.	
Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
					_					
							-			
2 Total number of independent of received more than \$100,000	ontractors (inclue	ding from	but r	iot lii orga	niteo	to th	 nose ►	e listed above) who		

Form 990 (2013) THE FLORIDA COLLEGE SYSTEM

Pa	rt VI		ient of Rever	nue) contai	ns a response o	or note to any line i	n this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		Federated cam Membership du		1a 1b					
Ű,Ĕ		Fundraising ev		1c]			
ar /	d	Related organiz	zations	1d]			
s,e	е	Government grants (contributions)	1e					
risi Sign	f	All other contributions	s, gifts, grants,						
the		and similar amounts	not included above	1f	180,009				
off.	g	Noncash contribution	is included in lines 1a-1	f: \$_					
ခိုင်	h	Total. Add line:	<u>s 1a–1f</u>	<u></u>	<u></u>	180,009			
ne					Busn. Code				
Program Service Revenue	2a	SEMINAR	REGISTRATION	FEES	900099	51,612	51,612		
R	b								
vic.	с			• • • • • • • • • •					
Ser	d							···	
ram	е								
rog			am service reven		·····	E1 612			<u> </u>
<u>а</u>		-	<u>s 2a–2f</u>			51,612		l	[
	3		ome (including di	vidends,		735,654			735,654
		and other simil			• • • • • • • • • • • • • • • • • • •	/33,034			,,
	4		vestment of tax-	exempt b	ond proceeds				
	5	Royalties	() D -al	<u> </u>	(ii) Personal				
			(i) Real			-			
	6a	Gross rents		<u> </u>		-			
	Ь	Less: rental exps.				4			
	C L	Rental inc. or (loss)				_8000000000000000000000000000000000000			• • • • • • • • • • • • • • • • • • • •
	d 7a	Net rental inco Gross amount from	(i) Securities	<u> </u>	(ii) Other				
		sales of assets	8,660,		() 0	-			
	Ь	other than inventory Less: cost or other	0,000,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1			
	b	basis & sales exps.	7,805,	327					
	6	Gain or (loss)	855			1			
	1	Net gain or (los		· · · · · · · · · · · · ·	▶	855,470			855,470
	1	•	om fundraising ever	nts					
une		(not including \$	Ŭ						
svel		• -	eported on line 1c).						
Å		See Part IV, line		а					
Other Revenue	b	Less: direct ex		b		1			
0	c	Net income or	(loss) from fundr	aising <u>ev</u>	rents				1
	9a		om gaming activities	s.					
		See Part IV, line	19	a		4		1	
		Less: direct ex		. b		4			
			(loss) from gami	ng activit	ies 🚬 🕨				
	10a		finventory, less						
		returns and all		. a		-			
	1	Less: cost of g		b					
	C C		(loss) from sales	<u>o inven</u>	Busn. Code	-			
	44-					814			814
	11a b	**********	IEOUS INCOME						
	а 5								
	d	All other reven			·····				
	e	Total. Add line			▶	814			Į
	12		e. See instruction	IS.	•	1,823,559	51,612	2 0	1,591,938

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Form **990** (2013)

Form 990 (2013) THE FLORIDA COLLEGE SYSTEM

Part IX Statement of Functional Expenses

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Secti	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo				
	ot include amounts reported on lines 6b, b, 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 U.S. See Part IV, line 21	933,690	933,690		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
Ŭ	organizations, and individuals outside the				
	U.S. 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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes			·	<u> </u>
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				<u> </u>
	Lobbying				
_	Professional fundraising services. See Part IV, line 17	151,540	151,186	354	·
f	Investment management fees	131,340			
g	Other. (If line 11g amount exceeds 10% of line 25, column	20,278	6,200	14,078	
40	(A) amount, list line 11g expenses on Schedule O.)	17,250	17,250		
12 13	Advertising and promotion Office expenses	9,927	991	8,936	
14	Information technology				
15	Royalties				
16	· · · · · · · · · · · · · · · · · · ·				
17	Occupancy Travel	108,111	87,651	20,460	· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	45,951	37,182	8,769	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,457		3,457	
23	Insurance	1,004		1,004	
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	UNCOLLECTIBLE GRANTS	78,570	78,570	2.024	
b	AWARDS & RECOGNITION	8,372	4,438		· · · · · · · · · · · · · · · · · · ·
C	HONORARIUMS	7,000	6,000		
d	EDUCATION AND TRAINING	2,150	1,150	1,000	·
e	All other expenses	1,387,300	1,324,308	62,992	0
25	Total functional expenses. Add lines 1 through 24e	1,307,300	I, J24, 508	02,352	·
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)				Form 990 (2013

Form 990 (2013) THE FLORIDA COLLEGE SYSTEM Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in th	is Part X	·····		<u>,</u>
					(A)		(B)
					Beginning of year		End of year
	1	Cashnon-interest bearing				1	
	2	Savings and temporary cash investments			1,210,524	2	2,570,568
	3	Pledges and grants receivable, net			572,277	3	388,930
.	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former of	officers, directors,				
		trustees, key employees, and highest compensated er					
		Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified pe					
		4958(f)(1)), persons described in section 4958(c)(3)(B)), and contributing	g employers and			
		sponsoring organizations of section 501(c)(9) voluntary	y employees' ben	eficiary			
ß		organizations (see instructions). Complete Part II of Sc	chedule L			6	
Assets	7	Notes and loans receivable, net				7	
Ϋ́	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
1	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	20,380			
	b	Less: accumulated depreciation	1401	16,428	i) 7,407	10c	3,952
1		Investments-publicly traded securities	18,625,330	11	3,952 19,575,814		
1		Investments-other securities. See Part IV, line 11			12		
1		Investments-program-related. See Part IV, line 11			13		
1		Intangible assets				14	
1	15				7,490		10,083
1	16	Total assets. Add lines 1 through 15 (must equal line			20,423,028	16	10,083 22,549,347
1		Accounts payable and accrued expenses				17	
1		Grants payable				18	
1	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete Part IV	of Schedule D			21	
v 2		Loans and other payables to current and former office					
Liabilities		trustees, key employees, highest compensated emplo	yees, and				
abil		disqualified persons. Complete Part II of Schedule L				22	
2	23	Secured mortgages and notes payable to unrelated th	ird parties			23	
2	24	Unsecured notes and loans payable to unrelated third	parties			24	
2	25	Other liabilities (including federal income tax, payables	to related third				
		parties, and other liabilities not included on lines 17-24		х			
		of Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			0	26	0
		Organizations that follow SFAS 117 (ASC 958), cl	heck here 🕨 💈	X and			
es		complete lines 27 through 29, and lines 33 and 34					
	27	Unrestricted net assets			-1,290,042	+	3,952
Bal	28	Temporarily restricted net assets			5,710,840		6,543,165
2 2	29	Permanently restricted net assets			16,002,230	29	16,002,230
교		Organizations that do not follow SFAS 117 (ASC	958), check her	and and			
Net Assets or Fund Balances		complete lines 30 through 34.				1	
Sets	30	Capital stock or trust principal, or current funds			ļ	30	
Ass	31	Paid-in or capital surplus, or land, building, or equipme				31	
te et	32	Retained earnings, endowment, accumulated income,	or other funds			32	
	33	Total net assets or fund balances			20,423,028		22,549,347
3	34	Total liabilities and net assets/fund balances		· · · · · · · · · · · · · · · · · · ·	20,423,028	34	22,549,347

Form 990 (2013)

Form	990 (2013) THE FLORIDA COLLEGE SYSTEM65	5-0530384			F	Page 12
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part	<u>t XI</u>	<u></u>	<u></u>		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)		. 1			,559
2	Total expenses (must equal Part IX, column (A), line 25)		2	1,		,300
3	Revenue less expenses. Subtract line 2 from line 1		1 2 1			,259
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4			,028
5	Net unrealized gains (losses) on investments			1,	690	<u>,060</u>
6	Donated services and use of facilities					
7	Investment expenses		7			
8	Prior period adjustments					
9			9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, lin	e				
	33, column (B))	<u> </u>	10	22 ,	549	<u>,347</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Par	t XII		<u></u>	<u></u>	<u> </u>
				10000M	Ye	s 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," ex	plain in				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accourt	ntant?		2	a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled or				
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate ba	asis				
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 aud	lited on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis	asis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility	for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independen	t accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax ye	ar, explain in				
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as	set forth in				
	the Single Audit Act and OMB Circular A-133?			3	a	

the Single Audit Act and OMB Circular A-133?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2013)

3b

THE Branch Backs Information about Schedule A (Form 490 or 990-E2) and its instructions is at wowling sourcements Instruments	SCHEDULE A		lic Charity Statu							OMB No.	1545-0047
Advanced with a transvery Attach to Form \$90 e.C. Second State Second State	(Form 990 or 990-EZ)	Complet	e if the organization is a sec	tion 501(c))(3) orga	nization	orase	ection		20)13
Parameter of the regeneration THE FLORTDA COLLEGE SYSTEM THE FLORTDA COLLEGE SY				-							
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Earth Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a physic foundation because it is. (For lines 1 through 11, check only one box.) A school described in section 70(b)(1)(A)(i). A A school described in section 70(b)(1)(A)(ii).(Altach Schedule E.) A medical research organization described in section 70(b)(1)(A)(ii). A A medical research organization described in section 170(b)(1)(A)(iii). A medical research organization organization described in section 170(b)(1)(A)(iii). F An organization organization organization described in section 170(b)(1)(A)(iii). Cherrity Status (All Complete Part II.) F A norganization that comarkly receives a subtraction transport from a governmental unit or from the general public described in section 170(b)(1)(A)(V). (Complete Part II.) B A community trust described in section 170(b)(1)(A)(V). B A community receives a subject to crain security. and the muthan security of the bank to case section 500(a)(A). B A community receives a subject to crain security. and the muthan security and the comparization described in a section 500(a)(A). B A community receives (A) the subject	Name of the organization										
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1 A church convention of nhurches, or association of churches described in section 170(b)(1)(A)(II). 2 A school described in section 170(b)(1)(A)(III). (Altach Schoold E). 3 A neglial research organization operated to child sectibed in section 170(b)(1)(A)(III). 4 A neglial research organization operated to release the insection 170(b)(1)(A)(III). 5 An organization operated for the benefit of a college or university event or operated by a governmental unit described in section 170(b)(1)(A)(IV). Complete Part II.) 6 A federal state, or fool government or governmental unit described in section 170(b)(1)(A)(IV). Complete Part II.) 7 An organization tha normally receives a substantial part of its support from governmental unit of from the general public described in section 170(b)(1)(A)(V). (Complete Part II.) 8 A comparization that normally receives: (1) more than 33 13/3% of its support from governmental unit and gross investment income and unrelated business taxable income (less section 596(a)(2). 10 An organization organization adher dures 30, 1975. See section 596(a)(2) for section 596(a)(2). See section 596(a)(2) or section 596(a)(2). 11 An organization organization adheradue is section 170(b)(1) or section 596(a)(2). See section 596(a)(2). See section 596(a)(2) or section 596(a)(2). 10 An organization organization discribed in section 170(b) (1) or section 596(a)(2). See section 596(a)(2). See section 596(a)	Part I Reason	for Public Charity S	status (All organizations	must cor	nplete t	his par	t.) See	instru	ctions.		
2 A school described in section 170(b)(1)(A)(0). (Attoch Schodule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(0). 4 A modular issuence organization operated in conjunction with a hospital described in section 170(b)(1)(A)(0). Complete Part II) 6 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 7 X an organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 7 X an organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 7 X an organization operated for the benefit of a subport from a governmental unit or from the general public described in section 170(b)(1)(A)(V). Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(V). Complete Part II.) 9 An organization organized and to in section 170(b)(1)(A)(V). Complete Part II.) 9 An organization organized and operated acclusevely to the benefit of 1.0 soffment the functions of or to carry out the purposes of one or more publicly supported organization described in section 500(a)(2). See section 500(a)(2). See section 500(a)(2). 10 An organization regenized and operated acclusevely for the benefit on section 500(a)(1) or section 500(a)(2). See section 500(a)(2).	The organization is not a p	rivate foundation because	it is: (For lines 1 through 11, ch	eck only on	e box.)						
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).Enter the hospital's name, city, and state. 6 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 7 X hospitation that commany receives a substantial part of this support form a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) 8 A community rust described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An organization namely receives a substantial part of this support form contributions, membership fees, and grass receips in momally receives. (1) more than 33 1/3% of its support form contributions, membership fees, and grass receips from activities related to its evenpt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from granization organized and operated exclusively to relate that subsie income (and universities vestication 100(b)(1)(A)(VI). (Complete Part II.) 9 An organization organized and operated exclusively to relate that subsie income (and universities vestication status) in come (assection 510(a)(a). 11 An organization organized and operated exclusively to relate the section 100(b)(1)(A)(VII). 10 An organization organized and operated exclusively to relate the organization and complete lines 11e through 11h. a Type II c Type IIII. c Type IIII. c Type IIII. 9 Since August 17, 2006,	1 A church, conve	ntion of churches, or assoc	ciation of churches described in	section 1	70(b)(1)(A)(i).					
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii).Enter the hospital's name, city, and state; 6 An organization operated for the banefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II).) 7 X An organization that normally receives a substantial part of its support from a governmental unit of nom the general public described in section 170(b)(1)(A)(iv). (Complete Part II).) 8 An organization that normally receives a substantial part of its support from contributions, membership fees, and gross receipting from achivities related to its exerting functions—byte organization section 170(b)(1)(A)(iv). (Complete Part II).) 9 An organization ongenized and operated exclusively to test for public safety. See section 509(a)(1). 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(1) or section 509(a)(2). See section 509(a)(1) or section 509(a)(2). See section 509(a)(1) or section 509(a)(2). See section 509(a)(1) or section 509(a)(1) or section 509(a)(2). See section 509(a)(1) or section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(1) or section 509(a)(1) or section 509(a)(2). See section 509(a)(2). See	2 A school describ	ed in section 170(b)(1)(A	.)(ii).(Attach Schedule E.)								
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Section 170(b)(1)(A)(iv).(Complete Part II.) A federal state, or local government or governmental unit described in section 170(b)(1)(A)(v). A a reganization that rormally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v).(Complete Part II.) A comparization that rormally receives a substantial part of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (ess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.) An organization organized and operated exclusively for the to public safety. See section 509(a)(2). An organization organized and operated exclusively for the to public safety. See section 509(a)(2). An organization organization after subject is the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III-Continually integrated d Type III-Non-functionally integrated By checking this tox. (1 certify that the organization is described in section 509(a)(1) or section 509(a)(1) or section 509(a)(2). g Since August 72.006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly or on organization? (ii) A family member of a person described in (i) allowe? (iii) A family member of a person described in (i) or (ii) above? (iii) A family member of a person described in (i) or (ii) above? (iii) A family member of a person described in (i) or (ii) above? (iii) A family member of a person described in (i) and (iii) A family member of a person described in (i) and (iii) A family member of a person described in (i) above? (iiii) A family member of a pers	city, and state:										
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10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the pupported organizations described in section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(2). Type III – Controllar intervents the organization is not controlled lines 11 e through 11 h. a Type I b Type III – C Type IIII – Controllar intervents in a control directly or indirectly or indirectly or nore disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I. Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? If denoisy member of a person described in (i) and the organization? (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) A 53% controlled entity of a person described in (i) or (ii) above? If the organization accepted organization? (ii) Name of a person described in (i) and (iii) A 53% controlled entity of a person described in (i) or (ii) above? If give instructions) (iv) bit we organization organization in coll (i) field or your organization in coll (i) field or your organization in coll (i) field organication in coll (i) field organization in coll (i) fie	support from gro	oss investment income and	unrelated business taxable inc	ome (less s	section 51	1 tax) fr	om busii	nesses			
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a Type I c Type III - C Type III - Functionally integrated d Type III - Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (i) and ing(i) ing(ii) f family member of a person described in (i) othove? (ii) A 35% controlled entity of a person described in (i) or (ii) above? (i) Name of supported organization about the supported organization(5). (i) Name of supported (iii) EiN (iii) type of organization (2) (iv) Is the organization in organization in (i) (iii) organization (2) (iv) Is the organization (2) (iv) Is the organization (2) (iv) Is the organization in coll (1) (iv) Is the organization in coll (1) (iv)									tion		
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e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (ii) adowe? Yes No (1) A family member of a person described in (i) above? (1) A 35% controlled entity of a person described in (i) or (i) above? (1) A mount of monetary above or IRC section (10) Name of supported (10) EIN (10) Figure 10 (S) Yes No									n-functic	onally integrat	led
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(iii) below, the governing body of the supported organization? 11g(i) 1			trols, either alone or together w	ith persons	s describe	ed in (ii) a	and				Yes No
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abbe of inc sector governing doublent support? inc support? inc support? (A) //es No Yes No Yes No (B) //es //es //es //es //es //es //es (C) //es //es //es //es //es //es //es (D) //es //es //es //es //es //es //es (E) //es //es //es //es //es //es //es	••	~ /		1						sup	port
Yes No Yes No Yes No Yes No Yes No (A) Image: Comparison of the strength of the strengt				governing	document?		-				
(B) (C) ((366 1131/061013)	Yes	No	Yes	No	Yes	No		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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		E FLORIDA				-0530384	Page 2
Pa	rt II Support Schedule for Or (Complete only if you ched	ganizations De	escribed in Se	ctions 170(b)(*	1)(A)(iv) and 17	′0(b)(1)(A)(vi) ailed to qualify u	nder
	Part III. If the organization	fails to qualify	under the tests	listed below pl	lease complete	Part III.)	nder
Sect	tion A. Public Support	land to quality		10100 <u>201011</u> p	<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	385,293	40,095	764,808	1,094,600	180,009	2,464,805
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	119,329	·	122,162		130,994	621,049
4	Total. Add lines 1 through 3	504,622	163,270	886,970	1,219,989	311,003	3,085,854
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)						423,639
6	Public support. Subtract line 5 from line 4.			<u> </u>			2,662,215
Sec	tion B. Total Support				••••••••••••••••••••••••••••••••••••••		
	dar year (or fiscal year beginning in)►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	504,622	163,270	886,970	1,219,989	311,003	3,085,854
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	470,612	439,325	425,153	907,424	735,654	2,978,168
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.)	28,625	25,831	51,765	45,385	52,426	204,032
11	Total support. Add lines 7 through 10	(12	192,947
12	Gross receipts from related activities, etc. First five years. If the Form 990 is for the	(see instructions)	accord third four	th or fifth tay year	as a section 501(c)		
13			second, inita, iour	in, or min tax year		(0)	►
Sec	organization, check this box and stop here tion C. Computation of Public Su	e Ipport Percent	age		<u></u>		
14	Public support percentage for 2013 (line 6,			(f))		14	42.47%
14	Public support percentage from 2012 Sche			V <i>H</i>		15	%
16a	33 1/3% support test—2013. If the organ	ization did not cheo	k the box on line 1	3, and line 14 is 33	1/3% or more, che	ck this	
100	box and stop here . The organization quali						► X
b	33 1/3% support test—2012. If the organ	ization did not cheo	k a box on line 13	or 16a, and line 15	is 33 1/3% or more	9,	
	check this box and stop here. The organize	zation qualifies as a	publicly supported	organization			>
17a	10%-facts-and-circumstances test—20	13. If the organizati	on did not check a	box on line 13, 16a	a, or 16b, and line 1	4 is	
	10% or more, and if the organization meet	s the "facts-and-cire	cumstances" test, o	check this box and	stop here. Explain	in	
	Part IV how the organization meets the "fa	icts-and-circumstan	ces" test. The orga	inization qualifies a	s a publicly suppor	ted	•
	organization				401 47		
b	10%-facts-and-circumstances test-20)12. If the organizati	ion did not check a	box on line 13, 16	a, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization	meets the "facts-ar	na-circumstances"	test, check this boy	anu stop nere. nualifies as a publi	clv	
	Explain in Part IV how the organization me	eets the macts-and-	uncumstances tes	i. The organization	quaimes as a publi		►
40	supported organization Private foundation. If the organization die	d not check a box o	n line 13 16a 16h	17a. or 17b. chec	k this box and see		
18							•

Schedule A (Form 990 or 990-EZ) 2013

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Part III

Schedule A (Form 990 or 990-EZ) 2013 THE FLORIDA COLLEGE SYSTEM

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Page 3

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.)

Sec	tion A. Public Support						
Caler	idar year (or fiscal year beginning in)►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					·	
Caler	ndar year (or fiscal year beginning in)►	(a) 2009	(b) 20 <u>10</u>	(c) 20 <u>11</u>	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her)(3)	····· • ·
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2013 (line 8			(f))		15	%
16	Public support percentage from 2012 Sche						%
Sec	tion D. Computation of Investme	nt Income Perc	centage	· · · · · · · · · · · · · · · · · · ·			
17	Investment income percentage for 2013 (I	ine 10c, column (f) (divided by line 13, d	column (f))			%
18	Investment income percentage from 2012						%
19a	33 1/3% support tests-2013. If the orga						
	17 is not more than 33 1/3%, check this be	ox and stop here. T	he organization qu	alifies as a publicly	/ supported organiz	ation	••••••
b	33 1/3% support tests—2012. If the orga	inization did not che	eck a box on line 14	or line 19a, and li	ne 16 is more than	33 1/3%, and	•
	line 18 is not more than 33 1/3%, check th						👌 , .
20	Private foundation. If the organization die	<u>d not check a box o</u>	n line 14, 19a, or 19	9b, check this box	and see instruction	S	<u> </u>

Schedule A (Form 990 or 990-EZ) 2013

Schedule A	(Form 99	0 or 990-	EZ) 201	<u>3 TI</u>	HE FI	LORI	DA C	COLLI	EGE	SYS	TEM			65-	<u>0530</u>	384		Pag	e 4
Part IV	Sup	pleme	ntal In	format	tion. F	Provide	e the e	xplana	ations	requir	ed by Formation	Part II, I	line 10; instruc	Part II	, line 1	17a or	17b; an	ıd	
											<u>innatio</u>	1. (000	monuc						
PART	II,	LINE	10 -	- OTI	HER	INCO	ME I)ETA	IL										
OTHER	INC	OME							\$		11,0	85							
SEMIN	IAR R	EGISI	RAT	ION					\$		192,9	947							
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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. Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www 	OMB No. 1545-0047 2013. .irs.gov/form990.
Name of the organizatio THE FLORIDA FOUNDATION,	n COLLEGE SYSTEM INC.	Employer identification number 65-0530384
Organization type(check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. Se	e

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 ¹ /3 % support test of the regulations
	under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of
	the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.
	Complete Parts I and II.

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

► \$ _____

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page
Name of organization	Employer identification number
THE FLORIDA COLLEGE SYSTEM	65-0530384

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 150,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	-	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

2244 04/23/2015 10:35 AM			
SCHEDULE D Supplemental	Financial Statements		OMB No. 1545-0047
(Form 990) Complete if the organ		2013	
	11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b tach to Form 990.).	Open to Public
Internal Revenue Service Information about Schedule D (Form		s.gov/form990.	Inspection
Name of the organization		Employer identifica	ation number
THE FLORIDA COLLEGE SYSTEM			04
FOUNDATION, INC.	ada an Othan Similar Funda an A	<u>65-05303</u>	384
Part I Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" to F	orm 990 Part IV line 6	ccounts.	
	(a) Donor advised funds	(b) Funds	and other accounts
1 Total number at end of year			
 Total number at end of year 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 advised		
funds are the organization's property, subject to the organization's exclu			Yes No
6 Did the organization inform all grantees, donors, and donor advisors in			
only for charitable purposes and not for the benefit of the donor or dono			Yes No
conferring impermissible private benefit?	<u> </u>	<u></u>	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" to F	Form 990 Part IV, line 7.		
1 Purpose(s) of conservation easements held by the organization (check			
Preservation of land for public use (e.g., recreation or education)	Preservation of an historically in	portant land area	
Protection of natural habitat	Preservation of a certified histor	-	
Preservation of open space			
2 Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conserv		
easement on the last day of the tax year.			t the End of the Tax Year
a Total number of conservation easements			
b Total acreage restricted by conservation easements			
c Number of conservation easements on a certified historic structure inclu		2c	
d Number of conservation easements included in (c) acquired after 8/17/0		2d	
a construction of the second	inquished or terminated by the organization		
	inguished, or terrimitated by the organization		
tax year ►	ocated ►		
 5 Does the organization have a written policy regarding the periodic moni 			
÷			Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforc	ing conservation easements during the year	ar	
►			
7 Amount of expenses incurred in monitoring, inspecting, and enforcing of	onservation easements during the year		
▶\$			
8 Does each conservation easement reported on line 2(d) above satisfy t			Yes No
(i) and section 170(h)(4)(B)(ii)?9 In Part XIII, describe how the organization reports conservation easem	onto in its revenue and expense statement	 and	
9 In Part XIII, describe how the organization reports conservation easem balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	scribes the	
organization's accounting for conservation easements.			
Part III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets	•
Complete if the organization answered "Yes" to I	Form 990, Part IV, line 8.		
1a If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement and ba	alance sheet	
works of art, historical treasures, or other similar assets held for public		rance of	
public service, provide, in Part XIII, the text of the footnote to its financi	al statements that describes these items.	oo shact	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to	o report in its revenue statement and balan	rance of	
works of art, historical treasures, or other similar assets held for public			
public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1		▶ \$	
• •	·····		
2 If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, prov		
following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items:		
a Revenues included in Form 990, Part VIII, line 1			
b Assets included in Form 990, Part X		▶ <u>\$</u>	

Schedule D (Form 990) 2013

D Assets included in only obt, i are		
For Paperwork Reduction Act Notice	, see the Instructions	for Form 990.

