



Glenn Sutphin
Executive Director

State of Florida
DEPARTMENT OF VETERANS' AFFAIRS
Office of the Executive Director
The Capitol, Suite 2105, 400 South Monroe Street
Tallahassee, FL 32399-0001
Phone: (850) 487-1533 Fax: (850) 488-4001
www.FloridaVets.org

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

August 4, 2016

The Honorable Rick Scott
Governor of Florida
The Capitol
400 South Monroe Street
Tallahassee, FL 32399-0001

Dear Governor Scott,

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

FDVA relies daily on the support provided by the Florida Veterans Foundation. The Foundation's financial assistance program enables more than 1,200 veterans each year to avoid financial hardship created by unforeseen emergencies. Their financial assistance programs fill gaps in the benefits available through state or federal programs. They also are instrumental in reducing the number of homeless veterans in Florida through the hosting of annual statewide homeless veteran stand downs.

The Foundation also provides financial and administrative support for many statutory programs that are not funded through state appropriations, such as the Florida Veterans' Walk of Honor, Veterans' Memorial Gardens and Veterans' Hall of Fame.

I recommend FDVA continue its association with the Florida Veterans Foundation.

Sincerely,

Glenn W. Sutphin, Jr.
Lieutenant Colonel, U.S. Army (Retired)
Executive Director

cc: Direct Support Organization Report



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August 4, 2016

The Honorable Andy Gardiner
President, Florida Senate
409 The Capitol
404 South Monroe Street
Tallahassee, FL 32399-0001

Dear President Gardiner,

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Sincerely,

A handwritten signature in blue ink, appearing to read "Glenn W. Sutphin, Jr.", written over a printed name.

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Lieutenant Colonel, U.S. Army (Retired)
Executive Director

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August 4, 2016

The Honorable Steve Crisafulli
Speaker, Florida House of Representatives
420 The Capitol
402 South Monroe Street
Tallahassee, FL 32399-0001

Dear Speaker Crisafulli,

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August 4, 2016

Dr. R. Philip Twogood
Coordinator
Office of Program Policy Analysis and Government Accountability
111 West Madison Street, Room 312
Tallahassee, FL 32399-1475

Dear Dr. Twogood,

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

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Executive Director

cc: Direct Support Organization Report



FLORIDA VETERANS FOUNDATION, INC.

The Capitol, Suite 2107
400 South Monroe Street
Tallahassee, Florida 32399

July 29, 2016

Chairman

Washington J. Sanchez, Jr., USA

Vice-Chairman

Gary Clark, USAF

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Stephen Marchbanks, USN

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Contact:

Telephone: (850) 488-4181

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www.FloridaVeteransFoundation.org

FVF@fdva.state.fl.us

LTC Glenn Sutphin, USA (Ret.)

Executive Director

Florida Department of Veterans' Affairs

400 S. Monroe St. Suite 2105

Tallahassee, FL 32399

Direct Support Organization Report

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

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

Florida Veterans Foundation

The Capitol, Suite 2107

400 S. Monroe St.

Tallahassee, FL 32399-0001

(850) 488-4181

www.FloridaVeteransFoundation.org

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

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

1. As a Direct Support Organization, the Foundation is incorporated as a nonprofit corporation under Chapter 617, Florida Statutes, to provide assistance, funding and support for the FDVA in carrying out its mission of veterans' advocacy. The Foundation operates for the direct and indirect benefit of the veterans of Florida, the FDVA and veteran service organizations.

2. The Florida Veterans Foundation is also a non-profit organization operating for charitable and educational purposes under Section 501(c)(3) of the Internal Revenue Code to:

- a. Educate the public about the needs of veterans; and,
- b. Promote and aid charitable activities for the support of the livelihood and general welfare of Florida-resident veterans.