Scher	dule D (Form 990) 2013 THE FLOR:	IDA COLLEGE	SYSTEM		65-05303	84		Page 2
	rt III Organizations Maintaining							
	Using the organization's acquisition, accessic collection items (check all that apply):							
а	Public exhibition	d l	oan or exchange progr	ams				
b	Scholarly research		Other					
c	Preservation for future generations							
4	Provide a description of the organization's co	ellections and explain he	ow they further the orga	nization's exe	empt purpose in	Part		
	XIII.							
	During the year, did the organization solicit of	r receive donations of a	art, historical treasures,	or other simila	ar			
	assets to be sold to raise funds rather than to		of the organization's co	ollection?	<u></u>	<u></u>	Yes	No
Pa	rt IV Escrow and Custodial Arr						-	
	Complete if the organization 990, Part X, line 21.					amount c	n Form	
	Is the organization an agent, trustee, custodi	an or other intermediar	y for contributions or ot	her assets not	t		Maa	Na
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table:				Amount	
						4-	Anount	
	Beginning balance				•••••	1c 1d		
		••••••						
	Distributions during the year		·····			1e 1f		
	Ending balance						Yes	 No
	Did the organization include an amount on Fo			ded in Dort VII			162	NU
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds.	Check here if the expl	anation has been provid		NI <u></u>		<u></u>	
ra	rt V Endowment Funds. Complete if the organization	n answered "Ves" :	to Form 990 Part I	V line 10				
•		(a) Current year	(b) Prior year	(c) Two years	s back (d) T	hree years back	(e) Four yea	rs back
10	Paging of year balance	16,002,230	16,002,230	16,00		6,002,2		
	Beginning of year balance	10,002,230	10,002,200	20,00	=/===	<u></u>		
	Contributions							
¢	Net investment earnings, gains, and							
		·						
	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
	Administrative expenses	16,002,230	16,002,230	16,00	2,230 1	6,002,2	30 16,002	2,230
-	End of year balance [Provide the estimated percentage of the curr			i	_,			
	Board designated or quasi-endowment	%		4 40.				
	Permanent endowment ► 100.00 %	and a second						
		%						
C	The percentages in lines 2a, 2b, and 2c should be the second seco							
39	Are there endowment funds not in the posse		on that are held and adr	ninistered for	the			
54	organization by:	bolon of the organizatio					Ye	s No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
ь	If "Yes" to 3a(ii), are the related organization	s listed as required on	Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Pa	rt VI Land, Buildings, and Equ	ipment.						
00080077	Complete if the organizatio	n answered "Yes"	to Form 990, Part	IV, line 11a	. See Form 9	90, <u>Part)</u>	<u> (, line 10.</u>	
	Description of property	(a) Cost or other b	1		(c) Accumula	ted	(d) Book valu	e
		(investment)	(othe	er)	depreciatio	in	<u></u>	
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment			20,380	10	5,428	3	<u>,952</u>
	Other							-
Total	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X	, column (B), line 10(c)	.)	<u> </u>	<u></u>	3	,952

Schedule D (Form 990) 2013

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Schedule D (Fo	orm <u>990)</u> 2013	THE	FLORIDA	COLLEGE	SYSTEM		
Part VII			er Securities				
	Complete if	the org	anization ans	wered "Yes" t	o Form 990,	Part IV,	line 1

Completé if the organization answered "Yes" to		
 (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) Financial derivatives		
(2) Closely-held equity interests		
(A)		
(B)		
(C)		
(D) (E)		
(E)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	·····	
Part VIII Investments—Program Related.		
Complete if the organization answered "Yes" to	Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		_
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		
Part IX Other Assets.		
Complete if the organization answered "Yes" to	Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
(a) Description		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)	<u></u>	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<u></u>	·····
Part X Other Liabilities.		
Complete if the organization answered "Yes" to) Form 990, Part IV, Iir	ne 11e or 11f. See Form 990, Part X,
line 25.		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)		

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

X

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Schedule D (Form 990) 2013 THE FLORIDA COLLEGE SYSTEM Part XI Reconciliation of Revenue per Audited Financial Statem	onte With E	65-0530384	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, P			
1 Total revenue, gains, and other support per audited financial statements	arriv, me		3,493,073
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			·
a Net unrealized gains on investments	2a	1,690,060	
b Donated services and use of facilities	··	130,994	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2	e 1,821,054
3 Subtract line 2e from line 1			1,672,019
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		151,540	
b Other (Describe in Part XIII.)	4b		151 540
c Add lines 4a and 4b			.c 151,540 5 1,823,559
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statem			
Part XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, F			
1 Total expenses and losses per audited financial statements			1 1,366,754
 Amounts included on line 1 but not on Form 990, Part IX, line 25: 			
a Donated services and use of facilities	2a	130,994	
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d			le 130,994
3 Subtract line 2e from line 1	·····		1,235,760
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		151,540	
b Other (Describe in Part XIII.)			lc 151,540
			5 1,387,300
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 18.) Part XIII Supplemental Information	<u></u>		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	lines 1h and 2	Pb: Part V line 4: Part X, line	ne
t; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			
PART V, LINE 4 - INTENDED USES FOR ENDOWMEN	T FUNDS	5	
THE INVESTMENT RETURN FROM THE ENDOWMENT FU	NDS IS	TO BE USED F	OR
COUCH ADOUTD ACCTOMANCE			
SCHOLARSHIP ASSISTANCE.			
PART X - FIN 48 FOOTNOTE			
MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES	HAT WOU	ILD JEOPARDIZ	E THE
MANAGEMENT IS NOT AWARD OF THE MOTOTOLOGY			 .
FOUNDATION'S TAX-EXEMPT STATUS, AND BELIEVE	S IT HZ	AS NO UNCERTA	IN TAX
POSITIONS THAT QUALIFY FOR EITHER RECOGNITI	ON OR L	ISCLOSURE IN	THE
FINANCIAL STATEMENTS AS OF AND FOR THE YEAR	S ENDEL	JUNE 30, 20	14 AND 2013.
FINANCIAL STATEMENTS AS OF AND TOX THE TELE			
THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS	ς by τας	ING JURISDIC	TIONS;
			DEDIODO
HOWEVER, THERE ARE CURRENTLY NO AUDITS IN H	ROGRESS	5 FOR ANY TAX	PERIODS.
THE FOUNDATION BELIEVES IT IS NO LONGER SUP	JECT TO	INCOME TAX	EXAMINATIONS
IND FOODFILOR DEBILITIE IT ID NO DONOLK DOI			
FOR FISCAL YEARS ENDING PRIOR TO JUNE 30, 2	2011.		

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Schedule D (Form 990) 2013 THE FLORIDA COLLEGE SYSTEM	65-0530384 Page 5
Part XIII Supplemental Information (continued)	
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SCHEDULE I				her Assistance	-				OMB No. 1545-0047
(Form 990)				nd Individuals					2013
		Complete if the	organizati	on answered "Yes" to		, line 21 or 22.			
Department of the Treasury	•	Information about	Schodulo	Attach to Form 9 (Form 990) and its in		w irs gov/form990			Open to Public Inspection
nternal Revenue Service	FLORIDA COLLEG		Schedule					Employer identificati	
	DATION, INC.	E SISIER						65-05303	
	rmation on Grants and	d Assistance							.4
the selection criteria used 2 Describe in Part IV the org	ntain records to substantiate t to award the grants or assista anization's procedures for mo	ince? initoring the use of	grant funds	in the United States.				-	Yes Yo
Part II Grants and (Other Assistance to G	overnments an	d Organ	izations in the Un	ited States. Con	nplete if the orga	anization and	swered "Yes"	to Form 990,
Part IV, line 2	1, for any recipient that	received more		00. Part II can be o			needed.		·
1 (a) Name and addre	-	(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 assistant		Purpose of grant r assistance
(1) EASTERN FLORIDA S									
	DAD, BLDG 2,RM 225							VARIOUS	AWARDS
COCOA	FL 32922	59-1747177	3	28,436	<u></u>				
(2) COLLEGE OF CENTRA	AL FLORIDA							VARIOUS	
P.O. BOX 1388	77 24470	59-6139037	2	26,138				VARIOUS	ANARDS
OCALA	FL 34478	59-6139037	3	20,138					<u>.</u>
(3) CHIPOLA COLLEGE 3094 INDIAN CIRCI	. F							VARIOUS	AWARDS
MARIANNA	FL 32446	59-2074070	3	5,929					
(4) DAYTONA STATE COL					·				11.1 × 1 × 100
P.O. BOX 2811								VARIOUS	AWARDS
DAYTONA BEACH	FL 32120	59-1581805	3	36,385					
(5) FLORIDA SOUTHWES	TERN STATE COLLEGI	E							
P.0. BOX 60210								VARIOUS	AWARDS
FORT MYERS	FL 33906	59-6173638	3	31,120					
(6) FLORIDA STATE CO		т г .							
501 WEST STATE S								VARIOUS	AWARDS
JACKSONVILLE	FL 32202	23-7168438	3	49,767					
(7) FLORIDA KEYS COM								VARIOUS	
5901 COLLEGE ROAL	***************************************	E0 6172174	2	14 205				VARIOUS	AWARDS
KEY WEST	FL 33040	59-6173174	<u> </u>	14,285					
(8) GULF COAST STATE								VARIOUS	AWARDS
5230 W HIGHWAY 9 PANAMA CITY	B FL 32401	59-1682455	3	20,245					
(9) BROWARD COLLEGE	ET JEANT	1002400		20,240					
225 EAST LAS OLA	S BLVD.							VARIOUS	AWARDS
FORT LAUDERDALE	FL 33301	23-7181959	3	68,826					
2 Enter total number of sect								▶ 2	8
	er organizations listed in the li							▶ 0	
For Paperwork Reduction Act	Notice and the Instruction	for Form 990						Schedu	le I (Form 990) (20

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

Schedule I (Form 990) (2013)

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SCHEDULE I			her Assistance				OMB No. 1545-0047
(Form 990)	Governm	ients, a	nd Individuals	in the United	States		2013
	Complete if the	organizat	on answered "Yes" to Attach to Form 9		, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service	Information about	Schedule	F Attach to Form s		w irs gov/form990	L	Inspection
THE TROPIDS COLLE		Schedule					Employer identification number
Name of the organization THE FLORIDA COLLE FOUNDATION, INC.	GE SISIEM						65-0530384
	Assistance					I	······································
 Does the organization maintain records to substantiat, the selection criteria used to award the grants or assisted to award the grants or assiste	e the amount of the g tance?			eligibility for the grar	its or assistance, ar	nd	
2 Describe in Part IV the organization's procedures for r	nonitoring the use of	grant funds	in the United States.	the d Chatage Car	malata if the are	onization on	•
Part II Grants and Other Assistance to G	Governments an	d Organ	izations in the Un	ited States. Con	nplete ir the org	anization ans	swered res to Form 990,
Part IV, line 21, for any recipient the							(h) Durnage of suppt
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistanc	
or government		if applicable	grant		other)	non-cash assistant	
(1) HILLSBOROUGH COMMUNITY COLLEGE							
P.O. BOX 31127							VARIOUS AWARDS
TAMPA FL 33631	59-1810717	3	45,048				
(2) INDIAN RIVER STATE COLLEGE							
3209 VIRIGINA AVE							VARIOUS AWARDS
FORT PIERCE FL 34981	59-1105591	3	35,002				
(3) FLORIDA GATEWAY COLLEGE							
149 SE COLLEGE PLACE							VARIOUS AWARDS
LAKE CITY FL 32025	59-1627997	3	17,098				
(4) LAKE-SUMTER STATE COLLEGE							
9501 US HIGHWAY 441							VARIOUS AWARDS
LEESBURG FL 34788	59-1990323	3	<u>26,375</u>				
(5) STATE COLLEGE OF FLORIDA, MANATE	E-S						
P.O. BOX 1849							VARIOUS AWARDS
BRADENTON FL 34206	59-1843274	3	25,575				
(6) MIAMI DADE COLLEGE							
300 NE SECOND AVE #4102							VARIOUS AWARDS
MIAMI FL 33132	59-6169745	3	90,716				
(7) NORTH FLORIDA COMMUNITY COLLEGE							
325 NW TURNER DAVIS DRIVE							VARIOUS AWARDS
MADISON FL 32340	59-6179948	3	<u>14,876</u>				
(8) NORTHWEST FLORIDA STATE COLLEGE		l					
100 COLLEGE BLVD							VARIOUS AWARDS
NICEVILLE FL 32578	59-2865698	3	20,380				
(9) PALM BEACH STATE COLLEGE						ļ	
4200 CONGRESS AVE							VARIOUS AWARDS
LAKE WORTH FL 33461	59-1818556	·	50,002		1		
2 Enter total number of section 501(c)(3) and governme	ent organizations liste	d in the line	e 1 table				•
3 Enter total number of other organizations listed in the	line 1 table		<u></u>	<u> </u>		<u></u>	<u></u>
For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.						Schedule I (Form 990) (201

DAA

SCHEDULE I			her Assistance				OMB No. 1545-0047
(Form 990)	Governm	ients, a	nd Individuals	in the United	d States		2013
	Complete if the	organizat	ion answered "Yes" to		, line 21 or 22.		a province and a constant of the second s
Department of the Treasury			Attach to Form				Open to Public
Internal Revenue Service		Schedule	I (Form 990) and its ir	istructions is at ww	w.irs.gov/form990		Inspection
Name of the organization THE FLORIDA COI FOUNDATION, INC							Employer identification number 65–0530384
Part I General Information on Grant	s and Assistance						
 Does the organization maintain records to substation the selection criteria used to award the grants or Describe in Part IV the organization's procedures 	assistance?	grant funds	in the United States.		• • • • • • • • • • • • • • • • • • • •		•
Part II Grants and Other Assistance	to Governments an	d Organ	izations in the Un	ited States. Cor	nplete if the orga	anization and	swered "Yes" to Form 990,
Part IV, line 21, for any recipien	t that received more	than \$5,0	00. Part II can be o	duplicated if addi	tional space is r	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistant	
(1) PASCO-HERNANDO STATE COLLEGE							
10230 RIDGE ROAD							VARIOUS AWARDS
NEW PORT RICHEY FL 34654	59-1731676	3	26,001				
(2) PENSACOLA STATE COLLEGE							
1000 COLLEGE BLVD							VARIOUS AWARDS
PENSACOLA FL 32504	59-6173057	3	25,837				·····
(3) POLK STATE COLLEGE							
999 AVE H, NE							VARIOUS AWARDS
WINTER HAVEN FL 33881	59-1819213	3	25,633				
(4) SANTA FE COLLEGE							
3000 NORTHWEST 83RD ST							VARIOUS AWARDS
GAINESVILLE FL 32606	51-0240884	3	28,335				
(5) SEMINOLE STATE COLLEGE OF FLOR	RIDA						
100 WELDON BLVD							VARIOUS AWARDS
SANFORD FL 32773	23-7033822	3	39,275				
(6) SOUTH FLORIDA STATE COLLEGE							
13 EAST MAIN ST							VARIOUS AWARDS
AVON PARK FL 33825	59-3050497	3	15,277				
(7) ST. JOHNS RIVER STATE COLLEGE							
5001 ST. JOHNS AVE							VARIOUS AWARDS
PALATKA FL 32077	23-7336585	3	20,104				
(8) ST. PETERSBURG COLLEGE							
P.O. BOX 13489							VARIOUS AWARDS
ST. PETERSBURG FL 33733	59-1954362	3	47,030				
(9) TALLAHASSEE COMMUNITY COLLEGE							
444 APPLEYARD DRIVE							VARIOUS AWARDS
TALLAHASSEE FL 32304	59-2091480		29,696				
2 Enter total number of section 501(c)(3) and gove	-	d in the line	e 1 table				
3 Enter total number of other organizations listed i	n the line 1 table				<u></u>		·····

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

DAA

SCHEDULE I			her Assistance					OMB No. 1545-0047
Form 990)	Governm	ients, a	nd Individuals	in the United	d States			2013
	Complete if the	organizat	Attach to Form		, inte 21 of 22.		C	pen to Public
		Schedule	l (Form 990) and its in	structions is at ww	w.irs.gov/form990			Inspection
Name of the organization THE FLORIDA COLLEG	E SYSTEM						Employer identification	
FOUNDATION, INC.							<u>65-053038</u>	±
Part I General Information on Grants and 1 Does the organization maintain records to substantiate t the selection criteria used to award the grants or assista 2 Describe in Part IV the organization's procedures for model	he amount of the a	rants or as	sistance, the grantees'	eligibility for the grar	nts or assistance, an	d		/es No
2 Describe in Part IV the organization's procedures for mo Part II Grants and Other Assistance to Go	vernments an	d Organ	izations in the Un	ited States. Cor	mplete if the orga	anization and	swered "Yes" to	Form 990,
Part IV, line 21, for any recipient that	received more	than \$5,0	00. Part II can be o	duplicated if add	itional space is n	eeded.		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistant		oose of grant ssistance
(1) VALENCIA COLLEGE								
P.O. BOX 3028	00 7440705	2	70,299				VARIOUS A	WARDS
ORLANDO FL 32802	23-7442785	3	10,299					
(2)								
(3)								
(4)								
(*)								
(5)								
(6)								
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(7)								
· · · · · · · · · · · · · · · · · · ·	·							
(8)								
(9)								
(9)								
2 Enter total number of section 501(c)(3) and governmen		ed in the line	e 1 table				🟲	
3 Enter total number of other organizations listed in the lin For Paperwork Reduction Act Notice, see the Instructions		<u></u>		<u></u>			<u> </u>	I (Form 990) (201

Part III Grants and Other Assistance		nited States. Com	plete if the organization	on answered "Yes" to Form	1990, Part IV, line 22.
Part III can be duplicated if ad (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					
2					ķ
3					•
<u> </u>					
-					
5					
6					
7 Part IV Supplemental Information.	Provide the information re	quired in Part I, line	e 2, Part III, column (b), and any other additional	information.
PART I, LINE 2 - PROCEDUI		_			
THE FOUNDATION MAKES SCH					
FLORIDA COLLEGE SYSTEM.				<u>ም</u> ር	
STUDENTS ENROLLED IN THE					
SUBMIT A LISTING OF ALL	SCHOLARSHIP RECI	PIENTS AND	AMOUNTS OF AW	ARDS TO THE	
FOUNDATION.					

	Supplemental Information to Form 990 or 990 F	7	OMB No. 1545-0047
CHEDULE O Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-E2 Complete to provide information for responses to specific questions of		2013
	Form 990 or 990-EZ or to provide any additional information.		Open to Public
epartment of the Treasury ternal Revenue Service	 Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www 	.irs.gov/form990.	Inspection
ame of the organization	THE FLORIDA COLLEGE SYSTEM	Employer identificatio	
	FOUNDATION, INC.	65-05303	84
FORM 990 -	ORGANIZATION'S MISSION		
THE MISSION	OF THE FLORIDA COLLEGE SYSTEM FOUNDATION IS 7	O SECURE	AND
MANAGE PUBI	LIC AND PRIVATE RESOURCES TO PROVIDE OPTIMAL BE	ENEFIT TO	FLORIDA'S
28 COLLEGES	S, THEREBY SUPPORTING STUDENTS WHO ARE SEEKING	A HIGHER	EDUCATION
THAT WILL P	OSITIVELY IMPACT THEIR LIVES AND THE FUTURE OF	THEIR	
COMMUNITIES	5.		
FORM 990, I	PART I, LINE 6		
THE FOUNDAT	TION RECEIVED DONATED SERVICES FROM THE FLORIDA	A DEPARTME	NT OF
EDUCATION 7	TOTALING \$130,994. THIS INCLUDES THE COMPENSATI	ION REPORT	ED FOR
			ED FOR COUNDATION
THE PRESIDE	TOTALING \$130,994. THIS INCLUDES THE COMPENSATI	ION, THE F	OUNDATION
THE PRESIDE	TOTALING \$130,994. THIS INCLUDES THE COMPENSATI ENT ON FORM 990, PART VII, SECTION A. IN ADDITI	ION, THE F	OUNDATION
THE PRESIDE	TOTALING \$130,994. THIS INCLUDES THE COMPENSATION ENT ON FORM 990, PART VII, SECTION A. IN ADDITION FFICE SPACE AND THE USE OF OFFICE EQUIPMENT AT	ION, THE F	OUNDATION
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THE PRESIDE RECEIVED OF FLORIDA DEF THE MEMBERS FOUNDATION	TOTALING \$130,994. THIS INCLUDES THE COMPENSATION FORM 990, PART VII, SECTION A. IN ADDITION FFICE SPACE AND THE USE OF OFFICE EQUIPMENT AT PARTMENT OF EDUCATION.	ION, THE F NO CHARGE SERVICES T REVIEW FOR	OUNDATION FROM THE O THE
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THE PRESIDE RECEIVED OF FLORIDA DEF THE MEMBERS FOUNDATION FORM 990, D THE DRAFT D APPROVED B	TOTALING \$130,994. THIS INCLUDES THE COMPENSATION ENT ON FORM 990, PART VII, SECTION A. IN ADDITING FFICE SPACE AND THE USE OF OFFICE EQUIPMENT AT PARTMENT OF EDUCATION. S OF THE BOARD OF DIRECTORS PROVIDE VOLUNTEER S PART VI, LINE 11B - ORGANIZATION'S PROCESS TO F FORM 990 IS REVIEWED BY THE FINANCE AND INVESTING THE BOARD OF DIRECTORS.	ION, THE F NO CHARGE SERVICES T REVIEW FOR MENT COMMI	OUNDATION FROM THE O THE
THE PRESIDE RECEIVED OF FLORIDA DEF THE MEMBERS FOUNDATION FORM 990, D THE DRAFT D APPROVED BY FORM 990, D	TOTALING \$130,994. THIS INCLUDES THE COMPENSATION ENT ON FORM 990, PART VII, SECTION A. IN ADDITION FFICE SPACE AND THE USE OF OFFICE EQUIPMENT AT PARTMENT OF EDUCATION. S OF THE BOARD OF DIRECTORS PROVIDE VOLUNTEER S PART VI, LINE 11B - ORGANIZATION'S PROCESS TO F FORM 990 IS REVIEWED BY THE FINANCE AND INVEST Y THE BOARD OF DIRECTORS.	ION, THE F NO CHARGE SERVICES T REVIEW FOR MENT COMMI	OUNDATION FROM THE O THE M 990 TTEE AND
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THE PRESIDE RECEIVED OF FLORIDA DEF THE MEMBERS FOUNDATION FORM 990, D THE DRAFT D APPROVED BS FORM 990, D DURING THE AND REQUIRD	TOTALING \$130,994. THIS INCLUDES THE COMPENSATION ENT ON FORM 990, PART VII, SECTION A. IN ADDITION FFICE SPACE AND THE USE OF OFFICE EQUIPMENT AT PARTMENT OF EDUCATION. S OF THE BOARD OF DIRECTORS PROVIDE VOLUNTEER S PART VI, LINE 11B - ORGANIZATION'S PROCESS TO F FORM 990 IS REVIEWED BY THE FINANCE AND INVEST Y THE BOARD OF DIRECTORS.	ION, THE F NO CHARGE SERVICES T REVIEW FOR MENT COMMI OLICY INTEREST S	OUNDATION FROM THE O THE M 990 TTEE AND

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Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number 65–0530384
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS	S DISCLOSURE EXPLANATION
THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT (OF INTEREST POLICY,
AND FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WI	EBSITE.
FORM 990, PART VII - ADDITIONAL INFORMATION	
THE PRESIDENT OF THE FOUNDATION IS AN EMPLOYEE (OF THE FLORIDA DEPARTMENT
OF EDUCATION. HER COMPENSATION IS AN IN-KIND CON	NTRIBUTION TO THE
FOUNDATION.	

2244 04/23/2015 10:35 AM

Form	4562		-	and Amortization on Listed P			омв №. 1545-0172 2013
•	ment of the Treasury	N Saa aana	-	N Attach	to your toy roty		Attachment Sequence No. 179
	Revenue Service (99)	E FLORIDA COLL	EGE SYSTEM		to your tax retu	Identifying num	
wame(-,	UNDATION, INC.		-		65-053	
	ss or activity to which this form rela	ates		, , , , , , , , , , , , , , , , , , ,			
	NDIRECT DEPRE	Expense Certain Pro	nerty Under Se	ction 179			
ાંં		have any listed proper			omplete Part I.		
1	Maximum amount (see in		<u>, , , , , , , , , , , , , , , , , , , </u>			1	500,000
2	,	property placed in service (se	e instructions)			2	
3		179 property before reductio		structions)		3	2,000,000
4		btract line 3 from line 2. If ze				4	
5	Dollar limitation for tax year.	Subtract line 4 from line 1. If zero	or less, enter -0 If ma	rried filing separately, se	e instructions		
6		a) Description of property		(b) Cost (business use		Elected cost	
					-		
7	Listed property. Enter the	amount from line 29			7		
8	Total elected cost of secti	on 179 property. Add amoun	ts in column (c), line	s 6 and 7		8	
9	Tentative deduction. Ente	r the smaller of line 5 or line	8			9	
10		eduction from line 13 of your				10	
11	Business income limitatio	n. Enter the smaller of busine	ess income (not less	than zero) or line 5 (s	see instructions)	11	
12	Section 179 expense ded	uction. Add lines 9 and 10, b	ut do not enter more	than line 11	·····	12	
13		eduction to 2014. Add lines 9		2	13		
Note		III below for listed property.			<u> </u>		
Pa		preciation Allowance				d property.) (See instructions.)
14	Special depreciation allow	vance for qualified property (other than listed prop	perty) placed in servic	e		
	during the tax year (see in	nstructions)				14	
15	Property subject to section	n 168(f)(1) election				15	
16	Other depreciation (includ	ding ACRS)	<u> </u>			16	3,457
Pa	Irt III MACRS De	preciation (Do not inc	lude listed prope	erty.) (See instruc	ctions.)		
			Sec	tion A			
17	MACRS deductions for a	ssets placed in service in tax	years beginning bet	ore 2013			<u> </u>
18	If you are electing to group any a	assets placed in service during the tax	year into one or more ge	neral asset accounts, check	here		
	Sec	tion B—Assets Placed in	Service During 20			reciation Syster	n
	(a) Classification of propert	(b) Month and year y placed in service	(c) Basis for dep (business/investn only-see instru	nent use	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property				ļ		
b	5-year property						· · · · · · · · · · · · · · · · · · ·
с	7-year property						<u> </u>
d	10-year property				ļ		<u> </u>
е	15-year property				ļ		
f	20-year property						
q	25-year property			25 yrs.		S/L	
h				27.5 yrs.	MM	S/L	·
	property			27.5 yrs.	MM	S/L	
i	Nonresidential real			39 yrs.	MM	S/L	
-	property				MM	S/L	
	Sect	ion C—Assets Placed in S	ervice During 201	3 Tax Year Using th	e Alternative De	preciation Syst	em
20a	Class life					S/L	
b				12 yrs.		S/L	
	40-year			40 yrs.	MM	S/L	
11111.1.1.1.1.1		(See instructions.)					
21	Listed property. Enter an					21	
22	Total. Add amounts from	line 12, lines 14 through 17,	lines 19 and 20 in c	olumn (g), and line 21	I. Enter here	1	
		nes of your return. Partnersh			· . <u></u>	22	3,45'
23	For assets shown above	and placed in service during					
		utable to section 263A costs		<u></u>	23		1500
For	Paperwork Reduction A	ct Notice, see separate ins	structions.				Form 4562 (201
DAA				THERE .	are no Al	MOUNTS FO	OR PAGE 2

FLORIDA EDUCATION FOUNDATION State of Florida Direct Support Organization Annual Report Fiscal Year 2014-2015

Pursuant to FS 20.058, by August 1 of each year, a citizen support organization or direct support organization created or authorized pursuant to law or executive order and created, approved, or administered by an agency, shall submit an annual report to the appropriate agency.

- Name, mailing address, telephone number and website address: The Florida Education Foundation, Inc. 325 West Gaines Street, Room 1524 Tallahassee, FL 32399-0400 850-245-9692 www.floridaeducationfoundation.org
- 2. Statutory Authority Florida Statute 1001.24
- 3. Mission The Florida Education Foundation promotes and supports academic excellence for pre-kindergarten through 12th grade students in Florida. The Foundation recognizes outstanding teachers and educational contributors, develops strategic alliances with business organizations and advances statewide initiatives.

The Florida Education Foundation fosters involvement in schools by:

- Providing resources for innovative and effective instruction;
- Increasing direct participation of the business community in pre-kindergarten through 12th grade education;
- Increasing the number of successful local programs and projects dedicated to improving student achievement;
- Recognizing outstanding educators including principals, teachers and school support staff;
- Encouraging students to be prepared to make informed, appropriate educational and vocational choices;
- Cultivating a future talent supply for Florida via the Sunshine State Scholars program; and
- Improving graduation rates through effective school leadership and educator quality
- 4. 3-Year Plan From its Strategic Planning Session in August 2013, the Florida Education Foundation Board of Directors determined that it will advance efforts specifically to
 - Increase recognition and the direct participation of the business community in PreK-12 education via the redesign and launch of the Commissioner's Business Recognition Awards program;
 - Cultivate a future STEM talent supply for Florida via growth and enhancement of the Sunshine State Scholars program;

- Provide training opportunities for teachers and principals to improve and develop effective leadership skills via nationally recognized professional development programs that include the Teacher LEAD Network and the Commissioner's Leadership Academy;
- Continue to help with communication and messaging on the Florida Standards and determine what level of support is appropriate for FL Standards professional development; and
- Explore potential initiatives in entrepreneurship, civics, and other non-STEM related subject areas.
- 5. Code of Ethics A new Code of Ethics Policy was approved by the Board of Directors on July 10, 2014. All current board members have signed a Code of Ethics Agreement form.
- 6. Rationale to continue the Florida Education Foundation. The Foundation
 - Remains true to its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDOE;
 - Serves as an efficient fiscal agent for statewide education-specific workshops and conferences;
 - Serves as the fiscal agent for several corporate and private grants that benefit preK-12 education in Florida;
 - Exhibits sound fiscal management which is documented in its annual outside audit;
 - Is an effective vehicle for cultivating meaningful partnerships between the FDOE and other stakeholders;
 - Expedites Commissioner-initiated projects and special task forces; and
 - Is actively engaged in developing and successfully executing innovative programs such as the Sunshine State Scholars initiative and the Commissioner's Business Recognition Awards program.



Florida Education Foundation Board of Directors Code of Ethics

(1) SOLICITATION OR ACCEPTANCE OF GIFTS.—No board member shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the board member would be influenced thereby.

(2) UNAUTHORIZED COMPENSATION.—No board member shall, at any time, accept any compensation, payment, or thing of value when such board member knows that it was given to influence a vote or other action in which the board member was expected to participate in his or her official capacity.

(3) MISUSE OF PUBLIC POSITION.—No board member shall corruptly use or attempt to use his or her official position or any property or resource which may be within his or her trust, or perform his or her official duties, to secure a special privilege, benefit, or exemption for himself, herself, or others.

(4) DISCLOSURE OR USE OF CERTAIN INFORMATION.—A current or former board member may not disclose or use information not available to members of the general public and gained by reason of his or her official position, except for information relating exclusively to governmental practices, for his or her personal gain or benefit or for the personal gain or benefit of any other person or business entity.

(5) VOTING CONFLICTS. —A board member may not vote on any matter that the board member knows would inure to his or her special private gain or loss. Any board member who abstains from voting in an official capacity upon any measure that the board member knows would inure to the board member's special private gain or loss, or who votes in an official capacity on a measure that he or she knows would inure to the special private gain or loss of any principal by whom the board member is retained or to the parent organization or subsidiary of a corporate principal by which the board member knows would inure to the special private gain or loss of are principal by which the board member is retained other than an agency as defined in f.s. <u>112.312(2)</u>; or which the board member knows would inure to the special private gain or loss of a relative or business associate of the board member, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes.

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



Code of Ethics Agreement

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

The Florida Education Foundation promotes and supports academic excellence for pre-kindergarten through 12th grade students in Florida. The Foundation recognizes outstanding teachers and educational contributors, develops strategic alliances with business organizations and advances statewide educational initiatives.

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

(1) I have received a copy of the Code of Ethics and that I will follow the Code of Ethics as defined by Florida Statute 112.3251.

(2) I will formally and promptly communicate any potential conflict of interest to the Foundation Board Chair and other members of the Board of Directors.

(3) I will act at all times with honesty, integrity and independence, avoiding actual or apparent conflicts of interest in personal and professional relationships and expect and encourage such conduct by other board members.

(4) I will comply with all applicable rules and regulations of federal, state, and local governments and other appropriate private and public regulatory agencies.

(5) I will comply with the Foundation's policies and procedures, and contribute constructively to their ongoing evaluation and reformulation.

(6) I will act in good faith, responsibly, with due care, competence, and diligence, and without knowingly misrepresenting material facts or allowing my independent judgment to be subordinated.

(7) I will protect and respect the confidentiality of information acquired in the course of my membership on the Board except when authorized or otherwise legally obligated to disclose. Confidential information acquired in the course of my membership on the Board shall not be used for personal advantage.

(8) I will responsibly use and control assets and other resources entrusted to me.

By signing this statement, I acknowledge that I have read, understand, and agree to adhere to this Ethics Statement.

Signature

Printed Name

Title

Date

TAX RETURN FILING INSTRUCTIONS

· •

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2014

Prepared for	FLORIDA EDUCATION FOUNDATION, INC.
	325 W. GAINES ST., STE. 1524 TALLAHASSEE, FL 32399
Prepared by	
	CARR, RIGGS & INGRAM, LLC 1713 MAHAN DRIVE TALLAHASSEE, FL 32308
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2015. \mathcal{E} -Jubbon $5/15/15$ M/Y

For	 9	90	Under section 501(c), 5	27, or 4947	ization Exem	venue Code	(except pr	ivate foundations	OMB No. 1545-0047
		of the Treasury			Security numbers on this for				Open to Public Inspection
		enue Service			rm 990 and its instruction UL 1, 2013	and ending			inspection
в	Check if applicab	le: C Name of	lar year, or tax year begin f organization			and ending		nployer identificat	tion number
	Addre chang	FLOR	IDA EDUCATION	N FOUN	DATION, INC.				
	chang	pe Doing B	usiness As		59-2718509				
	return	Number	and street (or P.O. box if n	uite E Te					
	ated Amen	545	W. GAINES ST		(850) 245-9983				
Ļ	return Appli		own, state or province, co		oss receipts \$	1,119,832.			
	tion pend		AHASSEE, FL		OV CADI CON			ls this a group retu	m Yes X No
			nd address of principal of AS C ABOVE	fricer: 5 TA	CI CARLISON			Are all subordinates inclu	
-	Tax ax		X 501(c)(3) 501(c)	()	 (insert no.) 4947((a)(1) or			t. (see instructions)
			FLORIDAEDUCA					Group exemption r	
			X Corporation Tru		sociation Other	1			tate of legal domicile: FL
	art I					1			
542	-0000.07//	Briefly describ	be the organization's miss						
Governance	2		\rightarrow if the organiz						
ver	3		ting members of the gove						10
			dependent voting membe	• •	• • • • • • • • • • • • • • • • • • • •				10
Activities &	5		of individuals employed in	-					0
itie	6		of volunteers (estimate if	-					10
cti	7 a		d business revenue from						0.
•	b		business taxable income						0.
								ior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line	1h)			1,	991,739.	608,176.
ň	9	Program serv	ice revenue (Part VIII, line	2g)				376,183.	369,820.
Revenue	10	Investment in	come (Part VIII, column (A	A), lines 3, 4	, and 7d)			104,820.	141,836.
Œ	11	Other revenue	e (Part VIII, column (A), lin	es 5, 6d, 8c	, 9c, 10c, and 11e)			0.	0.
	12	Total revenue	- add lines 8 through 11	(must equal	Part VIII, column (A), line	12)		472,742.	1,119,832.
	13		milar amounts paid (Part					142,423.	193,928.
	14		to or for members (Part I)					0.	0.
es	15		r compensation, employe					0.	0.
Expenses	16a		fundraising fees (Part IX, o				Sinter average	0.	0.
ğ	b		ing expenses (Part IX, co			0.		ACR 166	0.11 0.26
	17		es (Part IX, column (A), lin					967,166.	941,936.
	18	•	es. Add lines 13-17 (must	•				<u>109,589.</u>	1,135,864.
100	<u>19</u>	Revenue less	expenses. Subtract line	18 from line	12			<u>363,153.</u>	-16,032.
Net Assets or		Total acceta (Part X, line 16)					of Current Year 568,243.	End of Year 4,748,025.
ASSE								313,183.	211,835.
Vet /	21 22		fund balances. Subtract		lino 20			255,060.	4,536,190.
		Signatur					= =,	233,000.	<u></u>
Un	der pen	alties of perjury,	I declare that I have examine Declaration of preparer (oth		• • • •				nowledge and belief, it is
					and the second				
Się	gn		e of officer					Date	
He	ere		print name and title	HAIRMA	N				
		Print/Type pre	parer's name		Preparer's signature		Date	Check] PTIN
Pai	id	MARK JO	•					self-employed	P00280681
Pre	eparer	Firm's name	CARR, RIGG	S & IN	GRAM, LLC			Firm's EIN 🛌	72-1396621
Us	e Only	Firm's addres	s 1713 MAHAN						
			TALLAHASSE	E, FL	32308			Phone no. (85	0) 878-8777

٤

May the IRS discuss this return with the preparer shown above? (see instructions)	X Yes
1140 E. D. S. Statistics Astronomy in the second instructions	E a uma (

Form 990 (2013)

No No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

C (1)	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE FLORIDA EDUCATION FOUNDATION PROMOTES AND SUPPORTS ACADEMIC
	EXCELLENCE FOR PRE-KINDERGARTEN THROUGH 12TH GRADE STUDENTS IN
	FLORIDA. THE FOUNDATION RECOGNIZES OUTSTANDING TEACHERS AND
	EDUCATIONAL CONTRIBUTORS, DEVELOPS STRATEGIC ALLIANCES WITH BUSINESS
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$376,700. including grants of \$20,000.) (Revenue \$268,32
	CHOICE FUND ALLOCATES RESOURCES FROM PUBLIC CONTRIBUTIONS TO PROVIDE
	TECHNICAL ASSISTANCE TO CHARTER SCHOOL CONSTITUENTS
	·
4b	(Code:) (Expenses \$ 133,497. including grants of \$ 102,000.) (Revenue \$
4b	TEACHER OF THE YEAR FUND (TOY) - INCLUDES RESOURCES FROM PRIVATE
4b	TEACHER OF THE YEAR FUND (TOY) - INCLUDES RESOURCES FROM PRIVATE CONTRIBUTIONS RESTRICTED FOR USE IN RECOGNIZING SELECTED OUTSTANDING
4b	TEACHER OF THE YEAR FUND (TOY) - INCLUDES RESOURCES FROM PRIVATE
4b	TEACHER OF THE YEAR FUND (TOY) - INCLUDES RESOURCES FROM PRIVATE CONTRIBUTIONS RESTRICTED FOR USE IN RECOGNIZING SELECTED OUTSTANDING
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4c	TEACHER OF THE YEAR FUND (TOY) - INCLUDES RESOURCES FROM PRIVATE CONTRIBUTIONS RESTRICTED FOR USE IN RECOGNIZING SELECTED OUTSTANDING TEACHERS.
4c	TEACHER OF THE YEAR FUND (TOY) - INCLUDES RESOURCES FROM PRIVATE CONTRIBUTIONS RESTRICTED FOR USE IN RECOGNIZING SELECTED OUTSTANDING TEACHERS.
4b 4c	TEACHER OF THE YEAR FUND (TOY) - INCLUDES RESOURCES FROM PRIVATE CONTRIBUTIONS RESTRICTED FOR USE IN RECOGNIZING SELECTED OUTSTANDING TEACHERS.
4c	TEACHER OF THE YEAR FUND (TOY) - INCLUDES RESOURCES FROM PRIVATE CONTRIBUTIONS RESTRICTED FOR USE IN RECOGNIZING SELECTED OUTSTANDING TEACHERS.
4c	TEACHER OF THE YEAR FUND (TOY) - INCLUDES RESOURCES FROM PRIVATE CONTRIBUTIONS RESTRICTED FOR USE IN RECOGNIZING SELECTED OUTSTANDING TEACHERS.

Form	990	(2013	3)

FLORIDA EDUCATION FOUNDATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		'	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
F	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	- 5		<u> </u>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>			х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
120	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20-	complete Schedule G, Part III	19		<u>x</u> x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
<u></u>	to the Loa, do the organization attach a copy of its addited infancial statements to this returns	200		

Form 990 (2013)

332003 10-29-13

Form 990 (2013) FLORIDA EDUCATION FOUNDATION, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
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	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	No. of the local diversion of the local diver	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	0.000	(19:00)	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
. .	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32	• • • • •	X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
34		34	x	
350	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004		23
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			_
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2013)

332004 10-29-**1**3

17070514 783925 45-02123

га	Check if Schedule O contains a response or note to any line in this Part V									
		1.1	70		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>	73	and the second second						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		-							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?			1c	x	allan.				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	0			100.1				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X				
b	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority	over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)	?	4a		X				
b	If "Yes," enter the name of the foreign country:			a da arranda George arra		979 979				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts		- 10949, 44 2015,715						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X				
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t									
	any contributions that were not tax deductible as charitable contributions?	-		6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contribu									
	were not tax deductible?	-		6b						
7	Organizations that may receive deductible contributions under section 170(c).		<i>,</i>							
a										
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v									
•	to file Form 8282?			7c		x				
d		1 1				- Sealer				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		•	7e	1	X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			noi com	and succession					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a			8		0.0000				
9	Sponsoring organizations maintaining donor advised funds.	-	ũ j			Ša i				
а	Did the organization make any taxable distributions under section 4966?			9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1.4.2329						
11	Section 501(c)(12) organizations. Enter:				Contraction of					
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against			Carlos and Carlos		開発する				
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			2005.000	11.4				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L								
a	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С		13c				5.3				
14a	Did the experimentary was in a superstant for indeer the prime exprises during the terrors of			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b	1					

FLORIDA EDUCATION FOUNDATION, INC.

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<u>59-2718509</u>

Page 5

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Form 990 (2013)

17070514 783925 45-02123

Form **990** (2013)

Form 990 (2013)	FLORIDA	EDUCATION	FOUNDATION	<u>, INC.</u>	59-271850	Page
Part VI Governa	ance, Management	t, and Disclosur	e For each "Yes" resp	oonse to lines 2	through 7b below, and for a "No"	response

17070514 783925 45-02123

FLORIDA EDUCATION FOUNDATION, INC.

59-2718509 Page 6

<u>a.:</u>	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C). See	instructions.					
	Check if Schedule O contains a response or note to any line in this Part VI						X	
Sec	tion A. Governing Body and Management							
						Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		10				
	If there are material differences in voting rights among members of the governing body, or if the governing					Rech. Rech.		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b		10				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	n any other					
-	officer, director, trustee, or key employee?				2	12. 000	X	
3	Did the organization delegate control over management duties customarily performed by or under the							
0	of officers, directors, or trustees, or key employees to a management company or other person?				3		x	
4	Did the organization make any significant changes to its governing documents since the prior Form				4	-	X	
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		X	
6	Did the organization have members or stockholders?				6		X	
0 7a	Print and the second							
74	more members of the governing body?				7a		x	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,				10			
D					7b		x	
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year				0080			
8					00	Х	VANILO (
	The governing body?				8a 8b	X		
b	Each committee with authority to act on behalf of the governing body?				00	_ <u> </u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reading the sector of the sector and addresses in Ochorful O						v	
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levent	le Code.)			×		
						Yes		
	Did the organization have local chapters, branches, or affiliates?				<u>10a</u>		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such o							
	and branches to ensure their operations are consistent with the organization's exempt purposes?				<u>10b</u> 11a	x		
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," (describe					
	in Schedule O how this was done				12c			
13	Did the organization have a written whistleblower policy?				13		X	
14	Did the organization have a written document retention and destruction policy?				14	anaction -	X	
15	Did the process for determining compensation of the following persons include a review and approv		independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	?						
а	The organization's CEO, Executive Director, or top management official				15a	ļ	X	
b	Other officers or key employees of the organization				15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a		and the second			
	taxable entity during the year?				16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizati	on's				戀	
	exempt status with respect to such arrangements?		,		16b			
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Sec	ction 501(c)(3)	s only)	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.			.,				
	Own website Another's website X Upon request Other (explain	in in So	chedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or			licy, an	nd final	ncial		
	statements available to the public during the tax year.			,				
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the o	rganiza	tion •	•		
20	DEB SCHROEDER - (850) 245-9692		20.00 01 010 0	. 94. 120				
	325 W. GAINES ST., STE 1524, TALLAHASSEE, FL 323	99						
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00200	6 10-29-13						,,0	
	•							

FLORIDA EDUCATION FOUNDATION, INC.

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hignest Compensated
	Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter 0- in columns (Ď), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

. . .

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box,	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	ord	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	npen		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yoldr	st cor				organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) PIYUSH PATEL	5.00		~							
DIRECTOR		x		•				0.	Ο.	0.
(2) ALAN LEVY	5.00									
DIRECTOR		X						0.	0.	0.
(3) CONNIE SMITH	5.00									
DIRECTOR		X						0.	0.	0.
(4) JENNIFER GROVE	5.00									
DIRECTOR		X						0.	0.	0.
(5) CYNTHIA O'CONNELL	5.00									
EX-OFFICIO DIRECTOR		X					<u> </u>	0.	0.	0.
(6) MARY CHANCE	5.00			-						
EX-OFFICIO DIRECTOR		X			<u> </u>			0.	0.	0.
(7) DORINA SACKMAN	5.00									•
EX-OFFICIO DIRECTOR		X					-	0.	0.	0.
(8) CHRISTIE BASSETT	5.00									
EX-OFFICIO DIRECTOR		X						0.	0.	0.
(9) BRUCE O'DONOGHUE	5.00									•
DIRECTOR		X						0.	0.	0.
(10) MAUREEN WILT	5.00								0	0
DIRECTOR	F 00	X			<u> </u>	-		0.	0.	0.
(11) STACY CARLSON	5.00			x				0.	0.	0.
CHAIRMAN	5.00	-	-	•					V•	<u> </u>
(12) JIM THOMPSON	5.00	1		x				0.	0.	0.
VICE-CHAIR	5.00			<u>^</u>		\vdash	-		0.	
(13) ORLANDO GOMEZ SECRETARY	5.00	1		x				0.	0.	0.
(14) NATHAN A. ADAMS, IV	5.00									
TREASURER				x				0.	0.	0.
(15) MARY LEE KIRACOFE	40.00					1				
EXECUTIVE DIRECTOR				X				0.	71,750.	17,743.
i										
-										
					1		1			

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Form 990 (2013)

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	990 (2013) FLORIDA I	EDUCATIO	<u>)</u> N	FC	<u>1U(</u>	ND2	AT:	[0]	N, INC.	<u>59-27</u>	<u>718509</u>	Page 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)		
	(A)	(B)			(0				(D)	(E)		(F)
	Name and title	Average		F		ition	ı		Reportable	Reportable	Fet	timated
	Name and the	hours per		not ch					compensation	compensatio		ount of
		week		, unles cer and					from	from related		other
		(list any	to						the	organizations		pensation
		hours for	direc				5		organization	(W-2/1099-MIS		om the
		related	e or	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 1110	-	anization
		organizations	Individual trustee or director	Institutional trustee		/ee	Highest compensated employee		(related
		below	dual	ition	~	iplo	st co	5				nizations
		line)	ivipu	astitu	Officer	Key employee	mplc	Former			3	
			=	=	0	×	1 0	-				
			<u> </u>									
			1									
			-				1.					
			ł									
								<u> </u>				
]									
			1									
			\vdash	+-+								
			-			1						
1b	Sub-total								0.			7,743.
с	Total from continuation sheets to Part V	II, Section A							0.		0.	0.
	Total (add lines 1b and 1c)								0.	71,7	50. 1	7,743.
2	Total number of individuals (including but n							no r	eceived more than \$10	0.000 of reportabl		
-	compensation from the organization						,			· · · · · · · · · · · · · · · · · · ·	-	0
	compensation non the organization											Yes No
~	Did the experimetion list on the second officer	director or tw		مارم		mela		~ ~	highest semiconstated		E Constant	Concession and a
3	Did the organization list any former officer,				-		-				1 12 (349)	
	line 1a? If "Yes," complete Schedule J for s										3	<u> </u>
4	For any individual listed on line 1a, is the su	um of reportab	le co	ompe	ensa	atior	n ane	d ot	her compensation from	the organization		
	and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sch	edul	e J i	for such individual		4	X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	y uni	elat	ted organization or indiv	vidual for services		
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	for su	ıch	pers	son				5	X
Sec	tion B. Independent Contractors			-								
	Complete this table for your five highest co	mpensated in	done	anda	nt c	ont	racto	nre t	that received more than	\$100.000 of com	nensation f	rom
1											pendation	U.I.I
	the organization. Report compensation for	the calendar y	ear	enai	ig v	vitri	OF W			year.		
	(A) Name and business	addroop			_				(B) Description of	onvioon	(C Comper) nantion
	Name and Dusiness	address	N	ONE	<u> </u>				Description of	Services	Comper	Isation
									1. J.			
								_				
2	Total number of independent contractors (includina but r	not li	mite	d to	tho	ose li	stec	above) who received	nore than	Contraction of the second	
_	\$100,000 of compensation from the organi	•					0		,			
											Form	990 (2013)
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17070514 783925 45-02123

332008 10-29-13 ,

1		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII (A)	(B)	(C)	(D) Revenue excluded
	1990 - 1991 -				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under sections 512 - 514
nts	1 a	a Federated campaigns 1a						
, Grants mounts	b	Membership dues	1b		No indus -		id-one comp	
S, A	с	Fundraising events	1c			folde and see		
Contributions, Gifts, and Other Similar An	d	Related organizations	1d					
	е	Government grants (contributi	ions) 1e		post.			
	f	All other contributions, gifts, grant	ts, and				Contraction of the second s	
đ		similar amounts not included abov	ve 1f	608,176.				
dar	g	Noncash contributions included in lines	1a-1f: \$			All Smith on the American All shares of the American	an a	Avelouting action
<u>ភី ប៉</u>	h	Total. Add lines 1a-1f		1	608,176.	Hatting and the second se		the attraction
				Business Code				
Program Service Revenue	2 a	<u>CONFERENCE REGISTRATIO</u>		900099	369,820.	369,820.		
erv	b							
n S eni	С							
ran ev	d							
l log	е	<u></u>						
B	f	All other program service reve			260,000			
	g				369,820.			
	3	Investment income (including			61 022			61,932.
		other similar amounts)			61,932.			01,952.
	4	Income from investment of tax						
	5	Royalties				and managements		and the second
	_		(i) Real	(ii) Personal		and provide the second s		and the second se
	6 a					and the standard and a second s		Construction of the second sec
	b	· · · · · · · · · · · · · · · · · · ·						And Andrewson and Andrews
	с.	Rental income or (loss)		`			An Instruction Report for	
			(i) Securities					
	<i>i</i> a	Gross amount from sales of	79,904	(ii) Other		 A set of the second seco	and the second	Selfer an Inc
	L	assets other than inventory	19,9040			a anti-		
	D	Less: cost or other basis	0.			Senten and		ounder die
1		and sales expenses Gain or (loss)			A Contraction of the second seco			Property and the second second
	ט ה	Net gain or (loss)			79,904.		1988 - 그리고 - 이러지는 그 12 4 12 -	79,904.
	0 0	Gross income from fundraising			15,504.			15,504.
anu	0 4	including \$	of		Concernation of the second sec			
evel		contributions reported on line				And States of St	And the second second	
Ъ,		Part IV, line 18	•		arestra andra di tata		The second second	
Other Reven	ь	Less: direct expenses						
Ò		Net income or (loss) from func		▶	-	antat -	1999-999 (1997) (1997) (1997) (1997) (1997) 1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997)	
		Gross income from gaming ac	=					
		Part IV, line 19						
	b				1			marine planted to a
		Net income or (loss) from gam					n a statistic and an and a second	an ann ann an Anna an Anna a' an an Anna.
		Gross sales of inventory, less	-		Contraction of the second second	13.17月3日 一個個的		All the set
		and allowances				Minister Contract	の理	A CONTRACTOR OF A CONTRACT OF
	b	Less: cost of goods sold						Real States
		Net income or (loss) from sale			1.000 million (1.1.1. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	1000000711300		
		Miscellaneous Revenu		Business Code				
	11 a	·			· · · · · · · · · · · · · · · · · · ·			
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions.			1,119,832.	369,820.	0.	
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FLORIDA EDUCATION FOUNDATION, INC.