3. The Foundation is governed by a voluntary Board of Directors appointed by the Executive Director of the Florida Department of Veterans' Affairs. Board members are veterans, business owners and community leaders throughout the State of Florida and are highly

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

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

Mission:

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

Results Fiscal Year – 2015/16:

- The Florida Veterans Foundation, as its core mission, engaged in providing financial assistance to Veterans throughout the State of Florida.
- The financial sustainment for its core mission was primarily and aggressively pursued from July 1 through November 11th by the sale of bricks in the Medal of Honor Node. A total of 387 bricks were installed in a Veterans Day Unveiling Ceremony. The unveiling ceremony was attended by more than 1,000 attendees to view the honoring of veterans in the Medal of Honor Node. Senator Maria Sachs was on hand to make comments regarding those who have served this great country.
- The Florida Veterans Foundation funded the 2015 Florida Veterans Hall of Fame Induction ceremony in November 2015.
- The Florida Veterans Foundation applied for a \$1.25 million grant during the month of November.
- On December 18, 2016 the FVF received \$1.25 million/two year grant awarded by the Florida Attorney General.
- The FVF immediately began execution of the Florida Veterans HELP (Health, Education, Employment, Entrepreneurship Leadership, Partnership) Grant to reach “needs-based” veterans through informational Veterans' Summits, (Homeless/At-Risk Veterans Stand Downs) media such as our website, brochures, flyers and marketing.
- Each summit showcases the “Subject Matter Experts” in each area to aid veterans in learning more about their benefits and how to apply for them.
- Tallahassee was the site for the first Veterans' Summit in March. Jacksonville, Florida was the site for the second Veterans' Summit in May.

Important Information Offered During the Summits

- Health
- Educational
- Employment
- Entrepreneurship
- HBOT / VA Choice Program
- Florida Veterans Memorial
- VA Claims & Appeals
- FL Veterans Homeless Program
- VA DIC/FL Changes to Death Certificate
- VA Fiduciary

As part of the HELP Grant FVF reaches out to Florida Homeless /At-Risk Veterans.

- Each Veteran Stand Down assists Homeless/At-Risk Veterans and their families who are living on the street or who do not have permanent housing by being qualified appropriately by the Veterans Affairs (VA).
 - Veteran status must be verified by the VA by presenting a VA Card or DD-214.
 - The Veterans' Stand Down held this quarter was in Merritt Island and supported 100 veterans.
 - The North Florida Stand Down (NFSD) 2016 was held on April 22-23, 2016 and served 256 homeless/at-risk Veterans in Tallahassee, FL. (See After Action Report attached, Exhibit A)

Services Offered During Stand Downs

- Education and Employment (*)
- Assessment for Permanent Housing (*)
- Free Local Bus Transportation
- Healthcare Screenings and Prescriptions (*)
- 12-Step and PTSD/TBI Counseling (*)
- Legal Services and Veterans Court
- Vision, Hearing tests, Mental Health & Dental Exams (*)
- Meals
- Haircuts/Hairstyling
- Veterinary Services/Pet Therapy
- VA Benefits/Claims Counseling (*)
- Drivers Licenses
- HIV/AIDS & Glucose Testing (*)

Note: These services are provided by the VA Medical Facilities, County Medical Centers, and other federal, state, county, local social service providers. Eligible veterans may receive services on a continual basis throughout the year in all districts.

Overall the HELP Grant is on task to reach 329,050 Florida Veterans.

- FVF touts a 5% or \$62,500 in administrative support in the execution of the grant, and 95% or \$1,187,500 of grant dollars are in direct support of the veteran.
- The core mission of the FVF is to aid veterans in financial crisis. The core mission prior to the HELP grant was fully supported through donations and the Brick Program.
- Stand Downs: The FVF donates \$2,500 per Stand Down day. We supported the Merritt Island Stand Down on March 26, hosted by District 4 Director Robert Doyle and serving 100 homeless and at-risk veterans. We have identified other stand downs in the State so that we can support them. Organizations that hosts one-day Stand Downs and do not provide extensive services (medical, dental, legal assistance/Court) are considered for funding at a lesser amount of \$1,000.
- We have completed the 1st and 2nd Quarters of the HELP Grant with a contact of over 120,000 veterans and families and an expenditure of approximately \$300,000.
- We've completed one Veterans Summit, March 4th in Tallahassee with great success in the program format. 120 Veterans were in attendance.

- Through the HELP grant Steve Marchbanks, our Emergency Financial Aid Specialist assisted and approved 388 Veterans (averaging almost 3 claims a working day) in Financial Need. The number of veteran claims for emergency financial need has increased greatly after the Florida Veterans Foundation presented their program to the Florida County Veterans Service Officers Certification Conference May 9th and 10th. The “teaming” effort between CVSO’s and FVF will continue to reach out to those many rural areas that were untouched before.
- Additionally, Steve Marchbanks secured two VA work-study Student Veterans for the Foundation, who will help him with his greatly increased workload and they will be assisting with the brick sales processing.
- As we've planned, the summit is more a "canned" event where we change the date and place and players.
- We made a HELP Grant Brochure that our Executive Assistant has in production. That again, is another means to educate the masses of our mission.
- Uber Driving Program: Based on a transportation proposal from District 4, Gary Clark, and supported by Mike Mason, District 3 Director, rural transportation is Polk County’s greatest unmet need. Gary Clark requested \$40,000 to help fund an existing private rural transportation program in Polk County. Instead of only addressing Polk County, we are partnering with Uber to evaluate a pilot veteran project with Uber set to roll out in October 2016.
- HBOT for TBI/PTSD Project: The Tallahassee Outpatient Clinic and the Gainesville Non-VA Care Office have been successful in getting 4 veterans approved for HBOT Treatments for TBI/PTSD and related illnesses through VA’s CHOICE Program. The problem has been the slow processing of the CHOICE paperwork. The CHOICE Program was designed to shorten the waiting time to fill medical appointments. Now the problem is long wait times to schedule the medical appointment itself and to pay travel/hotel reimbursements. Routinely, CHOICE Program providers have to wait 4-8 months to receive VA payments. To address this problem for some veterans requiring HBOT Treatments, the Foundation has teamed up with Ray Cralle’s Clinic in Delray Beach, and Dr. Eddie Zant’s HBOT Clinic in Ft. Walton Beach with gracious donors to provide selected veterans free Treatments, transportation and housing accommodations. FVF will continue to assist veterans get free HBOT treatments. In March 2016, the Foundation unveiled an HBOT Alternative treatment for TBI/PTSD video that described the HBOT treatment and the process for using the VA CHOICE Program for approval.
- HBOT treatment/SPECT scans – The Foundation has had many successes in this area. We spearheaded VA’s approval and monitoring of 4 veterans for HBOT treatments. Three of these veterans have completed their treatments with remarkable results. One VA approved veteran is continuing his treatments which were increased because Dr. Zant discovered that he could be treated for radiation burns and Medicare would pay for his HBOT treatments. Another veteran referred by the Foundation was being treated free by Dr. Zant was also discovered to have radiation burns in which Medicare is paying for the treatments. In May, the Foundation answered a homeless veteran’s Mother cry for help with her suicidal amputee son. The Foundation paid for his HBOT treatments for PTSD at Ray Cralle’s Clinic in Delray Beach and the results was that this veteran’s Cyanotic stump wound completely healed during his 40 HBOT treatments and through a brain SPECT scan, he was discovered to have Traumatic Brain Injuries

(TBI). This veteran decided to come to Tallahassee where the Foundation helped him with temporary hotel lodging and moved him into a handicap apartment in June.

- Florida Veterans Foundation teamed with Veterans Florida to gain access to their statewide network for veteran outreach. All personnel have been trained to use the networking tool, which should connect veterans-in-need in a more efficient manner. This is an ongoing project that will focus all Veteran Service Organizations through the Veterans Florida network. Ideally, this will be a “one-stop shop” to meet all Florida Veterans’ needs.

- Florida Veterans Foundation has additionally sponsored meals for veterans enrolled in the Veterans Florida Entrepreneurial program to enhance the learning environment as they don’t have to travel from the college campuses during instruction and they stay focused, capitalizing on staying in the classroom.