17070514 783925 45-02123

Form 990 (2013)

Part VIII Statement of Revenue

9 2013.05080 FLORIDA EDUCATION FOUNDATIO 45-02GN1

<u>59-2718509</u>

Page 9

FLORIDA EDUCATION FOUNDATION, INC. Part IX Statement of Functional Expenses

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	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				Products .
	organizations in the United States. See Part IV, line 21	91,928.	91,928.	St. St. Standing of the	
2	Grants and other assistance to individuals in				-turning -
	the United States. See Part IV, line 22	102,000.	102,000.		Street Barry Street
3	Grants and other assistance to governments,			and a second	And a state of the
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	· · · · · · · · · · · · · · · · · · ·			
4	Benefits paid to or for members			Contraction of the	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	а. С			
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		and well the spin reality of the second s	 Marine spectra Marine spectra Marine spectra 	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	266,312.	242,603.	23,709.	
12	Advertising and promotion	77.		77.	
13	Office expenses	36,813.	35,182.	1,631.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	39,181.	28,059.	11,122.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	597,989.	562,392.	35,597.	
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 0.)				
а	MISCELLANEOUS	1,564.	579.	985.	
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,135,864.	1,062,743.	73,121.	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				

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10 2013.05080 FLORIDA EDUCATION FOUNDATIO 45-02GN1

Form **990** (2013)

11 17070514 783925 45-02123 2013.05080 FLORIDA EDUCATION FOUNDATIO 45-02GN1

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L IVUTTDU	FOUNDATION,	TTIC

59-2718509 Page 11

		Check if Schedule O contains a response or not	<u>e to a</u>	ny line in this Part X			<u>[</u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			433,564.	1	97,197.
	2	Savings and temporary cash investments			1,690,951.	2	1,870,660.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7,290.	4	1,472.
	5	Loans and other receivables from current and fo		1			
		trustees, key employees, and highest compensa	ated e	mployees. Complete	the second se		And a second sec
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958	(c)(3)(B), and contributing	under all and the second	SHOT	IP
		employers and sponsoring organizations of sect	ion 50	01(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).	olete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net		Г		7	
Ř	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation		10c			
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1	2,436,438.	12	2,778,696.		
	13	Investments - program-related. See Part IV, line -		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa		1	4,568,243.	16	4,748,025.
	17	Accounts payable and accrued expenses			119,525.	17	19,114.
	18	Grants payable		18			
	19	Deferred revenue	170,353.	19	169,767.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ŝ	22	Loans and other payables to current and former	office	ers, directors, trustees,	And the second s		
Liabilities		key employees, highest compensated employee	s, and	d disqualified persons.			
iabi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d thirc	parties		24	
	25	Other liabilities (including federal income tax, page	yables	s to related third			
		parties, and other liabilities not included on lines	17-24	4). Complete Part X of			
		Schedule D			23,305.	25	22,954.
	26	Total liabilities. Add lines 17 through 25			313,183.	26	211,835.
		Organizations that follow SFAS 117 (ASC 958), che	ck here 🕨 🛛 🛛 and	AND DECEMBER OF THE OWNER OWN		
es		complete lines 27 through 29, and lines 33 an				e contra Seri dit	
anc	27	Unrestricted net assets			2,849,334.	27	3,229,674.
Bali	28	Temporarily restricted net assets	••••••		1,405,726.	28	1,306,516.
P	29				· · · · · · · · · · · · · · · · · · ·	29	O DESCRIPTION OF STREET
μ		Organizations that do not follow SFAS 117 (A	SC 98	58), check here 🕨 🛄			
Net Assets or Fund Balances		and complete lines 30 through 34.		and the second		The William Constraints of Million	
sets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or eq			31		
Vet	32	Retained earnings, endowment, accumulated in				32	
2	33	Total net assets or fund balances			4,255,060.	33	4,536,190.
	34	Total liabilities and net assets/fund balances			4,568,243.	34	4,748,025.
							Form 990 (2013)

Part X Balance Sheet

Form	990	(2013

Form	990 (2013) FLORIDA EDUCATION FOUNDATION, INC.	59-271	8509	Page 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,119	,832.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,135	,864.
3	Revenue less expenses. Subtract line 2 from line 1	3	-16	,032.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,255	,060.
5	Net unrealized gains (losses) on investments	5	297	,162.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	4,536	,190.
Pai	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			<u>′es No</u>
20	Were the organization's financial statements compiled or reviewed by an independent accountant?			X
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		Za	
	separate basis, consolidated basis, or both:			v
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e dasis,	Santa and	and a second s
	consolidated basis, or both:			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		За	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2013)

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. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 				47
Name o	of the organizati		Employer i	dentificatio	on nur	mber
		FLORIDA EDUCATION FOUNDATION, INC.	59	-2718	509	
Part	Reason	for Public Charity Status (All organizations must complete this part.) See instructions				
The ora	anization is not a	private foundation because it is: (For lines 1 through 11, check only one box.)				
1	-	nvention of churches, or association of churches described in section 170(b)(1)(A)(i).				
2	-	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)				
3	7	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).				
4		earch organization operated in conjunction with a hospital described in section 170(b)(1)(A)	(iiii). Enter th	ne hospital'	s nam	e.
	city, and stat		(,			-,
5	- ·	on operated for the benefit of a college or university owned or operated by a governmental u	nit describe	d in		
• _		(b)(1)(A)(iv). (Complete Part II.)				
6		te, or local government or governmental unit described in section 170(b)(1)(A)(v).				
7 🛛	-	on that normally receives a substantial part of its support from a governmental unit or from the	ne general p	ublic desci	ibed i	n
		b)(1)(A)(vi). (Complete Part II.)	- 3 P			
8		trust described in section 170(b)(1)(A)(vi). (Complete Part II.)				
9		on that normally receives: (1) more than 33 1/3% of its support from contributions, members	hin fees an	d aross rec	eints t	from
•	•	ted to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of i		•	•	
		inrelated business taxable income (less section 511 tax) from businesses acquired by the org	•••			
		509(a)(2). (Complete Part III.)	gamzation a		0, 101	0.
10	-	on organized and operated exclusively to test for public safety. See section 509(a)(4).				
11		on organized and operated exclusively for the benefit of, to perform the functions of, or to ca	arry out the r	ourposes o	f one o	or
	•	supported organizations described in section 509(a)(1) or section 509(a)(2). See section 50		•		
		type of supporting organization and complete lines 11e through 11h.	-(-)(-)			
	a 🗌 Type		vpe III - Non-	-functional	v inteo	rated
е		this box, I certify that the organization is not controlled directly or indirectly by one or more d				-
		anagers and other than one or more publicly supported organizations described in section 5				
f		ation received a written determination from the IRS that it is a Type I, Type II, or Type III	(-)(-)		()()-	
•	e e	ganization, check this box				
g		17, 2006, has the organization accepted any gift or contribution from any of the following pe				
5	-	n who directly or indirectly controls, either alone or together with persons described in (ii) and			Yes	No
		erning body of the supported organization?		11g(i)		
		member of a person described in (i) above?				
		controlled entity of a person described in (i) or (ii) above?				
h		ollowing information about the supported organization(s).				
		we say a set of the second set	is the		. –	

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	ribed on lines 1-9 in col. (i) listed in your ye or IRC section governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
Total										

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

17070514 783925 45-02123

59-2718509 Page 2 Schedule A (Form 990 or 990-EZ) 2013 FLORIDA EDUCATION FOUNDATION, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	511,999.	800,857.	1773924.	1991739.	608,176.	5686695.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	-					
	the organization without charge	131,980.				151,150.	<u>740,800.</u>
4	Total. Add lines 1 through 3	643,979.	953,350.	1930645.	2140195.	759,326.	6427495.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	ALCONTRACTOR					
	supported organization) included			and the second s			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						6427495.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) ⊺otal
7	Amounts from line 4	643,979.	953,350.	1930645.	2140195.	759,326.	6427495.
8	Gross income from interest,			-	2		
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	26,304.	26,407.	34,970.	104,820.	141,836.	334,337.
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				And a second sec		6761832.
12	Gross receipts from related activities,						,180,628.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto	p here					
	ction C. Computation of Publ					· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2013 (•			14	95.06 %
15	Public support percentage from 2012					15	96.91 %
16a	a 33 1/3% support test - 2013. If the o						
	stop here. The organization qualifies						
t	33 1/3% support test - 2012. If the						
	and stop here. The organization qua						
17a	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac					-	
	meets the "facts-and-circumstances"	-	-		-		
ł	10% -facts-and-circumstances tes	· · · · ·	•		, , ,	,	
	more, and if the organization meets t						
	organization meets the "facts-and-cir		-				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2013

332022 09-25-13

17070514 783925 45-02123

Schedule A (Form 990 or 990-EZ) 2013 FLORIDA EDUCATION FOUNDATION, INC. 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-			· · · · · · · · · · · · · · · · · · ·			
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				······································		
5	furnished by a governmental unit to						
	the organization without charge						
~	• • …						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	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						
	Add lines 7a and 7b					and an entry of the second	· · · · · · · · · · · · · · · · · · ·
	Public support (Subtract line 7c from line 6.) ction B. Total Support			Augustantiliterite and		and a state of the second second	· · ·
		() 0000	(1) 0010	() 0011	()) 0010	() 0010	
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6		· · · · · · · · · · · · · · · · · · ·		-		
100	dividends, payments received on		-				
	securities loans, rents, royalties						
-	and income from similar sources						
Ľ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organiza	ation,
<u> </u>	check this box and stop here						
	ction C. Computation of Publ						
	Public support percentage for 2013 (15	%
	Public support percentage from 2012 ction D. Computation of Inves					16	%
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from				a 15 in more than		<u>%</u>
196	a 33 1/3% support tests - 2013. If the	-		-			
	more than 33 1/3%, check this box a		-				PL
Ľ	33 1/3% support tests - 2012. If the	•					
20	line 18 is not more than 33 1/3%, che					-	
	Private foundation. If the organization	T UIU HOL CHECK a	DOX OF IMP 14, 19	a, UL 190, CHECK I			
JJ20	23 09-25-13				30	hedule A (Form 990	ບເອອບ-⊏ ∠) 2013

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art IV	(Form 990 or 990-EZ) 201 Supplemental Info			a or 17b; and Part III, line 1
<u></u>	Also complete this part f			
		 ·····	 	
		-		
				dule A (Form 990 or 990-E

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Internal Revenue Service

Orga

Filers

Form

Form

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2013

Employer identification number

Name of	the	organization
---------	-----	--------------

	FLORIDA EDUCATION FOUNDATION, INC.	59-2718509
nization type (ch	eck one):	
of:	Section:	
990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
990-PF	501(c)(3) exempt private foundation	

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule B	(Form 990,	990-EZ, or	990-PF)	(2013)
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Name of organization

FLORIDA EDUCATION FOUNDATION, INC.

Employer identification number

59	-2	7	18	5	0	9
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AT&T 208 SOUTH ADARD, SUITE 100 DALLAS, TX 75202	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HELIOS EDUCATION FOUNDATION 2415 EAST CAMELBACK ROAD, SUITE 500 PHOENIX, AZ 85016	\$45,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY 3 STATE FARM PLAZA BLOOMINGTON, IL 61791	\$ <u>155,800.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	STATE OF FLORIDA - DEPARTMENT OF THE LOTTERY 250 MARRIOTT DRIVE TALLAHASSEE, FL 32301	\$ <u>42,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MACY'S FOUNDATION 7 W SEVENTH ST CINCINNATI, OH 45202	\$ <u>102,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NATIONAL ASSOCIATION OF CHARTER SCHOOL AUTHORIZERS 105 W. ADAMS STREET, SUITE 1900	\$ <u>150,000.</u>	Person X Payroll Noncash
	CHICAGO, IL 60603		(Complete Part II for noncash contributions.)
323452 10-2	4-13	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2013)

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18 2013.05080 FLORIDA EDUCATION FOUNDATIO 45-02GN1

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Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page		
Name of organization	Employer identification number		
	50 0510500		
FLORIDA EDUCATION FOUNDATION, INC.	59-2718509		

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

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

17070514 783925 45-02123

Schedule B (Fo lame of organiz	orm 990, 990-EZ, or 990-PF) (2013)		Employer identification number
ame of organiz			
Part III	EDUCATION FOUNDATION Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	ridual contributions to section 501(c ne following line entry. For organizatio c., contributions of \$1,000 or less for	59-2718509 (7), (8), or (10) organizations that total more than \$1,000 for the ins completing Part III, enter the year. (Enter this information once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
323454 10-24-13		20	Schedule B (Form 990, 990-EZ, or 990-PF) (20

· .

20 17070514 783925 45-02123 2013.05080 FLORIDA EDUCATION FOUNDATIO 45-02CN1

SCHEDULE D	
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Department of the Treasury

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Internal Revenue Service Name of the organization

FLORIDA EDUCATION FOUNDATION TNC. Employer identification number 59 - 2718509

OMB No. 1545-0047

Open to Public

Inspection

3

Pa	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, li	ne 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 advis	ed funds
	are the organization's property, subject to the organization'	-	
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the o	rganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic s	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	d after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, r		
	year 🕨		
4	Number of states where property subject to conservation e	asement is located 🕨	
5	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easements d	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	d enforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva	ation easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections		ther Similar Assets.
	Complete if the organization answered "Yes" to Forr	m 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	xhibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	cribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pu	blic service, provide the 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 tr	reasures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS		
а			
b	Assets included in Form 990, Part X		• • •

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

21

	tule D (Form 990) 2013 FLORIDA	EDUCATION							<u>59–27</u> ar Asse			age 2
2	Using the organization's acquisition, accession											
3	(check all that apply):	on, and other record	is, check	carry of the	Tollowing t	lial ale a s	sigriii	ican		COllectic	in item	15
-	Public exhibition	d		Loan or exc	bange prov	arame						
a L	Scholarly research	e		Other		-						
b	Preservation for future generations	e										
c A	Provide a description of the organization's co	llections and explai	n how th	ev further t	the organiz	ation's exe	amnt	nurna	nsa in Par	+ XIII		
4	During the year, did the organization solicit or			-	-				550 IN F &			
5	to be sold to raise funds rather than to be ma								Γ-	Yes		No
Dar	t IV Escrow and Custodial Arrange											
I di	reported an amount on Form 990, Par			rorganizatio	JI answere		0 - 00	11 990	, ran iv,	inte 9, 01		
10	Is the organization an agent, trustee, custodia		lian for	contributio	ns or other	assats no	tincl	uded				
Ia									Г	Yes		No
L	on Form 990, Part X?						•••••		····· ∟			
D	If fes, explain the analigement in Part All a	and complete the lo	nowing	lable.			Г	1		Amour	+	
_	Decision belance						H	1.		Anour	11	
	Beginning balance							1c				
	Additions during the year						1	1d				
e	Distributions during the year							<u>1e</u>				
f	Ending balance							1f		7		٦
	Did the organization include an amount on Fo									Yes		∐ No
	If "Yes," explain the arrangement in Part XIII.											
Par	t V Endowment Funds. Complete if						r			() F		hadi
		(a) Current year	(b) P	rior year	(c) 1wo y	ears back	(d)	i nree y	/ears back	(e) Fou	ir years	раск
1a	Beginning of year balance				-							
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a)) held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
с	Temporarily restricted endowment	%										
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.										
3a	Are there endowment funds not in the posse		ation that	at are held a	and adminis	stered for	the c	organiz	zation			
	by:	C C						•			Yes	No
	(i) unrelated organizations									. 3a(i)		
		· · · · · ·										
b	If "Yes" to 3a(ii), are the related organizations											
4	Describe in Part XIII the intended uses of the							,				.
Par	t VI Land, Buildings, and Equipm											
argang-with shipe:	Complete if the organization answered), Part IV	/, line 11a. S	See Form 9	90, Part X	, line	10.				
	Description of property	(a) Cost or c			t or other			mulate	ed	(d) Boo	ok valu	ie
		basis (investr			(other)	1		iation		(4) 200		5
12	land		-		,		- Billion					
la b	Land					2000 1990		- C 7/3	2742 224983			
	Buildings Leasehold improvements											
	Equipment Other											
	Other		X colur	mn (R) line	10(c))							0.
Tota		guar onn 330, rait	N, COIUI	<u>, пр, ппе</u>	, , , , , , , , , , , , , , , , , , , ,				Schedul	e D (For	m 990	

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332052 09-25-13

Schedule D (Form 990) 2013 FLORIDA EDU(Part VII Investments - Other Securities.	CATION FOUNDA	TION, INC.	59-2718509 Page 3
Complete if the organization answered "Yes" t	o Form 990, Part IV, line 1	11b See Form 990. Part X.	line 12
(a) Description of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market value
(1) Financial derivatives		()	
(2) Closely-held equity interests			· · ·
(3) Other			
(A) MUTUAL FUNDS	2,778,696.	END-OF-YEAR	MARKET VALUE
(B)	2,,,,0,000.		
(C)	·····		
(D)	· · · · · · · · · · · · · · · · · · ·		
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,778,696.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" t	o Form 990. Part IV. line 1	11c. See Form 990. Part X.	line 13.
(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
(1)			· · · · · · · · · · · · · · · · · · ·
(2)			
(3)			······································
(4)			
(5)			
(6)			
(7)			· · · · · · · · · · · · · · · · · · ·
(8)			anna an tha
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" t	o Form 990, Part IV, line 1	11d. See Form 990, Part X,	line 15.
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			·
(5)			
(6)			
(7)		· .	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		
Complete if the organization answered "Yes" t			Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		$d_{M_{2}} \sim 10^{-1}$	
(2) DUE TO RECIPIENT			
(3)		22,954.	
(4)			
(5)			
(6)			
(7)		1000 - 1000 1000 - 1000 1000 - 1000	
(8)		Constant in the second s	
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		22,954.	
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Check	here if the text of the footn	note has been provided in Part XIII

Schedule D (Form 990) 2013

332053 09-25-13

Sche	dule D (Form 990) 2013 FLORIDA EDUCATION FOUNDATI				59-2	<u>2718509</u>	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents V	Nith I	Revenue per F	leturn	- ·	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements				1	1,568	,144.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a		297,162.			
b	Donated services and use of facilities			151,150.			
с	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d				2e	448	<u>,312.</u>
з	Subtract line 2e from line 1				3	1,119	,832.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a					
b	Other (Describe in Part XIII.)	. 4b					
с	Add lines 4a and 4b				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					1,119	<u>,832.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents	With	Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	•					
1	Total expenses and losses per audited financial statements				1	1,287	<u>,014.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	. 2a		151,150.			
b	Prior year adjustments	2b					
с	Other losses	. 2c					
d	Other (Describe in Part XIII.)	. 2d					
е	Add lines 2a through 2d				2e		<u>,150.</u>
з	Subtract line 2e from line 1				3	1,135	<u>,864.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				a raparti in s Landahinta		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b			S. Brilley (Market) S. A. Milley (Market)		
					CONC. 108.040		
c	Add lines 4a and 4b				4c		0.
_5					4c 5	1,135	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2013

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(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	2013
Department of the Treasury Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Open to Public Inspection
Name of the organization Employer ider	ntification number 9 - 2718509
Part I General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Yes 🛄 No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	gui
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for a	any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purp	oose of grant
	ssistance
MIAMI-DADE COUNTY PUBLIC SCHOOL	
1450 NORTHEAST 2ND AVENUE	
MIAMI, FL 33132 10,000. 0. GENERAL	·····
SCHOOL BOARD OF ORANGE COUNTY 445 WEST AMELIA STREET	
ORLANDO, FL 32801 10,000. 0. GENERAL	
LEON COUNTY SCHOOLS	
2757 WEST PENSACOLA STREET	
TALLAHASSEE, FL 32303 11,500. 0. GENERAL	
PALM BEACH COUNTY SCHOOL DISTRICT	
3300 FOREST HILL BLVD	
WEST PALM BEACH, FL 33406 15,000. 0. GENERAL	
SANTA ROSA SCHOOL DISTRICT	
5086 CANAL STREET	
MILTON, FL 32570 8,032. 0. GENERAL	
MANATEE EDUCATION FOUNDATION	
1023 MANATEE AVENUE WEST SUITE 215	
BRADENTON, FL 34205 65-0037457 501(C)(3) 5,110, 0, GENERAL	1
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	<u> </u>
3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule	<u> </u>

59-2718509

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TEACHER OF THE YEAR AWARD	72	102,000.	0.		

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

PART I, LINE 2:

EXPLANATION: THE RECIPIENT IS PROVIDED AN AWARD BASED ON THEIR SERVICE AND

THERE ARE NO RESTRICTIONS ON WHAT THE FUNDS CAN BE USED FOR.

SCHEDULE O	Supplemental Information to Form 990 or	⁻ 990-EZ	OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.	ons on 1.	2013 Open to Public Inspection
Name of the organization		Employe	r identification number
FORM 990, PAP	RT I, LINE 1, DESCRIPTION OF ORGANIZATION	MISSION:	
OF PUBLIC PRE	E-KINDERGARTEN THROUGH 12TH GRADE EDUCATI	ON IN FLOF	IDA FOR
THE PURPOSE O	OF ENHANCING EDUCATION EXCELLENCE IN THE	PUBLIC SC	HOOLS OF
FLORIDA.			
FORM 990, PAP	RT III, LINE 1, DESCRIPTION OF ORGANIZATI	ON MISSION	1:
ORGANIZATION	S AND ADVANCES STATEWIDE EDUCATIONAL INIT	IATIVES	
FORM 990, PAI	RT III, LINE 4D, OTHER PROGRAM SERVICES:		
VARIOUS MISCH			
EXPENSES \$ 39		REVENUE S	\$ 101,500.
FORM 990, PAI	RT VI, SECTION B, LINE 11:		
EXPLANATION:	COPY IS PROVIDED BY OUTSIDE AUDITOR TO E	XECUTIVE I	DIRECTOR WHO
	OPERATIONS MANAGER. COPY IS THEN FORWARD	ED TO THE	BOARD OF
	ECUTIVE COMMITTEE FOR REVIEW.		
FORM 990, PAI	RT VI, SECTION C, LINE 19:		
	ORGANIZATION PROVIDES GOVERNING DOCUMENT		
	PON REQUEST.		
FORM 990 PAI	RT IX, LINE 11G, OTHER FEES:		
PROFESSIONAL			
PROGRAM SERVI			242,603
	ND GENERAL EXPENSES		
			0
FUNDRAISING H	EXPENSES eduction Act Notice, see the Instructions for Form 990 or 990-EZ.		0

17070514 783925 45-02123 2013 05080 FLOR FOR FORMUTON FORMUTO 45-02GN1

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization FLORIDA EDUCATION FOUNDATION, INC.	Page Employer identification number 59-2718509
TOTAL EXPENSES	266,312
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	266,312
FORM 990, PART XII, LINE 2C	
EXPLANATION: THERE HAVE BEEN NO CHANGES.	
<u> </u>	
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· · · · · · · · · · · · · · · · · · ·	

SCF	IEDULE R
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(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 59-2718509

OMB No. 1545-0047

2013

Open to Public Inspection

FLORIDA EDUCATION FOUNDATION, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) (d) Legal domicile (state or foreign country) section		Primary activity Legal domicile (state or Exempt Code Public charity Direct con foreign country) section status (if section entity				1	3) 12(b)(13) rolled ity?
				501(c)(3))		Yes	No		
FLORIDA DEPARTMENT OF EDUCATION					FLORIDA				
325 WEST GAINES STREET					DEPARTMENT OF				
TALLAHASSEE, FL 32399	GOVERNMENT ENTITY	FLORIDA			EDUCATION		Х		
	_								
·									
	1								

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

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 FLORIDA EDUCATION FOUNDATION, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No)
· · · · · · · · · · · · · · · · · · ·											
									· · ·		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contr enti Yes	

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Schedule R (Form 990) 2013 FLORIDA EDUCATION FOUNDATION, INC.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No
 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 		1988	The section of
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	1	X
 b Gift, grant, or capital contribution to related organization(s) 			X
c Gift, grant, or capital contribution from related organization(s)			X
d Loans or loan guarantees to or for related organization(s)	I		X
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)			X
h Purchase of assets from related organization(s)			X
i Exchange of assets with related organization(s)			X
j Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I Performance of services or membership or fundraising solicitations for related organization(s)		_	X
m Performance of services or membership or fundraising solicitations by related organization(s)			X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>		X
o Sharing of paid employees with related organization(s)	10	X	
	an a		
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transa			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FLORIDA DEPARTMENT OF EDUCATION	0	151,150.	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2013 FLORIDA EDUCATION FOUNDATION, INC.

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

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

(a)	(b)	(c)	(d)			(f)	(g)	()	 1)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are al partners 501(c) orgs.	II sec. (3) ? No	Share of total income	Share of end-of-year assets	Dispr tion allocal	opor- iate tions?	Code V-UBI amount in box 20 of Schedule K-1	General o managin partner	or Percentage ownership
				-		-						
-												
·												
		1.										
							-					
					_							
					-							

Schedule R (Form 990) 2013

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FLORIDA Endowment for Vocational Rehabilitation (dba The Able Trust) State of Florida Direct Support Organization Annual Report Fiscal Year 2014-2015

Pursuant to s. 20.058, Florida Statutes, (Chapter 2014-96, Laws of Florida, (SB 1194)), by August 1 of each year, a citizen support organization or direct support organization created or authorized pursuant to law or executive order and created, approved, or administered by an agency, shall submit an annual report to the appropriate agency.