- Florida Veterans Foundation is currently rebuilding their website to become more effective in communicating with the Florida Veteran population. Completion date will be the end of August 2016.

- Florida Veterans Foundation attended the Building Homes for Heroes event in Miami Beach on June 9, 2016. Five homes were donated to severely injured service members.

- Florida Veterans Foundation sponsored the Florida Womens Veterans Conference June 15/16 in St. Augustine.

- The Florida Veterans Foundation transitioned their budget accounting system from MS Excel to QuickBooks for easier performance review and accounting.

- The Florida Veterans Foundation is working with the Jacksonville 5 Star Veterans Center in a coordinated effort to gain a City of Jacksonville Block Grant of \$25,000. That grant with \$25,000 that the Veterans Center has on hand and a donation of \$15,000 from the Florida Veterans Foundation will be able to pay for the labor to install a roof on the Center. Currently the Veterans Center pays \$2,000 a month in insurance to Lloyds of London (only carrier that will insure) to keep the building functional. The materials have all been donated from local businesses so it is only the labor needed to complete the project. This project is worthwhile as the Veterans Center houses 67 transitioning veterans back into productive roles into the community.

- The Florida Veterans Foundation has coordinated with Star Metro in Tallahassee to get volunteer veterans to provide free rides for veterans using two of their handicapped equipped vans.

- The FVF initiated an outreach program through which we provided packets of benefits information to veterans statewide via churches, veteran service organizations and summits.

- The Florida Veterans Foundation sponsored a Jacksonville Spouses event in May that included over 1,600 military spouses. We provided information to each spouse to include Death Indemnity Certification, HBOT, HELP Grant, FDVA Benefits Guides, and other contact information for families.

- The Florida Veterans Foundation has sponsored Caregiver, Vietnam Veteran, Military Officers Association of America, Military Order of the Purple Heart, Veteran of Foreign Wars, and many other conferences/meetings to connect with, and educate veterans and their families on benefits and assistance.

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

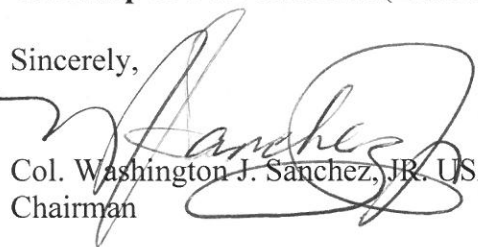
1. The FVF will continue to sponsor and support Summits and Veterans Informational conferences in each district.
2. The FVF will continue to fund and support Stand Down events for homeless and at-risk veterans throughout the state.
3. The FVF will expand the Uber driving and employment project in each district.
4. We will advocate for veterans with TBI and PTSD to receive HBOT treatments and validate the diagnosis of TBI using the SPECT scan.
5. We will seek to obtain support staff funding through a legislative action.
6. We will continue to provide emergency housing and utilities funding for veterans in financial need.
7. The FVF will finalize a partnership/agreement with Capital Regional Medical Center in Tallahassee to support the treatment of veterans with TBI and PTSD. We are hopeful the cost of the services associated with treatment will be paid by the VA.
8. We will continue our outreach program of distributing informational packets through churches, veterans service organizations, and veterans' events.

E. A copy of the organizations code of ethics. (Exhibit B)

F. A copy of the organization's most recent federal IRS Form 990. (Exhibit C)

G. A map of FVF districts. (Exhibit D)

Sincerely,



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

EXHIBIT A

After Action Report for North Florida Stand Down (NFSD) 2016

North Florida Stand Down 2016, was held on April 22 – 23, 2016 at the North Florida Fairgrounds and served **256 homeless** and mostly at-risk veterans. The event was successful due to the collaborative efforts of all parties involved. There were 48 **vendors**’/service providers (more than **200 persons who provided those services**) and **156 volunteers that assisted** in this endeavor. The donations and in-kind donations from businesses helped to defray the cost of hosting Stand Down for our veterans. Overall, we were able to heighten the awareness of FVF, as well as, provided many needed services to our honored veterans.