- Name, mailing address, telephone number and website address: FLORIDA Endowment Foundation for Vocational Rehabilitation (dba The Able Trust) 3320 Thomasville Road, Suite 200 Tallahassee, FL 32308 850-224-4493 http://www.abletrust.org
- 2. Statutory Authority Section 413.615, F. S.
- 3. Mission The Able Trust's mission is to be a key leader in providing Floridians with disabilities opportunities for successful employment.
- 4. 3-Year Plan: The Able Trust Strategic Direction, Planning Period, CY 2016 2018

Summary and overview:

The Able Trust Board of Directors met on June 11-12, 2015, to discuss the strategic direction for the organization for the next three years. The Board, staff, Ambassadors and invited guests met in Tallahassee to begin the planning process, which was facilitated by Able Trust President/CEO Susanne Homant and included an extensive training session on the characteristics and work habits of the many generations served by The Able Trust. The generational instructor was Kim Lear of Bridgeworks, Inc. The presentation was important because understanding the populations served by The Able Trust is critical to activities The Able Trust needs to undertake, support, and promote through its many community and youth programs.

The planning group reviewed Able Trust finances, results and outcome reports for youth programs and community grants, results of strategic employment grant awards, research project progress, and statewide communication efforts. Extensive discussion occurred regarding the continuation of current programs and the possible expansion of the transportation pilot and funded internships for people with disabilities.

Statistics on current job vacancies and projected jobs of the future were also analyzed in the deliberations. The group agreed that career potential connected to future jobs was a critical part of The Able Trust's responsibility to those it serves.

Discussion also focused on whether the Able Trust should continue to manage and fund a variety of messaging activities and communications to better promote knowledge of The Able Trust's mission and its work. Success of such activities is contingent on identifying the audiences that are most important to reach and using research and available metrics as benchmarks in measuring success. The group affirmed past planning period direction that a mission-centered theme for future communications is critical for change, as opposed to a focus on events.

The following general concepts will be developed into strategies and tactics for the 2016 – 2018 planning period, to be further refined during Committee meetings over the summer and at the September 2015 Board meeting.

• Grant awards should continue at two levels, with more emphasis on larger, multi-year grants that are directly linked to advancement of the mission of The Able Trust. The Able Trust should embark on a grant initiative pilot that deals with internships.

- The organization should continue its two transportation pilot programs, one each in Orlando and Miami, gathering outcomes to be used in developing funding sources that would allow for expansion of the transportation pilot, if outcomes justify such expansion.
- The Able Trust should continue its internal, youth programs, contingent upon obtaining outcome data that supports the resources dedicated to the programs and evidence that the programs continue to contribute to the mission.
 - ↓ Florida Youth Leadership Forum: Goal of 45 50 new students each year.
 - Florida High School High Tech: Goal is expansion at a 1–2 new sites per year, provided state matching funds are available to help support the expansion.
- The Able Trust should continue its efforts to expand work experiences for job seekers, which might include job shadowing, mentoring, internships, or other related activities. Additional Internship Seminars should be conducted in cooperation with regional business groups, trade associations, and Chambers of Commerce.
- The Able Trust should implement its 3rd year statewide communications plan, directed towards business and designed to change misperceptions and increase the number of people with disabilities who are successfully employed.

In the process of developing and implementing the strategic direction for The Able Trust for the next planning period, the following three questions will guide tactical decisions:

- How does this activity and use of our resources advance our mission (our litmus test The Able Trust looks for positive influence, disproportionately, in light of resource investment)?
- Is this investment of our resources, an investment in the change we desire? (Catalytic Philanthropy)
 Does this activity promote The Able Trust as a key player in Florida in a greater national movement
- Does this activity promote The Able Trust as a key player in Florida in a greater national movement of equal opportunities for successful employment for all people with disabilities?

Tactical activities for the five strategic areas will be created in more detail over the summer, 2015. The three year plan will be implemented for the calendar years 2016 – 2018.

- 5. Ethics Policy (Attachment)
- 6. Rationale to continue the Endowment for Vocational Rehabilitation. The Endowment:
 - Remains true to its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDOE Division of Vocational Rehabilitation (VR);
 - Exhibits sound fiscal management which is documented in its annual outside audit;
 - Is an effective vehicle for cultivating meaningful partnerships between the FDOE and VR and other stakeholders; and
 - Is actively engaged in developing and successfully executing innovative programs, such as the Annual Youth Leadership Forum and outcome-focused statewide employment grant-making activities.
 - The Able Trust has been a valuable partner in the Governor's Commission on the Employment of Persons with Disabilities, as well as the Governor's Employment First initiative.



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

POLICY STATEMENT

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

BOARD OF DIRECTORS

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

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

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

AMBASSADORS

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

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

PRESIDENT AND CEO

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

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

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

EMPLOYEES

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

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

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

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

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

FINANCIAL PRACTICES

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

FUNDRAISING ACTIVITIES

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

TREATMENT OF INDIVIDUALS SERVED

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

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

ACKNOWLEDGEMENT:

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

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

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

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

Accepted:	Date:	
Print Name:		

Ethics Policy 12-1-2014

, 23 1	0/29/2014 4:53 PM			$(\ $	
1	Form 990	Return of Organization Exempt From	Income Ta	y S	Om8 No. 1545-047
-		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private for	Indation	» 2013
-	Department of the Trea nternal Revenue Servi	ce ► Information about Form 990 and its instructions is at your	wire gov/form000		Open to Public Inspection
4	A For the 2013	calendar year, or tax year beginning 7/01/13, and ending 06/30)/14		Панаресцон
1	B Check if applicable:	C Name of organization THE FLORIDA ENDOWMENT FOUNDATION		D Emj	ployer identification number
	Address change	FOR VOCATIONAL REHABILITATION, I			
Ľ	Name change	Doing Business As THE ABLE TRUST Number and street (or P.O. box if mail is not delivered to street address)	I Desertation		-3052307
Ľ	Initial return	3320 THOMASVILLE ROAD	Room/suite	-	phone number
L	Terminated	City or town, state or province, country, and ZIP or foreign postal code	200	83	0-224-4493
	Amended return	TALLAHASSEE FL 32308-7906	6	G Gross r	eceipts: 8,129,650
Ľ	Application pending	F Name and address of principal officer:			
		SUSANNE HOMANT	H(a) is this a gro		
		3320 THOMASVILLE ROAD SUITE 200 TALLAHASSEE FL 32308-7906	H(b) Are all sub		
ī	Tax-exempt status:	X 501(c) (3) 501(c) (1) 4947(a)(1) or 527		attach a #	t. (see instructions)
J		WW.ABLETRUST.ORG	H(c) Group exer	notion num	har 🖿
K	Form of organization		Year of formation: 1		M State of legal domicile: FL
23		mmary			
\$	I Brieny de	Scribe the organization's mission or most significant activities:			
100	MISS	ABLE TRUST IS A 501 (C) (3) NON-PROFIT PUBLIC-PRIV ION TO BE A KEY LEADER IN PROVIDING FLORIDIANS	ATE PARTNEI	RSHIP	WITH A
10101	OPPO	RTUNITIES FOR SUCCESSFUL EMPLOYMENT.	WITH DISAB.		ES
6	2 Check thi	s box I if the organization discontinued its operations or disposed of more th	an 25% of its net a	assate	
62	3 Number o	of voting members of the governing body (Part VI, line 1a)		1 .	9
Activities & Governance	4 Number o	Independent voting members of the governing body (Part VI line 1b)			9
ctiv	5 Total num	iber of individuals employed in calendar year 2013 (Part V, line 2a)		. 5	11
4	7a Total unre	elated business revenue from Part VIII, column (C), line 12		. 6	34
_	b Net unrela	ated business taxable income from Form 990-T, line 34	••••••	7a 7b	0
			Prior Year		Current Year
onu	9 Program s	ons and grants (Part VIII, line 1h)	1,958		2,193,099
Revenue	10 Investmen	ervice revenue (Part VIII, line 2g) t income (Part VIII, column (A), lines 3, 4, and 7d)	1,001	950	94,358
æ	11 Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		986	<u>1,057,883</u> 95,966
	12 Total rever	nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,128,		3,441,306
	13 Grants and	d similar amounts paid (Part IX, column (A), lines 1–3)	1,428,		1,453,879
60		aid to or for members (Part IX, column (A), line 4) ther compensation, employee benefits (Part IX, column (A), lines 5–10)		1.5.0	0
Expenses	16aProfession	al fundraising fees (Part IX, column (A), line 11e)	820,	150	840,922
xpe	b Total fundr	al fundraising fees (Part IX, column (A), line 11e) alsing expenses (Part IX, column (D), line 25) ▶ 125, 296		ELEM H	0
ш	111 Other expe	nses (Part IX, column (A), lines 11a-11d, 11f-24e)	685,	061	867,569
	18 Total exper	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,933,	238	3,162,370
58	19 Revenue le	ess expenses. Subtract line 18 from line 12	195, Beginning of Curren	466	278,936
Assets or Balances	20 Total asset	s (Part X, line 16)	28, 682,	266	End of Year 31,440,151
et A		ies (Part A, line 20)	3,797,		4,390,241
Z.	22 Net assets	or fund balances. Subtract line 21 from line 20 ature Block	24,884,	985	27,049,910
Ur	der genalties of pe	FUD/ I dealars that I have exemined this return inclusion			
tru	e, correct, and com	rjury, I deelare that I have examined this return, including accompanying schedules and st plete. Declaration of preparer (other than officer) is based on all information of which prep	atements, and to the arer has any knowle	best of n dge.	ny knowledge and belief, it is
		SUMMER + NIMMANT		7	TUTH
Sig		nture of officer		Date	11/1-
Her		USANNE HOMANT PRESI or print name and title	DENT	-	
	Name and Address of the Owner, which the	sparer's name Preparer's signature	Date		
aid	Mary Mev	icar, CPA Mary a. Millia	10/29/14	Check	H PTIN
r ³ rep	Fams name	▶ LAW, REDD, CRONA' & MUNROE, P.A.	10/29/14	And the second se	59-2221664
Use	-	2075 Centre Pointe Blvd Suite 200			
Mav	Firm's address the IRS discuss the	s ▶ Tallahassee, FL 32308-4893 his return with the preparer shown above? (see instructions)	Phone	no. 8	<u>50-878-6189</u>
For P	aperwork Reducti	on Act Notice, see the separate instructions.			X Yes No
DAA					Form 990 (2013)

if "Yes," describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? if "Yes," describe these changes on Schedule 0. 4 Describe the organization sprogram service accompliahments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:	(2013) THE FLORIDA	ENDOWMENT FOUNDATI	<u>ON 59-3052307</u>	Page
1 Befely describe the organization's mission: THE, ABLE TRUST. IS. A 501 (C) (3) NON-PROFIT PUBLIC-PRIVATE PARTNERSHIP WI MISSION TO, BE, A. KEY, LEADER, IN. PROVIDING, FLORIDIANS WITH DISABILITIES OPPORTUNITIES, FOR SUCCESSFUL EMPLOYMENT. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 500 or 500-E27. 1 Wes_1 2 Did the organization case conducting, or make significant changes in how it conducts, any program services? 1 Wes_2 1 Yes_4 describe these changes on Schedule 0. 2 Did the organization case concentrations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. And rewnue, if any, for each program and core program services? 4 (Code:)(Expenses 2, 844, 524 including grants ofs 1, 453, 879) (Revenue 8 THE ADRAMILATION ASSISTS FLORIDALS NUTH DISABILITIES IN COLLAL REPARTINE AND PROVIDES (SRAMTS TO, SUPPORT VOCATIONAL REPARATING INTORING ADRATINE AND PROVIDES (SRAMTS TO, SUP	Check if Schedule C	m service Accomplishments contains a response or note to	any line in this Part III	X
PLSSION TO BE A KEY LEADER IN PROVIDING FLORIDIANS WITH DISABILITIES OPPORTUNITIES FOR SUCCESSFUL EMPLOYMENT. 2 Did the organization underate any significant program services during the year which were not listed on the prior form 580 or 580-627. Image: Second Stream Stre	ily describe the organization's n	ission:		
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Other program services. (Describe in Schedule O.)	Oram services (Describe in 6			
(Expenses \$ including grants of \$) (Revenue \$)) (Pavonio *	
Total program service expenses ≥ 2,940,462				

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Form 990 (2013) T	HE FLORIDA	ENDOWMENT	FOUNDATION	59-3052307
Part IV Che	ecklist of Require	ed Schedules	200MDIII10M	33 3032307

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- 14	ao	le	5	

			T	Yes	No
	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Г			
	complete Schedule A		1	X	
	2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		2	X	-
	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
	section set(c)(s) organizations. Did the organization engage in lobbying activities, or have a section 501/b)	···	-		
	election in enect during the tax year? If "Yes," complete Schedule C, Part II		4	x	
	5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		-		-
	assessments, or similar amounts as defined in Revenue Procedure 98-192 If "Yes," complete Schedule C				
			5		Х
	and an autored funds of any similar funds of accounts for which donors	···	-	-	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If				
	Yes, complete Schedule D, Part i	6		x	
	Did the organization receive or hold a conservation easement, including easements to preserve onen analy		-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	17	.		Х
	bid the organization maintain collections of works of art, historical treasures, or other similar access? If there a	· -	+	+	<u>A</u>
	complete Schedule D, Part III	8			Х
\$	state of the and another in the zi, for escrow of custodial account liability serve as a		+	+	<u>n</u>
	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	a related organization, directly of through a related organization, hold assets in temporarily restricted	· –	+	+	<u>A</u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10			
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI	123			1.2.
	vii, viii, iX, or X as applicable.				1
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	in at los			
	complete Schedule D, Part VI	112	X		
1	b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		1	+	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII	116		1,	K
	and the organization report an annound for investments-monoram related in Dart V line 42 that is 50/		1	+ ·	<u> </u>
1.52	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII	110			ζ
G	a bit are organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		-	+	<u> </u>
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	11d	X		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e	1	X	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		-	1-	<u> </u>
40.	the organization's hability for uncertain tax positions under FIN 48 (ASC 740)2 If "Yes" complete Schedule D. Dert V	11f	X		
128	" Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes " complete			+	-
	Schedule D, Paris XI and XII	12a	X		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			+	
49	the organization answered "No" to line 12a, then completing Schedule D. Parts VI and VII is anti-	12b		X	
13	to an organization a school described in section 170(D)(1)(A)(II)/ II Yes, complete Schedule F	13		X	
14a	and the organization maintain an onice, employees, or agents outside of the United States?	14a		X	
b	and the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking			1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate				
48	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A) line 2 more than \$5,000 for	14b		X	
15					-
46	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		X	
16					-
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expression forms for the statement of the s	16		Х	
17	a contraction of the second of the second standard and the				-
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I (see instructions)	17		Х	
10	and an end and the second second and the second sec				
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х	
	of the second of group income normal activities on part vill line go?	T			•
20a	If "Yes," complete Schedule G, Part III	19		Х	
Lua	The the organization operate one or more nospital facilities? If "Yes," complete Schedule H	20a		X	<i>E</i> 1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b			ł

Form 990 (2013)

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Form 990 (2013) THE	FLORIDA	ENDOWMENT	FOUNDATION	59-3052307
Part IV Check	ist of Requir	ed Schedules (c	continued)	

11120			Y	es	No
2	of the state of grants of other assistance to any domestic organization of		T		
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2	1	x	
2	sub-the second of grants of other assistance to individuals in the United States			Τ	
~	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	2	2		X
2	to the tert th, becalor A, line o, 4, or o about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
-	employees? If "Yes," complete Schedule J	2	3 2	X	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a	24	а		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24	b		_
	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?	24	c		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24	d		
23	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	. 25	a		<u>X</u> _
	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?		-1		
20	If "Yes," complete Schedule L, Part I	25	0		<u>X</u>
26	and any another of the state of				
	current or former officers, directors, trustees, key employees, highest compensated employees, or				
27	disqualified persons? If so, complete Schedule L, Part II	26			<u>X</u>
21	and a sistance to an oncer, director, distee, key employee,				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		12	X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		11.	1	1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	-44	13		c~
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	12	<u>x</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV				
c		28b		2	<u>K</u>
C	or they entry of a lamity member thereof)				
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c			<u><</u>
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	2	<u> </u>
50	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		1		
31		30		X	<u>(</u>
0.	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		1		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X	<u> </u>
	complete Schedule N. Part II				_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X	_
	sections 301 7701-2 and 301 7701.32 K "Voc." complete Schedule D. Dati				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		X	_
	or IV, and Part V, line 4				
35a	***************************************	34		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b			
	related organization? If "Yes," complete Schedule P. Part V. line 2			1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X	-
1279-125	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,				
	Part \//	0.7		v	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X	and the case of th
	19? Note. All Form 990 filers are required to complete Schedule O	38	v		

Form 990 (2013)

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	Part V Statements Regarding Other IRS Filings and Tax Compliance			Pag
1				
-	Check if Schedule O contains a response or note to any line in this Part V			, L
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Y	es M
- 1	Enter the number of Forme W 00 included in the destination of the second se	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and		11	
	reportable gaming (gambling) winnings to prize winners?	27		
2:		1	c 2	<u> </u>
-				- T
b	Statements, filed for the calendar year ending with or within the year covered by this return	1201		E E
	and the organization me an required rederal employment tax returns?	21	2	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
b	set and the very set of the of the of the of the of the of the very	38	4	2
4a	the state of the second state year in the so, provide an explanation in Schedule O	3t		
994	and the country are 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)?	4a		X
b	and the field of the folger obtainay, p			3.5
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1944 - 19 1944 - 19 1944 - 19		
5a	and any unle during the a prohibited tax sherter transaction at any unle during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If thes to line 5a or 5b, did the organization file Form 8886-T?	5c		T
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-	1	1-
	gifts were not tax deductible?	6b	1	
	Organizations that may receive deductible contributions under section 170(c).		范围	1354
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a	X	- itaz
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	+-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year7d	10	1.1.1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	- 7e	1992.2	V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		X
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	122.30	X
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	5.74		
	organization, have excess business holdings at any time during the year?	TT LET	1241	1993
	Sponsoring organizations maintaining donor advised funds.	8		
1	Did the organization make any taxable distributions under section 4966?	323	1 dai	
,	Did the organization make a distribution to a donor, donor advisor, or related person?	9a		-
	Section 501(c)(7) organizations. Enter:	9b	W	
	Initiation fees and capital contributions included on Port VIII line 12		1 2 4 1	-1
	Initiation fees and capital contributions included on Part VIII, line 12	22.4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 10b			
		[三注]	1-1	
			11-14	
2	Gross income from other sources (Do not net amounts due or paid to other sources		F	÷
	against amounts due or received from them.)			12
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
1	f "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		14.5	12
1	s the organization licensed to issue qualified health plans in more than one state?	13a	T	
N	lote. See the instructions for additional information the organization must report on Schedule O.		1427	
E	inter the amount of reserves the organization is required to maintain by the states in which			1
tł	ne organization is licensed to issue qualified health plans		-	
	inter the amount of reserves on hand	S T		T
D	the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
16		14b		

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E	orm 990 (2013) THE FLORIDA ENDOWMENT FOUNDATION 59-3052307 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below		for	Page 6
·	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	, and	ior a	NO
	Check if Schedule O contains a response or note to any line in this Part VI). Sei	5 115	X
S	ection A. Governing Body and Management			<u>A</u>
			Ye	s No
1	a Enter the number of voting members of the governing body at the end of the tax year 1a 9	ind.		3 100
	If there are material differences in voting rights among members of the governing body, or	124		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	10.0	1	
	b Enter the number of voting members included in line 1a, above, who are independent 1b 9		1 200	
2		-	1.25	1.2
	any other officer director trustee or key employee?	2		X
3	***************************************	-	+	1
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	+	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		+	the second s
6		5	+	X
7	***************************************	6	+	X
	one or more members of the governing body?			1
i	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	+	X
	stockholders or persons other than the reversing had of			1.00
8	Did the organization contemporaneously document the mostings half any it	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow The governing body?	ing:	1.00	ear.
		8a	X	L
9	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
50	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
00	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	le Co	ode.	
40.			Yes	No
10a	stationes, or animates?	10a		X
b	generation for the second and procedures governing the activities of such chapters.			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
118	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	and by the organization to review this Form 990.			2.2
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	T		
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	X	
5	Uid the process for determining compensation of the following normany include a review and an and	1	iyetist	12:17
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		- 13	
a	The organization's CEO, Executive Director, or top management official	15a	X	24.12.2
b	outer oncers of key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	im.	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	10-1	-	NU-
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		A
	organization's event status with respect to such among the 0		gradet.	
ec	tion C. Disclosure	16b		
7	List the states with which a copy of this Form 990 is required to be filed ▶ None			
3	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable) 000 and 000 T (Outline Fold) (20)	· · · · · ·		<i></i> .
1	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
)	State the name, physical address, and telephone number of the person who possesses the books and records of the			
יתייתי	organization: ► SUSANNE HOMANT 3320 THOMASVILLE ROAD			
A	LLAHASSEE FL 32308-7906850-2	224	-44	93
2	LLAHASSEE FL 32308-7906850-2	224	-44	<u>93</u>

Form 990 (2013) THE FLORIDA ENDOWMENT FOUNDATION 59-3052307

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	b	do not ox, uni fficer a	Pc checi ess p	erson	e than is bo	th an	(D) Reportable compensation	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	hours for related organizations below dotted line)	or director		Officer	1	employee		Organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEANNIE AMENDOL	-	Γ	Ι							
SECRETARY	1.00	x		x				0	C	
(2) MARCY BENTON							22.5	0	(0
TREASURER	1.00	x		x						
(3) RICHARD L. COLE	JR.			<u>^</u>				0	0	0
CHAIR	5.00	x		x				0	0	
(4) LESLIE D. GOLDM									0	0
DIRECTOR	1.00	х						0	0	0
(5) JEFFREY HURST, 1	MBA 1.00									0
DIRECTOR	0.00	x						0	0	0
(6) KAREN MOORE				T				0	0	0
DIRECTOR	1.00 0.00	x						0	0	. 0
(7) BRIDGET R. PALLA										0
VICE CHAIR	1.00	x		x				0	0	0
(8) ARLENE STATEN SH	ACKELFO	RÞ	T	T	\top	1	+		0	0
DIRECTOR	1.00	x								
(9) ANN MARIE TAGLIE	NTI, MA	^	+	+	+	÷	+	0	0	0
DIRECTOR	1.00	x						0	0	0
(10) SUSANNE HOMANT		Т	T	T	Τ	T			0	0
2RESIDENT	55.00		. 2	,				104 407		
(11)		+	ť	╈	+	+	+	194,497	0	14,174
DAA								<u> </u>		

Form 990 (2013)

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For	m 990 (2013) THE FLO	RIDA ENDO ers, Directors, T) WN rust	IEN ees	NT Ke	F(v Er		ND2	ATION 59-30	52307 Isated Employees (continu	Page 8
	(A) Name and title	(B) Average hours per week (list any hours for	(di bo	o not x, unic	Po check ess p ind a	(C) isition k mon erson		i one th an	(D) Reportable compensation	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)						$\left[\right]$		\square			
(13)			-	_	-	-					
(14)											
(15)			-	-		_					
	••••••										
(16)			+	+			\neg	-			
(17)			1	1							
(18)			+	+	+	+	+	-			
(19)			1	1	+	1	\uparrow	1			
	Sub-total Total from continuation she	ets to Part VII							194,497		14,174
<u>d</u>	Total (add lines 1b and 1c) .						Þ		194,497		14,174
2	Total number of individuals (ir reportable compensation from	cluding but not line the organization	imite n ▶1	ed to	tho	se li	sted	abo	ove) who received more the	nan \$100,000 in	
4 f c ii 5 C	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organ ndividual Did any person listed on line 1	a receive or acc	tule of re thar	J for port \$15	suc able 50,0	con 00?	divid npen If "Y	lual Isati es,"	on and other compensati complete Schedule J for	on from the such	Yes No 3 X 4 X
Sectio	or services rendered to the or n B. Independent Contracto	rs									5 X
1 C	Complete this table for your five compensation from the organize	cation. Report co	mpe	ted i	nde tion	penc for t	lent he c	cont alen	tractors that received mo	re than \$100,000 of vithin the organization's tax y	/ear
	Name and b	A) usiness address					\square		Descriptio	B) on of services	(C) Compensation
					Andrea Tri star						
							T				
							\top		ALTER STREET, S		
							+				
							+				
2 To											
	otal number of independent co ceived more than \$100,000 o	f compensation f	ing	but r the	not li orga	imite aniza	tion	tho:	se listed above) who	0	

Form 990 (2013) THE FLORIDA ENDOWMENT FOUNDATION 59-3052307

Part VIII

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII

		ck if Schedule O c			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
nut	1a Federated of				an a brite and he period a signal of		ten tenet de const	512-514
e E	b Membership	dues 1b						
Z	c Fundraising							
a	d Related orga	anizations 1d	1					
E	e Government gran	nts (contributions) 1e		500,00	0			
L	f All other contribu	tions, gifts, grants,						
Ē	and similar amou	nts not included above 1f	1,	693,09	9			
	g Noncash contribu	tions Included in lines 1a-1f:	\$					
	h Total. Add li	nes 1a-1f	· · · · · · · · · · · · · · · · · · ·		2,193,0	00		
				Busn. Code	A STATE BOX IN THE REAL PROPERTY AND			
2	a YOUTH	LEADERSHIP FORUM		90009		58 83,3	E O	
		LITY MENTORING DA	v	90009	Statement of the Owner water of the			
	C		÷	50005	1 11,00	11,0		
	d	••••••••••••••••••••••••••			+			
1	e	••••••••••••••••••••••••••	••••••		1			
and Other Similar Amount	f All other prod	ram service revenue .	·····				-	+
1	g Total. Add lin	les 2a-2f	L	>	04.25	8 2100	Gale alle and a second second	
3	Investment in	come (including divide	nds inter	est	54,33			
	and other sim	ilar amounts)		•	809,41	6		
4		nvestment of tax-exem	nt bond r		009,41	0		809,41
5								
		(i) Real	(ii) Pei	reonal	CONTROL OF C		and alterative strategic data a support	Adapt States and a state of the
6a	Gross rents	() / (02)	(1) - 61	SUNAL				
b	5 82 50 K							
c	Rental inc. or (loss							
d					िन्द्र र से			自己的时间,我们
	Gross amount from	(i) Securities		🖻				
	sales of assets	4,936,811	(ii) O	iner				
h	other than inventory Less: cost or other	4,950,011						
5	basis & sales exps	1 600 244						
~	Gain or (loss)	4,688,344						
		248,467			and the state of t	an a		
	Net gain or (los			🕨	248,46	7		248,46
oa		m fundraising events						
	(not including \$							
	or contributions re	eported on line 1c).						动行 计计算量
	See Part IV, line			· · ·				SSRID, Robert
	Less: direct exp							
C	Net income or (loss) from fundraising	events	🕨			1. 1 ⁹	
		n gaming activities.				HISH IS		
	See Part IV, line 1							Stepartieu.
	Less: direct exp							
C	Net income or (loss) from garning acti	vities	▶				ى الا ئېلىلا (مېلى ، د ئېلىم كەر ، د غالىما ، د يارى ، د مېلىك ، د يارى ، د مېلىك ، د د يارى ، د د د مېلى ، د د د د د بېلىك ، د د د د مېلى ، د د د مېلىك ، د د د مېلىك ، د د د د د د د د د د د د مېلىك ، د د د د د د د د د د د
	Gross sales of i			1				
	returns and allo		-					
	Less: cost of go		-					
<u>c</u> i	Net income or (loss) from sales of inventory			🕨			and the second s	and & a function manifest data being states a function
		aneous Revenue	and the second se	Isn. Code		HHEEL SECTION		
1a	MOTORCYCLE		9	00099	30,435	30,435	na han i ga an	an ann an thair an thair.
b .	ADMIN FEES		9	00099	28,648			28,648
C ,		ARE ATTENDANT		00099	27,642	27,642		20,048
	I other revenue	•		00099	9,241	9,241		
	otal. Add lines				95,966		at 1 the state of a set	יי מיז גילוי לאיני (איי אין איי

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Form 990 (2013) THE FLORIDA ENDOWMENT FOUNDATION 59-3052307

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a re	the second s	The second s		
7b	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and			<u>eta patro para</u>	
	organizations in the U.S. See Part IV, line 21	1,453,879	1,453,879)	
2	Grants and other assistance to individuals in	n			And the second sec
	the U.S. See Part IV, line 22				
3	Grants and other assistance to government	s		Hantshield	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16			fit is the state of the state o	
4	Benefits paid to or for members				
5					
	trustees, and key employees	199,668	163,727	15,974	19,967
6				10/5/13	15,501
	persons (as defined under section 4958(f)(1)) and		A.		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wares	509,688	417,944	40,775	50.000
8	Pension plan accruals and contributions (include	505,000	417, 544	40,775	50,969
	section 401(k) and 403(b) employer contributions)	29,146	22 000	0 001	0.01-
9	Other employee benefits			the second se	2,915
		56,583			5,658
10	Payroll taxes	45,837	37,586	3,667	4,584
11	Fees for services (non-employees):				
a		10 000			
b		43,629		3,491	4,363
C	Accounting	21,837	17,906	1,747	2,184
d					
e		Statistics of the second s			
f	Investment management fees	4,000	3,280	320	400
9					
	(A) amount, list line 11g expenses on Schedule O.)	463	379	38	46
12		258,779	258,779		
13	Office expenses	12,761	10,464	1,021	1,276
14	Information technology	10,806	8,861	864	1,081
15	Royalties				1/001
16	Occupancy	106,078	86,984	8,486	10,608
17	Travel	4,321	3,544	345	432
18	Payments of travel or entertainment expense	s	5/511	545	132
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50,122	41,100	4,010	E 010
20	Interest	50,122	41,100	4,010	5,012
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,712	10 424	1 017	1 071
23	Insurance	13,327	10,424	1,017	1,271
	Other expenses. Itemize expenses not covered		LU, 928	1,066	1,333
	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.)	04 007			
a	YOUTH LEADERSHIP FORUM	94,997	94,997		
D	HIGH SCHOOL/HIGH TECH	84,649	84,649		
C	CEO PROGRAM MANAGEMENT EX	74,849	61,377	5,987	7,485
d	DVR STAFF EVENTS	39,999	39,999		
	All other expenses	34,240	. 27,582	946	5,712
	Total functional expenses. Add lines 1 through 24e	3,162,370	2,940,462	96,612	125,296
t f	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and undraising solicitation. Check here ▶ if ollowing SOP 98-2 (ASC 958-720)				

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Form 990 (2013) THE FLORIDA ENDOWMENT FOUNDATION 59-3052307

Page 11

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing				1	
	2	Savings and temporary cash investments			2,080,70	7 2	1,626,47
	3	Pledges and grants receivable, net				3	3
	4	Accounts receivable, net			33	0 4	36,32
	5	Loans and other receivables from current and former of		tors,		212.1	
		trustees, key employees, and highest compensated en	nployees.				
	~	Complete Part II of Schedule L		•••••		5	
	6	Loans and other receivables from other disqualified pe	rsons (as def	ined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B)), and contribu	uting employers a	and		
		sponsoring organizations of section 501(c)(9) voluntary	y employees'	beneficiary		1 200	
		organizations (see instructions). Complete Part II of Sc	hedule L			6	
SIDCOL	1	Notes and loans receivable, net				7	
	0	inventories for sale of use				8	
	3	Frepaid expenses and deterred charges	· · · · ·	•••••	24,70		12,190
11	va	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	406,632		-	ي من
	D	Less: accumulated depreciation	10b	246,391		2 100	c 160,24
1	1	Investments—publicly traded securities			18,807,828	3 11	21,104,95
12	2	Investments-other securities. See Part IV, line 11				12	
1:	3	Investments-program-related. See Part IV, line 11				13	
14	4 I	Intangible assets				14	
1	, ,	Outer assets. See Part IV, line 11			7,595,747	15	
10		Total assets. Add lines 1 through 15 (must equal line 3	4)		28,682,266		31,440,151
17		Accounts payable and accrued expenses	•••••		3,797,281	17	4,390,241
19		Grants payable	•••••			18	-
20	, L	Deferred revenue	•••••			19	
21		ax-exempt bond habilities				20	
22		-scrow of custodial account liability. Complete Part IV o	of Schedule D		· · · · · · · · · · · · · · · · · · ·	21	
122	. L.	Loans and other payables to current and former officers,	, directors,				
		rustees, key employees, highest compensated employe	es, and				
23	u c	disqualified persons. Complete Part II of Schedule L				22	
24		Secured mortgages and notes payable to unrelated third	parties			23	
25		Jnsecured notes and loans payable to unrelated third pa				24	
23		Other liabilities (including federal income tax, payables to					
	P	arties, and other liabilities not included on lines 17-24).	Complete Pa	rt X			
26	τ.	f Schedule D	• • • • • • • • • • • • • • • • • •	····· -	0 000 001	25	
20		otal liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check	han NVI	·····	3,797,281	26	4,390,241
		omplete lines 27 through 29, and lines 33 and 34.	k here PX a	and			
27						如何被	a ta da a ta
28	Te	nrestricted net assets	•••••••••••		21,191,562		23,140,367
	P	emporarily restricted net assets			2 602 402	28	
20	0	ermanently restricted net assets rganizations that do not follow SFAS 117 (ASC 958)			3,693,423	29	3,909,543
	0	omplete lines 30 through 34.	, check here				
30		anital stock or trust principal or surrent funda		12			ان میں میں بنیا ہے جات کا محمد میں میں میں اور
31	Pa	apital stock of trust principal, or current tunds		····· -		30	
32	P	aid-in or capital surplus, or land, building, or equipment	TUND	····· -		31	
-	116	etained earnings, endowment, accumulated income, or otal net assets or fund balances			24,884,985	32	27,049,910
33	To	otal net assets or fund balances				33	

Form 990 (2013)

	m 990 (2013) THE FLORIDA ENDOWMENT FOUNDATION 59-3052307		Page 12
P	art XI Reconciliation of Net Assets		
-	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,441,306
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,162,370
3	Revenue less expenses. Subtract line 2 from line 1	3	278,936
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,884,985
5	Net unrealized gains (losses) on investments	5	1,885,989
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	27,049,910
P	TTXI Financial Statements and Reporting		
-	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		
	Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		的复数分子
	reviewed on a separate basis, consolidated basis, or both:		三十
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in	••••	Line of the second
	Schedule O.		and the second
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?		3a X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b
		and the second state	000

Form 990 (2013)

		-7)	Pu	blic Charity State	us ai	nd Pu	DIIC	Sup	por	t	OMB No. 1545-0047
(Form 9	90 or 990-1	=2)	Compl	ete if the organization is a se				tion or	a sect	ion	2013
_				4947(a)(1) nonex ▶ Attach to Form							LUIU
	t of the Treasu venue Service	iry	Information at	pout Schedule A (Form 990 or 99				ic at un	nu ire a	ov/form0	Open to Publi
Name of th	e organizatio	n T	HE FLORID	A ENDOWMENT FOU	INDAT	TON	0000113	13 at WH	1		90. Inspection
-		F	OR VOCATI	ONAL REHABILITA	TION	I, INC	с.				52307
Part	Re	ason fo	or Public Cha	rity Status (All organizat	ions m	ust com	plete	this pa	art.) S	ee inst	ructions
The orga	nization is	not a priv	vate foundation be	ecause it is: (For lines 1 throug	h 11, ch	eck only o	ne box.	.)			
1 📋	A church,	conventi	ion of churches, or	r association of churches desci	ribed in s	section 1	70(b)(1	,)(A)(i).			
2	A school of	described	in section 170(b)(1)(A)(ii). (Attach Schedule E	.)						
3	A hospital	or a coo	perative hospital s	service organization described	in sectio	on 170(b)	(1)(A)(i	ii).			
4	A medical	research	n organization ope	rated in conjunction with a hos	pital des	cribed in	sectior	170(b)	(1)(A)(iii). Ente	r the hospital's name,
	city, and s	tate:									
5	An organiz	zation op	erated for the ben	efit of a college or university or	wned or	operated	by a go	vernme	ntal uni	t describ	ed in
			A)(iv). (Complete		-						
6	An omania	state, or	local government	or governmental unit described	d in sect	ion 170(b)(1)(A)	(v).			
	described	in sectio	a 170/b)(1)(A)(a)	es a substantial part of its supp). (Complete Part II.)	ort from	a governn	nental L	init or fr	om the	general	public
8 🗍	A commun	ity trust o	described in section	on 170(b)(1)(A)(vi). (Complete	Dert II.)						
9	An organiz	ation that	t normally receive	s: (1) more than 33 1/3% of its	support	from cont	tribution		headhia		
	receipts fro	m activit	ies related to its e	xempt functions—subject to ce	support	Pentione	and (2)	is, mem	bersnip) tees, al	nd gross
ę	support fro	m gross i	investment incom	e and unrelated business taxal	ole incon	ne (less s	anu (2) action F	11 tav)	from b		
8	acquired by	the orga	anization after Jur	ne 30, 1975. See section 509(a)(2). (C	omplete F	Part III.)	(tax)	101110	131116336	5
10	An organiz	ation orga	anized and operat	ted exclusively to test for public	safety.	See sect	ion 509	(a)(4).			
11 X A	An organiza	ation orga	anized and operat	ed exclusively for the benefit o	f, to perf	orm the fu	unctions	of, or t	o carry	out the	
P	ourposes o	f one or r	more publicly supp	ported organizations described	in sectio	on 509(a)(1) or se	ection 50)9(a)(2). See se	ection
5	609(a)(3).	Check the	e box that describe	es the type of supporting organ	ization a	ind compl	lete line	s 11e th	rough	11h.	
_ হি চ			b Type II	c Type III-Functio	nally into	egrated	d	Ту	pe III-I	Non-func	tionally integrated
e X B	by checking	j tris box	c, I ceruity that the	organization is not controlled d	lirectly of	indirectly	by one	e or mor	e disqu	alified po	ersons
0	r section 5	00/2)/2)	in managers and c	other than one or more publicly	support	ed organia	zations	describe	ed in se	ection 50	9(a)(1)
				etermination from the IRS that	it is a T	mal Tra	- 11	T			
	rganization	n, check t	this box	etermination from the IRS that	usary	per, ryp	e II, or	iype iii	suppor	ting	
		· · · · · ·		ization accepted any gift or cor	tribution	from any	of the	••••••			······ Ц
	ollowing pe			and any girl of oor	in induction	nonnany	01 110				
(i) A perso	n who di	rectly or indirectly	controls, either alone or togeth	ner with	oersons d	escribe	d in (ii) :	and		Yes No
	(iii) belo	w, the go	overning body of t	he supported organization?				u () (11g(i) X
(i	ii) A family	membe	r of a person desc	ribed in (i) above?			• • • • • • • • • •	•••••••••	••••••	• • • • • • • • • •	11g(ii) X
(i	iii) A 35% (controlled	d entity of a perso	n described in (i) or (ii) above?			• • • • • • • • • •	•••••		•••••	11g(iii) X
		following		t the supported organization(s)					•••••	
 (i) Name of organiz 			(ii) EIN	(iii) Type of organization (described on lines 1-9		organization		you notify		Is the	(vii) Amount of monetary
				above or IRC section		listed in your document?		nization in of your	(i) organiza	tion in col.	support
				(see instructions))				port?		S.?	
A) FL.	DEPT	OFF	EDUC. DIV	OF MOCAETONIAT	Yes	No	Yes	No	Yes	No	
. بد ر.			DOC. DIV	OF VOCATIONAL		ABILI	TAT	TON			0 040 400
3)				U	X		<u>X</u>		X		2,940,462
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i) otal							a te sa				2,940,462

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013 THE FLORIDA ENDOWMENT FOUNDATION 59-3052307

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support andar year (or fiscal year beginning in) >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1) 2000			(4) 2012	(8) 2013	(1) 10(2)
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.		h fantis a tas anti		and the state of the second		
Sec	tion B. Total Support		In the Charles of the Plane Lob a ph	(William) a baar oo d bila y u bi	an a mar a training and a set	and a court of the to the	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						(7)
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						
10	is regularly carried on Other income. Do not include gain or						
44	loss from the sale of capital assets (Explain in Part IV.)	an i teoretar an an ain i t					anna an
11	Total support. Add lines 7 through 10	an al chan de din es di energia estat	ى بەرە ئەتىكىلىرى بەرەپىيە يەرەپىيە •			and a fraction of the	
12	Gross receipts from related activities, etc	. (see instructions)			12	
	First five years. If the Form 990 is for th						
Sact	organization, check this box and stop he ion C. Computation of Public S	Pre					
000	Bublic support persenters for 2010 (iii	Support Perce	ntage				and the second
14 15	Public support percentage for 2013 (line	b, column (t) divid	ed by line 11, col	umn (f))			%
10	Public support percentage from 2012 Sch	nequie A, Part II, II	ne 14			15	%
16a	33 1/3% support test-2013. If the orga	nization did not ch	eck the box on li	ne 13, and line 14	is 33 1/3% or moi	re, check this	
	box and stop here. The organization qua						▶ [_]
Ь	33 1/3% support test-2012. If the organ	nization did not ch	eck a box on line	13 or 16a, and lir	ne 15 is 33 1/3% o	r more,	. —
170	check this box and stop here. The organ	ization qualmes as	s a publicly suppo	orted organization			
	10%-facts-and-circumstances test-20						
	10% or more, and if the organization mee	ets the facts-and-o	arcumstances" te	st, check this box	and stop here. E	xplain in	
	Part IV how the organization meets the "f						
	organization	40 KAL					▶∟
•	10%-facts-and-circumstances test-20 15 is 10% or more, and if the organization	n meets the "facts-	and-circumstanc	es" test, check this	s box and stop he	re.	
	Explain in Part IV how the organization m	eets the "facts-and	d-circumstances"	test. The organization	ation qualifies as a	a publicly	
0 1	supported organization Private foundation. If the organization di	o not check a box	on line 13, 16a,	16b, 17a, or 17b, (check this box and	l see	
	nstructions						

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 THE FLORIDA ENDOWMENT FOUNDATION 59-3052307 Part III Support Schedule for Organizations Described in Section 509(a)(2)

Page 3

	Complete only 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.)
ion A.	Public Support

S	ection A. Public Support	1		sted below, plea	ase complete	Part II.)	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(4) 2042	1 () 00/0	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(1) 2010	(0) 2011	(d) 2012	(e) 2013	(f) Total
2		e					
3	Gross receipts from activities that are not an unrelated trade or business under section 513	3					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					11. T	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		1	1			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			1			
	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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
200	tion B. Total Support						
'olor	tion B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						(1) 10101
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
6	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
1	Other income. Do not include gain or oss from the sale of capital assets Explain in Part IV.)						
	otal support. (Add lines 9, 10c, 11,						
	Ind 12.)						
-	irst five years. If the Form 990 is for the rganization, check this box and stop here	Ð.					
ectio	on C. Computation of Public Su	IDDOIT Percer	anste			And a second	P
P	ublic support percentage for 2013 (line 8.	column (f) divide	d by line 13 colu	mn (fl)		15	
-	Sepper: perdentage noin 2012 Sulle	Quie A. Part III III	ne 15		••••••••••••••••••	15	%
							%
In	vestment income percentage for 2013 (lin	ne 10c. column (f) divided by line 1	3. column (f))		17	
	Percentage non 2012	Schedule A. Part	III. line 17			1 40	%
33	3 1/3% support tests—2013. If the organ	ization did not ch	eck the box on lin	e 14. and line 15 i	a more than 22 4	00/	%
	is not more than 35 1/3%, check this pos	k and stop here	The organization	qualifica as a subl	later and the		
	The result rests-2012. If the orden	IZATION did not ch	eck a hoy on line	11 or line 10e and	line de la contra		▶ []
	The restrict of that of 17576, check this	S DOX and stop he	FR. The organiza	tion qualifica on a	muhlialu aumont	I second a second second	
Pr	ivate foundation. If the organization did	not check a box o	on line 14, 19a, or	19b, check this bo	ox and see instruc	tions	

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (I	Form 990 or 990-EZ Supplementa Part III, line 12) 2013 THE I Informatio	FLORIDA	ENDOW	MENT ations re	FOUNDA quired by	TION Part II, Ii	<u>59-305</u> ne 10; Part I	2307 I, line 17a o	Page 4 r 17b; and
	Part III, line 12	. Also comp	lete this pai	rt for any a	dditional	informati	on. (See	instructions)	
				••••••						
								•••••	••••••	••••••
-1 11			••••••	••••••	••••••	•••••	•••••	••••••		
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<i></i>		
Schedule B (Form 990, 990-EZ,	Schedule of Contributors	OMB No. 1545-0047
or 990-PF)	Attach to Form 990, Form 990-EZ, or Form 990-PF.	2013
Department of the Treasury Internal Revenue Service	Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www	w.irs.gov/form990.
Name of the organization		Employer identification number
FOR VOCATION	ENDOWMENT FOUNDATION AL REHABILITATION, INC.	50 0050005
Organization type (check		59-3052307
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule	7), (8), or (10) organization can check boxes for both the General Rule and a Special iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m	
property) from any or	e contributor. Complete Parts I and II.	
Special Rules		
under sections 509(a)	3) organization filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regul(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a con 000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line II.	tribution of
during the year, total of	r), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri- contributions of more than \$1,000 for use exclusively for religious, charitable, scientific es, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	ibutor, , literary,
not total to more than year for an exclusively), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions for use exclusively for religious, charitable, etc., purposes, but these contributi \$1,000. If this box is checked, enter here the total contributions that were received dur religious, charitable, etc., purpose. Do not complete any of the parts unless the Generation because it received nonexclusively religious , charitable, etc., contributions of \$5,	ons did ing the ral Rule
Caution. An organization that 990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file Schedule B it answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its For	(Form 990, m 990-EZ or on its

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

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

	forganization FLORIDA ENDOWMENT FOUNDATION		Page Employer identification number 59-3052307
Part			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	STATE OF FLORIDA DEPT. OF EDUCATION DIVISION OF VOCATIONAL REHAB. 2002 OLD ST. AUGUSTINE ROAD, BLDG A TALLAHASSEE FL 32301	N	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 2	DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES 2900 APALACHEE PARKWAY ROOM A117 MAIL STOP 24 TALLAHASSEE FL 32399	\$ 232,33	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>	STATE OF FLORIDA DEPARTMENT OF REVENUE REVENUE ACCOUNTING SUBPROCESS PO BOX 6609 TALLAHASSEE FL 32399	\$ 1,434,923	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE C

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its Open to Public

OMB No. 1545-0047 Inspection

instructions is at www.irs.gov/form990. If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III.

N	ame of organization THE FLORIDA ENDOWM	ENT FOUNDATION		Employer ident	ification number
D	FOR VOCATIONAL REH	ABTLTTATTON TI			
the second second	diality complete if the organization is e	Xempt under section 5	01/c) or is a	notion FOT	nization.
1	retrie a description of the organization's direct and	Indirect political campaign and	initian in Dart IV/		
2	Foliacal expenditures				
3	Volunteer hours				••••••••••••••••••••••••••••
P	Complete if the organization is ex	voment under east			
1	FILE UP SMOUNT OF SNV OVOICO TOV inclume of hus the				
2	Enter the amount of any excise tax incurred by the org Enter the amount of any excise tax incurred by organi. If the organization incurred a section 4955 tax, did it fil	zation managers under section 4955	- 4055		
3	If the organization incurred a section 4955 tay, did it fil	E Form 4720 for this ward	n 4955	····· 🕨	·····
4	Was a correction made?		•••••		Yes No
t	If "Yes," describe in Part IV.	••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••	Yes No
	Enter the amount directly expended by the fill	empt under section 5	1(c) except	section 501/a)/2	1
1	enter are amount directly expended by the filling organ	Ization for section 527 evemo	function)
	acuviues			\$	
2	garneatori 3 luitus corri	UDULED ID DIDEL OMANIZATIONS	for continu		
	527 exempt function activities			► s	
3					
	line 17b Did the filing organization file Form 1120-POL for this			▶ \$	
5	Did the filing organization file Form 1120-POL for this p Enter the names, addresses and employer identification	year?			Yes No
2					
	sector made payments. For each organization lis	Ted enter the amount notid fre	ma the file		
	the arrived in pointed contrabutions received that were	Dromptly and directly delivere	d to a concrete -	alter at an an	
	as a separate segregated fund or a political action com (a) Name	T T Additional spa	ice is needed, pro	vide information in Pa	art IV.
		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
		6		funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
1)					none, enter -0
!)					
)					
					and the second second second
- Dar	Proof Peduation Act Nation and the second				

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

Schedule C (Form 990 or 990-EZ) 2013

Contraction of the local division of the loc	Form 990 or 990-EZ) 2013 THE F	LORIDA ENDOWMENT FOUNDATIO	ON 59-305230	7 Page 2
Part II-	A Complete if the organ	nization is exempt under section 501(c)	3) and filed Form 57	68 (election under
	section 501(h)).			
A Chec	k ▶ ☐ if the filing organization	tion belongs to an affiliated group (and list	in Part IV each affilia	ted group member's
	name, address, Ell	, expenses, and share of excess lobbying	expenditures).	•
B Chec	k ▶ 🗌 if the filing organiza	tion checked box A and "limited control" p	ovisions apply.	
	Limits on Lo	bying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Tota	I lobbying expenditures to influence	public opinion (grass roots lobbying)		
b Tota	I lobbying expenditures to influence	a legislative body (direct lobbying)		
c Tota	l lobbying expenditures (add lines 1	a and 1b)		and the second
d Othe	d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d)			
e Tota				
	ying nontaxable amount. Enter the			
colur				
If the	amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not ov	er \$500,000	20% of the amount on line 1e.		
Over \$	500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$	1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$	1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		an a
Contraction of the local division of the loc	17,000,000	\$1,000,000.		
	sroots nontaxable amount (enter 25			
	act line 1g from line 1a. If zero or le			
	act line 1f from line 1c. If zero or les			
j If the	e is an amount other than zero on e	either line 1h or line 1i, did the organization file Form	4720	
report	ting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditu	ures During 4-Yea	r Averaging Period	ł	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
 b Lobbying celling amount (150% of line 2a, column(e)) 					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
 Grassroots ceiling amount (150% of line 2d, column (e)) 					
f Grassroots lobbying expenditures					******

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local	141.1.2	1.24	in the stranger want for	
registration, including any alternation Influence public opinion on a legislative mother or				
referencial, infough the use of:		1		
a Volunteers? b Paid staff or management (include compensation in events)	·			
a through a standard and the standard and the standard and the standard at the	·	X		
c Media advertisements?		X	1	
 d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? 		X		
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?		X		
 f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, as a legislation in the staffs. 		X		
g Direct contact with lenislators their staffe another staffe		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		10 0	
and any similar means?		X	18,0	
		Statement of the local division in which the local division in which the local division in the local division		
j Total. Add lines 1c through 1i	Phil state	X		
2a Did the activities in line 1 cause the organization to be not described in cashing 5000 view			18,0	
 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4012 		X		
 b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4012 	田井		ىيە (14 1 د د	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file 5 are 1000 to	in and a			
	1 1		and apple 2245 and 100 and 10	
Complete if the organization is exempt under section 501(c)(4) section 50		1) 01		
501(c)(6).		י, טו	section	
Were substantially all (90% or more) dues received nondeductible by members?			Yes I	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the mission of			1	
Did the organization agree to carry over lobbying and political expenditures from the prior year?			2	
Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A lines 1 and 2			3	
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		2.		
owned expenses for which the section 527(f) tax was paid).	.77			
Current year				
Carryover from last year Total				
Total	2	-		
-yeregate amount reported in section 6033(e)(1)(A) notices of pondoductible postion (200)	20			
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	3			
excess does the organization agree to compress the the amount on line 3, what portion of the	2	131		
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		3		
Taxable amount of lobbying and political expenditures (ass instanti	4			
and pointion capering (see instructions)	. 5	1		
Supplemental information	Statement of the local division of			
de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Pa I-B, line 1. Also, complete this part for any additional information				
I-B, line 1. Also, complete this part for any additional information.	n n-A, ii	ne 2;	and	
hedule C, Part II-B, Line 1				
RECT CONTACT WITH LEGISLATORS AND CONTROL				
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Page 3