NFSD 2017 is scheduled for April 21-22, 2017, at the North Florida Fairgrounds.

Opening Ceremony Speakers:

FL/GA VA Regional Director, Mr. Thomas Wisniewski, Representative Alan B. Williams, Tallahassee City Commissioner Curtis Richardson, Leon County Commissioner Mary Ann Lindey participated in the Opening Ceremony held on April 22, 2016.

Housing:

Florida continues to make significant progress in reducing the number of persons experiencing homelessness; however, there are more veterans who are at risk of being homeless. Accessing affordable housing and helping veterans move quickly into those housing units are the goals of the three organizations that participated.

Veterans Affairs (VA) Housing with VA grantee support – Numerous veterans visited the table; however, **12 veterans** were referred to Supportive Services for Veterans Families (SSVF) and **5 veterans** were approved by HUD/Veterans Affairs Supportive Housing (VASH) program.

Florida Veterans Foundation – At the close of North Florida Stand Down 2016, **2 veterans** were given temporary housing in a local hotel for several days. There afterwards pending verification of veteran status and subsequently housed by Family Endeavors and VA HUD/VASH.

Family Endeavors – **39 at-risk veterans** were served during NFSD 2016; **19** qualified for services.

Advocates for Veterans Housing Big Bend Housing Coalition - **20 veterans served** (they were provided education and information/referrals), only screened **8 veterans** and enrolled **5 veterans**. The service providers engaged with a lot of their current clients. More than 25 of their clients were in attendance.

Legal Services:

Approximately 152 vets requested legal assistance and were contacted in the month before and during the Stand Down. One Vet alone had 32 cases!! (Yes, he went to court and is very serious about serving his hours and clearing up his fees/fines!!).

The legal service team was recruited by Dan Hendrickson, it was so very amazing and consisted of the following:

Attorneys from the Public Defender's Office, Private Attorneys, Legal Assistants from the Public Defender's Office, Legal Assistants from Other Areas

Many attorneys are still working cases, assisting Vets with early termination of probation, capias/warrants in other counties and states, fees/fines in other counties and states, child support, etc.

Veterans received assistance with child support, divorce, time scheduling/visitation of minor children, bankruptcy, capias/warrants, disability claims, and VA appeals.

The following reflects the numbers:

Fees/fines to court: 55 (This almost doubled what we took to court last year, which was 29!!)

Fees/fines – still working on assistance: 8

Child Support: 32

Other counties in Florida: 36

VA appeals: 8

Bankruptcy and credit assistance: 3

Divorce/time-sharing: 7

Disability issues: 6

Issues in the state of Georgia: 3

This year, Veterans received assistance in the following states: Texas, South Carolina, New York, Indiana, North Dakota (with the help of Congresswoman Gwen Graham).

Court:

53 Veterans went to court to get charges reduced and/or turned into community service hours. Some of these veterans were able to get their driver licenses. Two more veteran cases were added in the week after the Stand Down and our attorneys are attempting to add four more veterans to that total. There were at least three pleas during the Stand Down Court and assistance was provided to those Vets with community service hours who had to pay for the fees/fines.

Note: One Veteran was able to have his license reinstated and has secured a job as a taxicab driver!!!

Tina Reason was contracted hired after NFSD 2016 to work with FVF to ensure Veterans from Stand Down 2016 Court are compliant with required community service directive imposed by Judge Flury.

Veteran Service Officers:

The **four VSOs** who participated were from Leon County, VA Medical Clinic, Disabled American Veterans: **52 veterans** were assisted and **8 claims were filed** by the Leon County Service Officer.

VA Medical:

It was noted that the pre-registration of veteran participants was very valuable to the VA Outpatient Clinic staff; they were able to distribute committee tasks with core members. The Nursing and MAS staff reviewed **153 veterans** who had pre-registered and determined if they were eligible for care. **109 of the veterans** were already enrolled with Tallahassee Outpatient Clinic; each of those veterans were contacted ahead of time by their RN or LPN and any needs that they had were addressed prior the Stand Down 2016. During the Stand down event a total of **twenty veterans** were seen on-site; one veteran was admitted to a local hospital (by EMS – ambulance) for further evaluation and treatment MAS and Veterans Service provider being collocated with the Nursing staff and Substance Abuse Social Workers was very productive as well.

FL/GA VA Regional Director, Thomas Wisnieski was a speaker at the NFSD 2016 Opening Ceremony

Bond Community Health Center (BCHC):

Thirty-two veterans received medical services on the Bond Mobile Unit during NFSD 2016.

Thirteen (13) veterans received oral evaluations and were scheduled for follow-up dental appointments at Bond's Smile Connection Dentist Office for either May 24, 2016 or May 25, 2016.

Leon County Health and Neighborhood Health Center performed Blood Glucose, Blood Pressure, BMI Check and/or HIV Testing.

Mental Health:

Counselors from the VA Clinic, TMS Patient Care, Apalachee Center and Behavioral Health Outreach, Capital Regional Medical Center participated and each vendor provided information to more than **75 veterans** during NFSD 2016.

Dental:

PanCare of Florida, Inc. (Robert Thompson, CEO, Dr. Whilite, dentist, and four hygienists) provided oral exams, teeth cleanings and extractions to more than **75 veterans** during NFSD 2016.

Chiropractic care:

Dr. Lance Armstrong, Patriot Project Director, Florida Chiropractic Association, Dr. Scott Self and six interns, Palmer College of Chiropractic provided chiropractic services to more than **150** persons during NFSD 2016. On average each intern had about **25 new patients**, often treated *their* patient the second day, who were experiencing obvious signs of improvement and reported pain reduction.

Social Services:

Meals:

101 Restaurant provided complimentary lunch and Danishes for breakfast on Friday. Elks Lodge 937 funded Saturday's meals and members of the Lodge served the food (Grandma Honey's and Lindey's Chicken). Community Coffee donated coffee for both days of NFSD 2016, Krispy Kreme and Panera Bread provided delectable treats on Thursday prior to NFSD 2016 for the volunteers working to set-up.

Voting:

Twelve veterans were provided voter registration assistance during NFSD 2106.

Employment Services:

Twenty-six (26) veterans were provided services by CareerSourceCapitalRegion. The basic services included a review of the veteran's registration in EFM as well as performing a job search on behalf of the veteran. If the veteran's EFM registration was not complete they were

provided with the job order number and instructed to visit the offices. Additionally, veterans were provided with information regarding workshops and other services available. **Nine veterans** were placed on the list to attend the Basic Computer Workshop to be held in June; **five veterans** made appointments to visit the DVOPs in the office for one-on-ones.

Veterinarian Care:

Forty animals were treated by Dr. Sondra Brown, Veterinarian: (34) dogs and (6) cats received care on-site or a follow-up appointment; (treated 2 dogs and 2 cats at the hospital since they could not attend NFSD 2016. Diagnosed 3 dogs with heartworms. Only 9 dogs and 2 cats were repeat patients from previous years; the remainder were all new pets. The staff consisted of two veterinarians, two reception staff and two technicians. Due to large number of animals in attendance and treated, the Veterinarian Clinic did not finish until 3:30pm.

Haircuts: Randazzle's owner (Michelle Posey) and four of her other stylists cut and styled hair of more than **140 veterans**.

Comfort Items Distributed:

Numerous blankets, door mats, toiletries, socks, and a variety of food items were provided to each veteran. Additionally, the **Red Cross provided Comfort Kits- 200, Hygiene Tubes - 150, Sleep Kits – 160.**

An FSU medical student provided Medipaks (toiletries)to 100 veterans.

Raffle/Giveaways:

Eighteen bicycles were given away as well as an enormous number of gift cards from businesses in varied dollar amounts.

Veteran participants were required to visit (10