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Schedule C (Form 9	90 or 990-EZ) 2013	THE	FLORIDA	ENDOWMENT	FOUNDATION	59-3052307	Page 4
Part IV	Supplemen	ntal Infor	mation (con	tinued)		0002007	, ugo ,
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Ċ	SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Financial Statements ation answered "Yes," to Form 990, a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ach to Form 990. 990) and its instructions is at www.irs	2013
				Employer identification number
	THE FLORIDA	ENDOWMENT FOUNDATION		
	FOR VOCATION	AL REHABILITATION, INC.		59-3052307
	Part'l Organiza	tions Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts.
5	Complete	if the organization answered "Yes" to	o Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
	1 Total number at end o	f year	1	
	2 Aggregate contribution	ns to (during year)	50 000	
		(during year)	50 0001	
	riggiogate value at en	o or year	66 806	
	o Did the organization in	norm all donors and donor advisors in writing t	hat the accete held in denot eduland	
	funds are the organiza	tion's property, subject to the organization's ex	clusive legal control?	X Yes No
	- Die die eigenbereiten	form all grantees, donors, and donor advisors poses and not for the benefit of the donor or do	In writing that grant funds can be used	X Yes No
	conferring impermissib	le private benefit?	and advisor, or for any other purpose	
1	Part II Conserva	tion Easements.		X Yes No
	Complete i	if the organization answered "Yes" to	Form 990 Part IV line 7	
-	1 Purpose(s) of conserva	ation easements held by the organization (check	ronn 990, Fait IV, line 7.	
	Preservation of land	d for public use (e.g., recreation or education)		
	Protection of natura	a babitat		portant land area
	Preservation of ope		Preservation of a certified historic	c structure
		igh 2d if the organization held a qualified cons	ervation contribution in the form of a co	nservation
				Held at the End of the Tax Year
	a Total number of conserv	vation easements		0.
1	- i olar adi olago robulotou	DY CONSELVATION BASEMENTS		
	e rearrisor of conservation	easements on a certified historic structure inc	duded in (a)	2c
	- realizer of conservation	casellients included in (c) achilired after 8/17	106 and not on a	
	historic structure listed in	n the National Register		2d
•	3 Number of conservation tax year ▶	easements modified, transferred, released, ex	tinguished, or terminated by the organi	zation during the
		property subject to conservation easement is		
5	Does the organization ha	ave a written policy reporting the part of		
	violations and enforcem	ave a written policy regarding the periodic mon	itoring, inspection, handling of	
6		ent of the conservation easements it holds? s devoted to monitoring, inspecting, and enforce	ing conservation easements during the	year Yes No
7	Amount of expenses incu	urred in monitoring, inspecting, and enforcing o	conservation easements during the year	
8	Does each conservation	easement reported on line 2(d) above satisfy t	the requirements of section 170/b////D	
	(i) and section 170(1)(4)(1	D)(11)?		
9	balance sheet, and includ	le, if applicable, the text of the footnote to the	ante in ite rovenue and average stat	
	er garneauerr e accounting	tor conservation easements.		
		ns Maintaining Collections of Art, I he organization answered "Yes" to Fe	orm 990, Part IV, line 8	
1a	If the organization elected	, as permitted under SFAS 116 (ASC 958) no	to report in its revenue statement and	halance shoot
	worke of art, filstorical frea	asures, or other similar assets held for public e	xhibition, education, or research in furth	arance of
	public service, provide, in	Part All, the text of the footnote to its financia	I statements that describes these items	
b	If the organization elected,	, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and held	man shart
	works of art, filstorical trea	isures, or other similar assets held for public e	xhibition, education or research in furth	
	public service, provide the	IONOWING amounts relating to these items.		
	(i) Revenues included in I	Form 990, Part VIII, line 1		b c
		m 000 Bad V		▶\$
	•••••••••••••••••••••••••••••••••••••••			
2	•••••••••••••••••••••••••••••••••••••••			
	If the organization received following amounts required	d or held works of art, historical treasures, or o	ther similar assets for financial gain, pro	▶ \$
	If the organization received following amounts required	d or held works of art, historical treasures, or o	ther similar assets for financial gain, pro	▶ \$
a b	If the organization received following amounts required Revenues included in Form Assets included in Form 99	or held works of art, historical treasures, or o	ther similar assets for financial gain, pro elating to these items:	▶ \$ ovide the

3

Part III Organizations Maintaining Collections of Art, Historic 3 Using the organization's acquisition, accession, and other records, check any of t collection items (check all that apply): a Public exhibition d Loan or exchange records, check any of the collection items (check all that apply): a Public exhibition d Loan or exchange records, check any of the collection items (check all that apply): a Public exhibition d Loan or exchange records, check any of the collection items (check all that apply): a Public exhibition d Loan or exchange records, check any of the collection items (check all that apply): a Provide a description of future generations d Loan or exchange records, check any of the organization's collections and explain how they furthe XIII. 5 During the year, did the organization solicit or receive donations of art, historical trassets to be sold to raise funds rather than to be maintained as part of the organization are sets. Complete if the organization answered "Yes" to Form 990 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contribution included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year <	reasures, or zation's colli , Part IV,	y that are a ization's ex r other simi ection? line 9, or r assets no	significant u empt purpos lar reported	se of its e in Par	t 🏾 Yes 🗌
 a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they furthe XIII. 5 During the year, did the organization solicit or receive donations of art, historical tr assets to be sold to raise funds rather than to be maintained as part of the organization and explain how they furthe Complete if the organization answered "Yes" to Form 990 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contribution included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 	programs er the organi reasures, or <u>zation's colli</u> , Part IV, ons or othe	ization's ex rother simi ection? line 9, or rassets no	empt purpos lar reported	 e in Par	t 🏾 Yes 🗌
b Scholarly research c Charles of excitating of the constraints c Preservation for future generations e Other 4 Provide a description of the organization's collections and explain how they furthe XIII. 5 During the year, did the organization solicit or receive donations of art, historical tr assets to be sold to raise funds rather than to be maintained as part of the organization and custodial Arrangements. Complete if the organization answered "Yes" to Form 990 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributing included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year	reasures, or reasures, or <u>zation's colle</u> , Part IV, ons or othe	ization's ex r other simi ection? line 9, or r assets no	empt purpos lar r reported	e in Par	. Yes
 c Preservation for future generations 4 Provide a description of the organization's collections and explain how they furthe XIII. 5 During the year, did the organization solicit or receive donations of art, historical trassets to be sold to raise funds rather than to be maintained as part of the organization Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contribution included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 	r the organi reasures, or zation's colle , Part IV, ons or othe	ization's ex r other simi ection? line 9, or r assets no	empt purpos lar r reported	e in Par	. Yes
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 Land Custodial Arrangements. Complete if the organization answered "Yes" to Form 990 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributi included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 	, Part IV,	line 9, or r assets no	r reported		
Complete if the organization answered "Yes" to Form 990 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributi included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year	ons or othe	r assets no	t	an am	ount on Form
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 b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 	••••••				
c Beginning balance d Additions during the year				• • • • • • • • •	Yes
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					Amount
e Distributions during the year	•••••	· • · • • • • • • • • • • • • • • • • •	<u>1c</u>		
	•••••	•••••	<u>1d</u>		
e Distributions during the year f Ending balance	•••••	· · · · · <i>· ·</i> · · · · · · ·	<u>1e</u>		
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?	••••••	•••••	<u>lf</u>		
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has be	en provider	in Dort VII	<mark>.</mark>		
PartV Endowment Funds.	si provided	In Fart All			
Complete if the organization answered "Yes" to Form 990,	Part IV	line 10			
(a) Current year (b) Prior year		ears back	(d) Three yea	re back	(e) Four years bac
1a Beginning of year balance 21,900,287 19,928,857	a provide the second se	75,690	16,45		the state of the s
b Contributions 84,523 50,000	The second s	99,167		4,500	
c Net investment earnings, gains, and	1	55/201	10	1,000	
losses 2,286,481 1,921,430	5	54,000	2.65	9,735	1,695,51
d Grants or scholarships		- 1/ 000	2700.	77133	1,095,51
e Other expenditures for facilities and	1				
programs					
f Administrative expenses					
g End of year balance 24,271,291 21,900,287	19,9	28,857	19,275	5.690	16,451,45
2 Provide the estimated percentage of the current year end balance (line 1g, column)	(a)) held as	:		1000	20/101/10
a Board designated or quasi-endowment ▶ 87.60 %					
b Permanent endowment ▶ 12.40 %					
c Temporarily restricted endowment ▶ %					
The percentages in lines 2a, 2b, and 2c should equal 100%.					
a Are there endowment funds not in the possession of the organization that are held a	and adminis	tered for th	е		
organization by:					Yes No
(i) unrelated organizations (ii) related organizations					3a(i) X
					6 (m) 1 V
the second of garmad to hold as required on ochequie R?	<mark></mark>				3b
 Describe in Part XIII the intended uses of the organization's endowment funds. 					
Part VI Land, Buildings, and Equipment.					
Complete if the organization answered "Yes" to Form 990, F	Part IV, lin	ne 11a. S	ee Form 9	90, Pa	art X, line 10.
Description of property (a) Cost or other basis (b) Cost or ot		(c) Acc	umulated		(d) Book value
(investment) (other)		eciation		
a Land					
b Buildings					
c Leasehold improvements 16	4,921	-	22,515	and the second se	142,406
	7,554		76,336	-	11,218
e Other	4,157	1	47,540	L	6,617

Schedule D (Form 990) 2013

	Complete if the organization answered "	"to France -		
	Complete if the organization answered "Yes (a) Description of security or category	5 to Form 990, Pa	art IV, line	11b. See Form 990, Part X, lin
	(including name of security)	(b) Book value		(c) Method of valuation:
(1) Financial de				Cost or end-of-year market value
(2) Closely hel	d opuitu interest.			
(2) Closely-neit	d equity interests			
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(Ç)	·····			
(P)				
(E)		•		
(F)		·		
(G)		·		
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII I	nvestments-Program Related.		120 T.M. (*	
	Complete if the engening time to the			
	Complete if the organization answered "Yes'	to Form 990, Par	t IV, line 1	11c. See Form 990, Part X, line
	(a) Description of investment	(b) Book value		(c) Method of valuation:
				Cost or end-of-year market value
(1)				
(2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
tal (Column /h	must equal Form 000 Ded V and (D) "			
tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		inder som flade förstande inder som flade förstande inder att som flade som förstande som förstande i det att som förstande som	
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antix O	ther Assets. Complete if the organization answered "Yes"	to Form 990, Part	IV, line 11	
	ther Assets. Omplete if the organization answered "Yes" (a) Description		IV, line 11	
	ther Assets. complete if the organization answered "Yes" (a) Description RESTRICTED INVESTMENTS		IV, line 11	1d. See Form 990, Part X, line 1 (b) Book value
	ther Assets. omplete if the organization answered "Yes" (a) Description RESTRICTED INVESTMENTS RESTRICTED CASH	3	IV, line 11	1d. See Form 990, Part X, line 1 (b) Book value 4, 645, 4
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rt XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013 THE FLORIDA ENDOWMENT FC	UNDATION 59-	-3052307	Page 4
Complete if the organization answered "Yes" to Forr	n 990, Part IV, line 12	a.	
1 Total revenue, gains, and other support per audited financial statements		1	5,327,295
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		0.5 0.00	
a Net unrealized gains on investments	2a 1,8	85,989	
 b Donated services and use of facilities c Recoveries of prior year grants 	20		
d Other (Describe in Part XIII.)	20		
e Add lines 2a through 2d		2e	1,885,989
Subtract line 2e from line 1		3	3,441,306
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		a state of the second s	· · · · ·
a Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		
b Other (Describe in Part XIII.)c Add lines 4a and 4b			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2)	4c	3,441,306
Part XII Reconciliation of Expenses per Audited Financia	Statements With Ex	penses per Ret	<u>5,441,506</u>
Complete if the organization answered "Yes" to Form	n 990, Part IV, line 12	a.	
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 		1	3,162,370
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c	2 (171) 2 (171) 2 (171)	
d Other (Describe in Part XIII.)	2d	chini	
e Add lines 2a through 2d		2e	
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 	······		3,162,370
a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:	40	and the second s	
b Other (Describe in Part XIII.)	4a 4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information	18.)		3,162,370
ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to Part V, Line 4 - Intended Uses for Endo PERMANENT ENDOWMENTS RECEIVED FROM DONO DISTRIBUTIONS DESIGNATED MOSTLY FOR THE A FEW OF THE PERMANENT ENDOWMENT FUNDS PROGRAMS OR HIV RELATED PROGRAMS. THE REPRESENT RESOURCES CONTRIBUTED BY THE PRINCIPAL.	provide any additional info wment Funds RS ARE INVEST ABLE TRUST'S DESIGNATED FO BOARD DESIGNA	FRATION. ED IN PERPI GENERAL PU R HIGH SCHO TED ENDOWME	ETUITY WITH JRPOSES, WIT DOL/HIGH TEC
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LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE FOUNDATION HAS FILED ALL DAA

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	Schedule D (Form 990) 2013 Part XIII Supplement	THE FLORIDA Ital Information (co	ENDOWMENT ntinued)	FOUNDATION	59-3052307	Page 5
	REQUIRED TAX H	RETURNS IN AL	L JURISDIC	TIONS IN WH	ICH IT OPERATES	. TAX YEARS
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GOVERNMENTS, 2 Complete if the organizat P Information about Schedule	Incl. Assistance to Organizations, Ind Individuals in the United States ion answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. I (Form 990) and its instructions is at www.irs.gov/form990.	ations, ed States V, line 21 or 22. ww.irs.gov/form95	Č	2013 2013 000000000000000000000000000000
FOR VOCATIONAL REHABILITATION,				Employer Identification number ち ロー ス ∩ ち ひ え ∩ ワ
oes the organization maintain records to substantiate the				1007000-0
ribe	le grantees' eligibility for the	e grants or assistan	ice, and	X Yes
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990.	in the United States.	Complete if the	e organization	answered "Yes" to Form (
(a) Name and address of organization (b) EIN (c) IRC (d) Amount of cash or government	(d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of	(f) Method of valuation (book, FMV, appraisal	(g) Description of	(h) Purpose of grant
DBA SERVICE SOURCE)		other)	non-cash assistance	or assistance
TTNEY RD * FL 33760 59-0874493 501c3	21,000			VOCATIONAL PROGRAMS
3 BUFORD CT 1ASSEE FL 32308 59-2091522 501c3	63,000			VOCATIONAL PROGRAMS
BKOWARD, INC. 50 NORTHWEST 53RD ST 5E FL 33351 59-0809623 501c3	45,000			VOCATIONAL PROGRAMS
5 RD 5 RD <u>FL</u> 34601 23-7305830 501c3	26,000			VOCATIONAL PROGRAMS
UF PALM BEACH CTY WAY FL 33407 52-2007008 501c3	50,000			VOCATIONAL PROGRAMS
TREET FL 34748 59-2961536 501c3	30,000			VOCATIONAL PROGRAMS
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E SUITE 102 33319 65-0292125 501c3 21	, 000			VOCATIONAL PROGRAMS
Enter total number of other organizations listed in the line 1 table				▶ 35
For Paperwork Reduction Act Notice, see the Instructions for Form 990.				Schedule I (Form 990) (2013)

SCHEDULE	Grants	and Ot	Grants and Other Assistance to Organizations	te to Ornaniz	atione		-	
	Governm Complete If the	Pents, a	Governments, and Individuals in the United States	s in the Unite	d States		OMB No. 1545-0047	1
Department of the Treasury Internal Revenue Service	Information about	Schedula	Attach to Form 990.	to Form 990, Part IV 990.	V, line 21 or 22.		ZUI3	4
FLORIDA END	ENDOWMENT FOUN	FOUNDATION	OWMENT FOUNDATION	Instructions is at w	ww.irs.gov/form9	90.	Inspection	
Partia General Information on Grants and Accident	EHABILITAT	ON.	INC.			۳ ۳ ۳	Employer identification number ち G ー 3 〇 ち う 3 〇 ヵ	1
1 Does the organization maintain records to substantiate the amount of the	ariu Assistanc	e control				1	1002000	I
The selection criteria used to award the grants or assistance?	ssistance?	ne grants or	grants or assistance, the grantees' eligibility for the grants or assistance, and	tees' eligibility for the	grants or assistar	Ice, and		1
Part II Grants and Other Assistance to	Governments	e of grant fu	nds in the United Stat	es.			[Yes	No
	that received mo	ore than \$	5.000. Part II car	United States.	Complete if the	e organization	answered "Yes" to Form	990
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(a) Description of		1
(1) CENTER FOR INDEPENDENT LIVING OF	F	if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	Very Furpose of grant or assistance	
	59-1828770	50163	52 547				VOCATIONAL PROGRAMS	0
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(3) CENTER FOR INDEPENDENT LIVING OF	-	1	100 107T					1
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(7) DYSLEXIA RESEARCH INSTITUTE		2	24, 300					,
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BRO	/1CE	1	101					I
ST PETERSBURG FL 33731	59-2085219 5	501c3	45,850				VOCATIONAL PROGRAMS	70
3 Enter total number of other organizations listed in the line 1 table	ent organizations lis	sted in the li	1					I
For Paperwork Reduction Act Notice and the Instruction for F	e line 1 table							:
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SCHEDULE 1 (Form 990)	Grants a	and Ot	nd Other Assistance to Organizations	te to Ornaniz.	(
	Governm Complete If the	ents, a organizati	Governments, and Individuals in the United States ^{Complete If the organization answered "Yes" to Form 990, Part IV line 24, or one}	s in the Unite to Form 990. Part IN	d States		OMB No. 1545-0047	41
Name of the organization THF FT.ORTDA ENDOLUTION	Iformation about	Schedule I	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990	990. Instructions is at w	', IIIIE ZI OF 22. VW.İFS.GOV/form9	U	C I C C Depen to Public	olic
FOR VOCATIONAL	AL REHABILITATION, I	DATION ION, 1	N INC.				er Identificat	
1 Does the organization maintain records to substantiate the	nd Assistance						59-3052307	
The selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's execution or assistance, and	istance?	e grants or	assistance, the grant	ees' eligibility for the	grants or assistar	Ice, and		
Part I Grants and Other Assistance to Governments and Occaringting to the second states.	Governments	of grant fui	grant funds in the United States.	es.			Yes	No
	at received mo	re than \$	5 000 Part II 200	United States.	Complete if the organization answered	e organization	answered "Yes" to Form 000	000 4
1 (a) Name and address of organization or doverment	(p) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	additional spa	ce is needed.		11 330,
В.	SQH	if applicable	grant		(book, FMV, appraisal, other)	(g) Uescription of non-cash assistance	(h) Purpose of grant or assistance	
945 W AMELIA STREET ORLANDO FL 32801	59-2788435	50163	000 10				VOCATIONAL PROGRAMS	
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A	59-0637847	50103	22 000			_ >	VOCATIONAL PROCEAME	.
	t organizations liste	od in the line 1 table	173					۵
	le 1 table							:
							Schedule I (Form 990) (2013)	3

	OMB No. 1545-0047 2013 Open 16 Public	Employer Identificati 59-30523(a, and	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed "Yes" to Form 990, the address of organization answered "Yes" to Form 990, the address of organization answered "Yes" to Form 990, the address of organization answered "Yes" to Form 990, the address of organization answered "Yes" to Form 990, the address of organization answered "Yes" to Form 990, the address of organization answered "Yes" to Form 990, the address of organization answered "Yes" to Form 990, the address of organization answered "Yes" to Form 990, the address of organization answered "Yes" to Form 990, the address of organization answered "Yes" to Form 990, the address of organization answered "Yes" to Form 990, the address of organization answered "Yes" to Form 990, the address of organization answered "Yes" to Form 990, the address of organization answered "Yes" to Form 990, the address of organization address of	(iji)	VOCATIONAL PROGRAMS	VOCATIONAL PROGRAMS	VOCATIONAL PROGRAMS		VOCATIONAL PROGRAMS	VOCATIONAL PROGRAMS	VOCATIONAL PROGRAMS	VOCATIONAL PROGRAMS	
	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. P Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		ilgibility for the grants or assistanc	d Organizations in the United States. Complete if the organization than \$5,000. Part II can be duplicated if additional space is needed	(9) Amount of non- cash assistance (book, FMV, appraisal, other)									
	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22, mation about Schedule I (Form 990) and its instructions is at www.irs.gov/form ENT_FOUNDATION	, INC.	ts or assistance, the grantees' e nt funds in the United States.	Drganizations in the Uni an \$5,000. Part II can be c	able year of cash (e) A	c3 37,000	1c3 21,000	3 30,000		3 20,000	3 16,000	3 37,000	3 22, 960	the line 1 table
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SCHEDULE ,	00) the Treasury the Service Benization THE FOR	Part Does the organization maintain records to cut the and Assistance	the selection criteria used to award the succestantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Complete the second states in the United States.	Part IV, line 21, for any recipien 1 (a) Name and address of organization	(1) QUEST, INC.	ORLANDO CRLANDO CSCHOOL DISTRICT OF HILLSBOROUGH	33610 FOUNDA	ST PETERSBURG FL 33733 (4) STAND AMONG FRIENDS	777 GLADES ROAD BOCA RATON (5) SUSAN B ANTHONY RECOVERY CENTER		COAST	ST PETERSBURG FL 33773 (8) WESU	TALLAHASSEE PLAZA FLLAHASSEE FLAZA (9)	 2 Enter total number of section 501(c)(3) and government organizations listed in 3 Enter total number of other organizations listed in the line 1 table

, C	orm 990, Part IV, line 22.	FMV, appraisal, other)							lal information.						Schedule I (Form 990) (2013)	
	59–3052307 Complete If the organization answered "Yes" to Form 990, Part IV, line 22 (d) Amount of Intel Mathing of contrasts 2, 12-2	8							Part III, column (b), and any other additional information.							
ł	ATION ted States.	cash grant							ired in Part I, line 2,							
	Schedule I (Form 990) (2013) THE FLORIDA ENDOWMENT FOUND Rend III Grants and Other Assistance to Individuals in the Uni Part III Can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of	-	2	3	4	5	8	7 Part IV. Sumhmondel L.C.	representation requirements the information requirements						DAA	

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(Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and	OMB No. 15
	Compensated Employees	Highest 201
Department of the Treasury	Complete If the organization answered two with the	
Internal Revenue Service	▶Information about Schedule . I (Form 900) and its	W.Irs.gov/form990
Name of the organization T		Employer identification number
And the second state of th	OR VOCATIONAL REHABILITATION, INC.	<u>59-3052307</u>
1a Check the appropriate	box(es) if the organization provided any of the following to or for a person listed A, line 1a. Complete Part III to provide any relevant in f	Yes
		in Form
		tems.
Travel for compani		sonal use
Tax indemnification	n and gross-up payments Payments For business use of personal Health or social club dups or initiation.	residence
Discretionary spend	ding account	Des
	L reisonal services (e.g., maid, chauffeur	r, chef)
b If any of the boxes on li	ine 1a are checked, did the organization follow a written policy regarding paymen	
	ovision of all of the expenses described above? If "No," complete Part III to	d and a state of the state of t
explain	in No," complete Part III to	
		1b
2 Did the organization req	uire substantiation prior to reimbursing or allowing expenses incurred by all	
directors, trustees, and	officers, including the CEO/Executive Director, regarding the items checked in lin	
1a?		e
3 Indicate which, if any, of	the following the filing organization uses to establish the compensation of the	
		ya
	1 Matter and 1	
Independent compen	isauon consultant	
Form 990 of other org	ganizations X Approval by the based or study	
	X Approval by the board or compensation ca	ommittee
During the year, did any p	person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	
a Receive a severance pay	ment or change-of-control payment?	
r and pate in, or receive p	avment from a supplemental personalis	
and parts int, or receive p	dvilleril from an equity based earner of	
If "Yes" to any of lines 4a-	-c, list the persons and provide the applicable amounts for each item in Part III.	
Only section 501(c)(3) an	nd 501(c)(4) organizations must complete lines 5–9.	
e percons nated in Form	990, Part VII. Section A line to did the enserts it	
	on the revenues of:	
The organization?		
Any related organization?		
in res to line 5a or 5b, des	scribe in Part III.	5b X
Compensation continues	990, Part VII, Section A, line 1a, did the organization pay or accrue any	
The amoniputt of	the net earnings of:	
		6a X
If "Yes" to line 6a or 6b day	cribe in Part III.	6b X
deside the the of on on, desi		
For persons listed in Form O	90 Part VIII Section A III of	and a first and a second
Dayments not described in lie	90, Part VII, Section A, line 1a, did the organization provide any non-fixed	
		7 X
o the initial contract exception	in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	·····
	The scribed in Regulations section 53 4958-4(a)(2)2 if "Vac " days	
	nization also follow the rebuttable presumption procedure described in	8 X

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 THE FLORIDA ENDOWMENT FOUNDATION 59–3052307 下 a constant of the second	ENDOWMENT FO ey Employees, and d in Schedule J, report oc not listed on Form 990, I dual must equal the total	FOUNDATION Ind Highest Com It compensation from t 90, Part VII.	59-3052307 pensated Employe the organization on row 90, Part VII, Section A. II	07 byees. Use dupli ow (i) and from relation of line 1a, annitration	cate copies if a	dditional space escribed in the	Page 2 s needed.
(A) Name and Title	(B) Breakdown o	of W-2 and/or 1099	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable) amounts for that in	dividual.
		(II) BONUS & Incentive compensation	e (iii) Other reportable compensation		benefits	(E) 10tal of columns (B)(i)–(D)	(F) Compensation reported as deferred in
I NIGIOIT	(II) 184,49	7 10,000		9, 875		208.67	prior Form 990
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						Schedu	Schedule J (Form 990) 2013

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Schedule J (Form 990) 2013 THE FLORIDA ENDOWMENT FOUNDATION 59-3052307 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.										Schedule J (Form 990) 2013
Schedule J (Form 90 Part III Sup Provide the infor for any additiona				 	 	 		 		DAA

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Department of the Treasury	Complete to provide information for responses to specific que Form 990 or 990-EZ or to provide any additional inform	r 990-EZ OMB No.)13
Internal Revenue Service	Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is THE FLORIDA ENDORMENTE DOUBLES	Open	to Public
	THE THOREDA ENDOWMENT FOUNDATION	s at www.irs.gov/form990. inspec	tion
	FOR VOCATIONAL REHABILITATION, INC.	Employer identification number	
		59-3052307	
	Part III, Line 4d - All Other Accomplish		
THROUGH THE	E HIGH SCHOOL/HIGH TECH PROGRAM, STUDEN	TS WITH ALL TYPES (OF
DISABILITIE	ES ARE ENCOURAGED TO SET THEIR SIGHTS ON		
THE FIELDS	OF SCIENCE, TECHNOLOGY, ENGINEERING, OF		
	RTICIPATE IN HIGH SCHOOL/HIGH TECH EACH		.1.,000
OPPORTUNITY		S, BUSINESSES, AND	
		WORKPLACE EXPERIEN	•••••••
		URING THEIR INVOLV	EMENT
IN THE PROG	RAM.		
Form 000 D			·····
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THE FLORIDA ENDOWMENT FOUNDATION	Page Employer Identification number 59-3052307
Form 990, Part VI, Line 19 - Governing Documents	Disclosure Employed
ALL GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUB	UIC CONTRACTOR
AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THE	SUIC. SOME DOCUMENTS ARE
UPON REQUEST.	REMAINDER ARE AVAILABLE
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BLIND SERVICES FOUNDATION OF FLORIDA, INC. `ENABLING THE BLIND` State of Florida Direct Support Organization Annual Report Fiscal Year 2014-2015

325 W. Gaines St. Room 1114, Turlington Building, Tallahassee, Florida 32399 1-800-342-1828 www.blindservicesfoundation.org

The Florida Division of Blind Services, rationale to continue the Blind Services Foundation of Florida, Inc., is that the foundation:

- Maintains its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDBS;
- Serves as an efficient fiscal agent for statewide initiatives and developmental projects for the benefit of blind and/or visually impaired Floridians, through fundraising and advocacy groups for the blind and/or visually impaired Floridians;
- Exhibits sound fiscal management which is documented in its 990 and Bikers Care Tag Annual Financial Report.
- Is an effective vehicle for cultivating meaningful partnerships between the FDBS and other stakeholders; and
- Is actively engaged in developing and successfully executing innovative programs such as the Bikers Care Tag initiative and supports the efforts of the FDBS regarding services to support the blind and/or visually impaired community.

BLIND SERVICES FOUNDATION OF FLORIDA, INC. `ENABLING THE BLIND` State of Florida Direct Support Organization Annual Report Fiscal Year 2014-2015

325 W. Gaines St. Room 1114, Turlington Building, Tallahassee, Florida 32399 1-800-342-1828 www.blindservicesfoundation.org

The Blind Services Foundation of Florida, Inc., is a not-for-profit corporation created by the Florida Legislature in 2004 under s. 413.0111 F.S., The purpose of the Foundation is to raise funds to support services provided by the Florida Department of Education (FDOE), Florida Division of Blind Services (FDBS). One source of funding is through the sale of a specialized motorcycle tag called "Bikers Care". The Foundation also receives donations from individuals and corporations.

The Florida Division of Blind Services has received the Blind Services Foundation of Florida Annual Report. The Florida Division of Blind Services rationale to continue the Blind Services Foundation of Florida, Inc., is that the foundation:

- Maintains its mission and is focused on strategies that are closely aligned with the priorities of the FDBS;
- Serves as an efficient fiscal agent for statewide initiatives and developmental projects for the benefit of blind and/or visually impaired Floridians through fundraising and direct support of advocacy groups;
- Exhibits sound fiscal management which is documented in its 990 filing and the annual Biker's Care Tag Financial Report.
- Is an effective vehicle for cultivating meaningful partnerships between the FDBS and other stakeholders; and
- Is actively engaged in developing and successfully executing innovative programs such as the Bikers Care Tag initiative and supports the efforts of the FDBS regarding services to support the blind and/or visually impaired community.

Pursuant to SB 1194, by August 1 of each year, a citizen support organization or direct support organization created or authorized pursuant to law or executive order and created, approved, or administered by an agency, shall submit an annual report to the appropriate agency.

The Blind Services Foundation of Florida, Inc., serves Florida's blind citizens with intensity. Our efforts are to use funds of the Foundation to support programs of the FDBS; and to conduct programs and activities, and initiate developmental projects for the benefit of citizens of Florida who are blind and/or visually impaired.

Over the last four years, the Blind Services Foundation of Florida, Inc., has accomplished the following initiatives:

- The development and launch of an informative and active website.
- Publishing and disbursement of brochures.
- Secured twenty percent to the Blind Services Foundation from the sale of motorcycle specialty license plates (Florida.320.08068).
- 2011-2012 Awarded \$2,691 to 12 Blind Babies Programs in Florida for a total of \$32,292.
- 2012-2013 Awarded \$4,343.27 to FDBS for grants for special projects.
- 2013-2014 Awarded \$53,861.19 to FDBS for outreach to potential clients.
- 2014-2015 Awarded \$50,000.00 to FDBS for outreach and marketing and \$3,408.04 to assist with a camp for children who are blind and visually impaired to be held summer 2016.
- Increased the board to 8 members.

From its strategic planning sessions in March and April of 2014, the Blind Services Foundation of Florida, Inc., Board of Directors determined that it will advance efforts for the foundations three year plan to:

- Increase recognition of the Bikers Care Tag and the direct participation of the biker community via new marketing initiatives;
- Provide support to encourage, challenge, motivate and recruit people, organizations and other not for profit organizations to support the FDBS as they serve Florida's blind citizens with shrinking resources and exploding senior populations;
- Develop strategic planning to identify a statewide need for further needs assessments as they relate to services and funding;
- Continue to help with communication and messaging of the FDBS and determine what level of support is appropriate for development;
- Will meet with the director of Highway, Safety Motor Vehicle on August 6th to discuss assistance with marketing of the Bikers Care motorcycle tag and education and enforcement of the White Cane Law.

The Code of Ethics for the Blind Services Foundation of Florida, Inc., is as follows:

- No member of the board or any employee of the corporation shall have any financial interest, direct or indirect, with any firm engaged in business transactions for the corporation, unless fully disclosed and approved by a majority.
- No member of the Board or any employee of the corporation shall request, solicit, demand, accept, receive or agree to receive any gift, favor, service, or other thing of value from any individual or firm transacting business under the supervision or regulation of the corporation.
- No member of the board or employee of the corporation shall be prohibited from accepting citations or awards given in recognition of public services.
- No member shall participate in any form of dishonesty, fraud or misrepresentation.
- Every member shall strive to maintain high standards of performance at all times.

	0	90-EZ	Short Form Return of Organization Exempt From Income	Тах		OMB No. 1545-1150
For	n J .	JV-EZ	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co (except private foundations)	de		2013
		of the Treasury enue Service	Do not enter Social Security numbers on this form as it may be made Information about Form 990-EZ and its instructions is at www.irs.gov.	-)_	Open to Public Inspection
						·
	Check	if applicable:	dar year, or tax year beginning $Jull$, 2013, and ending Ju			, 2014 identification number
_		is change		U		
			ind Services Foundation of Florida, Inc Number and street (or P.O. box, if mail is not delivered to street address) Room/suite			88147
	Initial a	etum		E	Telephone	
	Termin	1	5 W Gaines St Turlington Bldg 1114 City or town, state or province, country, and ZIP or foreign postal code		(850)	245-0392
H				F	Group E:	
G		unting Method:	1lahassee FL 32399			· · · · · · · · · · · · · · · · · · ·
1		-				organization is not
						Schedule B 2, or 990-PF).
				(1 0111 33	70, 990-L2	., 01 990-FF).
		of organizatior				
L	Add I	ines 5b, 6c, an	d 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it	f total		
			nn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.			54,879.
Pa	irt I	Revenue,	Expenses, and Changes in Net Assets or Fund Balances (see the	e instru	ctions fo	or Part I)
	4		organization used Schedule O to respond to any question in this Part I			X
	1		gifts, grants, and similar amounts received.			53,861.
	2		ce revenue including government fees and contracts		2	····
	3		lues and assessments		3	
	4		come		4	1,004.
			t from sale of assets other than inventory	14	1.	
	b	Less: cost or o	other basis and sales expenses..................... 5 b			
_	6	Gaming and fo	m sale of assets other than inventory (Subtract line 5b from line 5a)		<mark>5c</mark>	14.
REVENUE			from gaming (attach Schedule G if greater than \$15,000) 6 a			
E	b		from fundraising events (not including \$ of contributions	6		
U		from fundraisi	ng events reported on line 1) (attach Schedule G if the sum income and contributions exceeds \$15,000) 6 b			
E						
			xpenses from gaming and fundraising events			
		6b and subtra	(loss) from gaming and fundraising events (add lines 6a and ct line 6c)		6d	
			f inventory, less returns and allowances			
			goods sold			
			r (loss) from sales of inventory (Subtract line 7b from line 7a)		1	
	8		e (describe in Schedule O)			
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			54,879.
	10		nilar amounts paid (list in Schedule O)			52,049.
_	11		to or for members			
X	12		r compensation, and employee benefits			
EXPENSES	13		ees and other payments to independent contractors			
S	14		ent, utilities, and maintenance			
E S	15		cations, postage, and shipping			
	16		es (describe in Schedule O)			2,997.
	17		es. Add lines 10 through 16			55,046.
А	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)		18	-167.
A NS EE TT	19		fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-			
EÉ TT		• •	d on prior year's return)			90,227.
ŝ	20		s in net assets or fund balances (explain in Schedule O)			
	21		fund balances at end of year. Combine lines 18 through 20		▶ 21	90,060.
BA	A Foi	r Paperwork R	eduction Act Notice, see the separate instructions.			Form 990-EZ (2013)

Form	990-EZ (2013) Blind Services	Foundation of Flor	ida, Inc	55-	-0888147	Page 2
Pa	TII Balance Sheets (see the inst	ructions for Part II)				
	Check if the organization used Sched	tule O to respond to any questi	on in this Part II	Beginning of year		
22	Cash, savings, and investments			90,227		End of year 90,060.
23	Land and buildings			<u> </u>		<u> </u>
24	Other assets (describe in Schedule O) .			0		0.
25	Total assets			90,227		90,060.
26	Total liabilities (describe in Schedule O)			0	26	0.
27	Net assets or fund balances (line 27 of o			90,227	27	90,060.
Par	t III Statement of Program Service A	ccomplishments (see the ins	tructions for Part III)			penses
What	Check if the organization used Sch is the organization's primary exempt purpose? Blin	edule O to respond to any ques	tion in this Part III.	· · · · · · · <u> </u>	(c)(3) and $E($	r section 501
Desc meas bene	ribe the organization's program service acc sured by expenses. In a clear and concise i fited, and other relevant information for eac	a services roundation of Florida is a direct-s complishments for each of its th manner, describe the services p th program title	upport organization to the Division ree largest program serv provided, the number of p	<u>ot Blind Services of the Fl</u> vices, as persons	organization	s and section ter 617, Florid usts; optional
28	Quality services and proc					
	them to gain or substain independ	ence. Endowment investmen	t fund established t	$\Sigma \pm e_{-} $		
	program expenses from inc	come generated from	the fund.			
	(Grants \$ 52,049.) If th	is amount includes foreign gran	its, check here		28 a	52,049.
29				·····		02/019.
~~	(Grants \$) If th	is amount includes foreign grar	ts, check here		29 a	
30						
	(Grants s) If th					
31	Other program services (describe in Sche	is amount includes foreign grar	its, check here	<u></u> . ►	30 a	
51						
32	Total program service expenses (add lin	is amount includes foreign grar	its, check here	· · · · · · • •	31 a	
Par	t IV List of Officers, Directors,	Trustoes and Kov Emr			32	52,049.
		Indices, and nev Link				
	Check if the organization used Sch	edule O to respond to any ques	tion in this Part IV.	in in not compensated —	see the instruc	
	Check if the organization used Sch	edule O to respond to any ques	tion in this Part IV.	(d) Health benefits.	<u></u>	<u> </u>
	Check if the organization used Sch (a) Name and Title	edule O to respond to any ques (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	ee (e) Es	timated amount of er compensation
	(a) Name and Title	edule O to respond to any ques (b) Average hours per week devoted to	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ	ee (e) Es	timated amount of
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Form 990-EZ (2013) B1	ind Services	Foundation	of	Florida,	, Ind

55-08 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Did the organization engage in any significant activity not previously reported to the IRS? Yes 33 No If 'Yes,' provide a detailed description of each activity in Schedule Ó 33 Х Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect 34 a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 Х 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?..... 35 a Х b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O 35 b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes,' complete Schedule C, Part III 35 c Х Did the organization undergo a liquidation, dissolution, termination, or significant 36 disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N . . . 36 Х 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . > 37 a 37 b Х 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 a Х b If 'Yes,' complete Schedule L, Part II and enter the total 38 h 39 Section 501(c)(7) organizations. Enter: 39 a b Gross receipts, included on line 9, for public use of club facilities 39 b 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 * : section 4955 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40 b Х c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . .

e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
		40 e		X
1	List the states with which a copy of this return is filed 🕞	·	·	

42 a The organization's books are in care of ► Phyllis Dill Telephone no. ► (850)	245	-039	92
Localed at > 325 W Gaines St Room 1114 Turlington Bldg Tallahassee FL ZIP + 4 > 32399			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
If 'Yes,' enter the name of the foreign country:			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
If 'Yes,' enter the name of the foreign country:	<u></u>	L	

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here	'	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year		L	
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	. 44 a		x
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ			X
	c Did the organization receive any payments for indoor tanning services during the year?	. 44 c		Х
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	. 44 d		
45	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	. 45 a		Х
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	. 45 b		x
	TEE40812 11/27/13	Form 000	-E7 /	20121

Page	3
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la,	Inc	

Form 990-E	Z(2013) Blind Services Foun	dation of Flor	ida, Inc	55-088	88147	Page 4
46 Did th	ne organization engage, directly or indirectly	, in political campaign a	ctivities on behalf of or in	opposition to	Ye	s No
Part VI	dates for public office? If 'Yes,' complete So Section 501(c)(3) organizations	hedule C, Part I			46	X
	All section 501(c)(3) organizations for lines 50 and 51.	s must answer que	stions 47-49b and 5	2, and complete the	e tables	
	Check if the organization used Schedule	O to respond to any que	estion in this Part Vi ..			🗆
47 Did th					Yes	
comp	ne organization engage in lobbying activities lete Schedule C, Part II			g the tax year? If 'Yes,'	47	X
48 Is the	organization a school as described in secti	on 170(b)(1)(A)(ii)? If 'Y	es,' complete Schedule E		48	X
49 a Did th	ne organization make any transfers to an ex	empt non-charitable rela	ated organization?		49a	X
b If 'Ye	s,' was the related organization a section 52	7 organization?			49 b	
50 Comp emplo	olete this table for the organization's five hig oyees) who each received more than \$100,	hest compensated emp 000 of compensation fro	loyees (other than officer on the organization. If the	s, directors, trustees and re is none, enter 'None '	l key	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amou other compensat	unt of lion
None						
f Total	number of other employees paid over \$100	.000	1			
51 Com	plete this table for the organization's five hig	hest compensated inde	pendent contractors who	each received more that	n \$100,000 of	
	ensation from the organization. If there is not a set of the set o		(b) Type	of service	(a) Component	ion
					(c) Compensat	.on
<u>None</u>						
				a a contraction and a special contraction of the		
	number of other independent contractors ea	•				
	ne organization complete Schedule A? Note table trusts must attach a completed Schedu				.► X Yes	No
Under penaltie	s of perjury, I declare that I have examined this return, incl nd complete. Declaration of preparer (other than officer) is	uding accompanying schedules	and statements and to the best			
	In complete, Decision of preparer (other than onicer) is	based on an information of white	ch preparer has any knowledge.	10/15/14		
Sign	Signature of officer			Date		
Here	Paul Edwards			President		
	Type or print name and title	Broporor's signature	Data			
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid	Gloria Mills Firm's name TRESCUE TAX PLAN	Gloria Mills		self-employed	200256501	
Preparer Use Only	Firm's name IRESCUE TAX PLAN Firm's address 3708 W BAY TO BAY		ULTING	Firm's EIN	59-3376509	a
USE Only	TAMPA	-7 T	FL 33629-6		<u> </u>	
May the IR	S discuss this return with the preparer show	n above? See instruction			► X Yes	No
	······			· · · · · · ·	Form 000 E7	

	Public Charity Status and Public Support
SCHEDULE A (Form 990 or 990-EZ)	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

	2	20	1	3	
o	pe	n to) P	ub	lic
-	Π _Ω	ene	Lef		

Employer identification number

OMB No. 1545-0047

Attach to Form §	90 or Form	990-EZ
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₽	Information about Schedule A (Form 990 or 990-EZ) and i	ts instructions	i is
	at www.irs.gov/form990.			

Department of the Treasury Internal Revenue Service	I
Name of the organization	

(B)

(C)

(D)

(E)

Total

Blir	nd Services Fo	oundation of Flo	orida, Inc					55-0	88814	7		
Part	I Reason for P	ublic Charity Status	(All organizations r	nust co	mplet	e this p	art.) S	ee inst	ruction	<u>'</u> 15		
The or	ganization is not a priv	ate foundation because if	is: (For lines 1 through 1	1, check	conly or	ne box.)			uouon			
1		ion of churches or associa					A)(i).					
2		d in section 170(b)(1)(A)(
3		perative hospital service		section	170(b)	(1)(A)(iii).					
4		h organization operated ir						I)(A)(iii)	. Enter th	ne hospital's		
	name, city, and sta							<i>n n i</i>				
5	An organization op 170(b)(1)(A)(iv).	perated for the benefit of a Complete Part II.)	college or university own	ned or o	perated	by a gov	ernmen	tal unit d	escribed	in section		
6		local government or gove										
7	in section 170(b)(at normally receives a sub 1)(A)(vi). (Complete Part	II.)		governi	mental u	nit or fro	m the ge	eneral pu	ublic describ	ed	
8	A community trust	described in section 170	(b)(1)(A)(vi). (Complete I	Part II.)								
9												
10	An organization or	ganized and operated exc	lusively to test for public	safety. S	See sec	tion 509	(a)(4).					
11	more publicly supp	ganized and operated exc oorted organizations desc of supporting organizatio	ibed in section 509(a)(1)	or section	on 509(a	functions a)(2). See	s of, or o e sectio	arry out n 509(a	the purp)(3). Che	oses of one eck the box t	or hat	
	a Type I	b Type II c	Type III – Functiona	ally integ	rated	c	я 🗌 .	Гуре III -	– Non-fu	inctionally in	tegrat	ed
e	By checking this be other than foundat section 509(a)(2).	ox, I certify that the organ ion managers and other th	ization is not controlled d nan one or more publicly	irectly or supporte	indirect ed orgar	tly by one nizations	e or mor describ	e disqua ed in sec	alified pe otion 509	rsons 9(a)(1) or		
f	If the organization check this box	received a written determ	ination from the IRS that	is a Typ · · · ·	е I, Тур • • • •	e II or Ty	pe III su	pporting	organiz	ation,		. П
g	Since August 17, 2	2006, has the organizatior	accepted any gift or co	ntributior	n from a	ny of the	followir	ig persol	ns?			
											Yes	No
	(i) A person wh	o directly or indirectly con overning body of the supp	trols, either alone or toge	ther with	n persor	is descril	oed in (i	i) and (iii)	. 11 g (i)		
			0									
		mber of a person describe	.,						••••	. 11 g (ii)		
		olled entity of a person de					• • • •		••••	· 11 g (iii)		
h	**************************************	ng information about the s	1). T		- <u>r</u>		r				<u>.</u>
	(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 gov docun	ation in listed in /eming	(v) Did yo the organi: column (i) supp	zation in of your	(vi) l organiz colun organize U.	ation in nn (i)	(vii) Amouni sup		etary
				Yes	No	Yes	No	Yes	No			
(A)												

Schedule A	(Form	990 or	990-EZ)	2013
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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	tions)			12		
13	First five years. If the Form 990 is organization, check this box and s	s for the organization to phere	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)		
Sec	tion C. Computation of Pul	blic Support P	ercentage				<u></u>	
	Public support percentage for 2013						%	
15	Public support percentage from 20	12 Schedule A, Pa	art II, line 14			15	%	
16 a	33-1/3% support test – 2013. If and stop here. The organization of	the organization die jualifies as a public	d not check the bo ly supported orgai	x on line 13, and th	ne line 14 is 33-1/3	% or more, check	this box · · · · · · ►	
b	33-1/3% support test – 2012. If the and stop here. The organization of	he organization did qualifies as a public	l not check a box o cly supported orga	on line 13 or 16a, a nization	nd line 15 is 33-1/3	3% or more, check	< this box · · · · · ►	
17 a	17 a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	circumstances' tes t. The organization	st, check this box a i qualifies as a pub	nd stop here. Exp licly supported org	lain in Part IV hov anization	v the ••••••□	
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instructio	ons	

Schedule A (Form 990 or 990-EZ) 2013 Blind Services Foundation of Florida, Inc 55-0888147

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.)

Sec	tion A. Public Support							·····
Calen	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
1	Gifts, grants, contributions and membership fees				(1)	(0) 2011		(1) 10(0)
	received. (Do not include							
2	any 'unusual grants.')	88,686.	<u> </u>	54,030.	59,657.	53,8	61.	313,504.
Z	Gross receipts from admis- sions, merchandise sold or							
	services performed, or facilities							
	furnished in any activity that is related to the organization's							
	tax-exempt purpose	551.	0.					551.
3	Gross receipts from activities							
	that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the							
	organization's benefit and							
	either paid to or expended on its behalf							
5	The value of services or							
	facilities furnished by a governmental unit to the							
	organization without charge.							
6	Total. Add lines 1 through 5	89,237.	57,270.	54,030.	59,657.	53,8	61	314,055.
	Amounts included on lines 1,		01,210.		59,037.		01.	514,005.
	2, and 3 received from disqualified persons							
h	Amounts included on lines 2							
U U	and 3 received from other than							
	disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13							
	for the year							
с	Add lines 7a and 7b					·		
8	Public support (Subtract line							
_	7c from line 6.)							314,055.
	tion B. Total Support							
	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
	Amounts from line 6	89,237.	57 , 270.	54,030.	59,657.	53,8	61.	314,055.
10 a	Gross income from interest, dividends, payments received							
	on securities loans, rents,							
	royalties and income from similar sources	8,093.						10 440
b	Unrelated business taxable	0,095.	5,355.					13,448.
	income (less section 511							
	taxes) from businesses acquired after June 30, 1975							
с	Add lines 10a and 10b	8,093.	5,355.					13,448.
11	Net income from unrelated business							13,440.
	activities not included in line 10b, whether or not the business is							
	regularly carried on							
12	Other income. Do not include							
	gain or loss from the sale of capital assets (Explain in							
	Part IV.)							
13	Total Support. (Add Ins 9,10c, 11 and 12.)	97,330.	62,625.	54,030.	59,657.	53,8		327,503.
14	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)		. []
Sac	tion C. Computation of Pu					••••	•••	
15	Public support percentage for 201			column (f))			15	05 00 %
16	Public support percentage from 20					L	16	95.89 % 87.93 %
	tion D. Computation of Inv						10	87.93 %
17	Investment income percentage for		······································)	T	17	4,11 %
18	Investment income percentage for					H	17	
						L		20.01
ıэа	33-1/3% support tests – 2013. If is not more than 33-1/3%, check the	his box and stop h	ere. The organizat	tion qualifies as a n	ublicly supported	า 33-1/3%, ai organization	10 IINE	e 1/ ► X
b	33-1/3% support tests - 2012. If	the organization d	id not check a box	on line 14 or line 1	9a, and line 16 is	more than 33	3-1/3%	√and ⊔
	line 18 is not more than 33-1/3%,	check this box and	stop here. The or	ganization qualifies	s as a publicly sup	ported organ	izatio	n ▶
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	this box and see i	nstructions		

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Page 3

Page 4

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	
	or 17b; and Part III, line 12. Also complete this part for any additional information.	
	(See instructions).	

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-E Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information.	Z on	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instruction at www.irs.gov/form990. 	ıs is	Open to Public Inspection
Name of the organization	a miningeriende.	Employer identific	
Blind Services	Foundation of Florida, Inc	55-088814	
<u>Pt_I,_Line_10</u>	Grant and Donations		
		·	
		· – – – – – – – –	
	· · · · · · · · · · · · · · · · · · ·	• 	
	·		
		- 	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
Bank Service Charges	16.
Insurance	918.
Licenses/Permits	145.
Accounting	315.
Web Fees	417.
Advertising	1,186.
Total	2,997.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment Grant & Donations

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Class 1	Business Person		
			52,049.

If property other than cash was given, the following additional information needs to be provided: Description of Property ._____ Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined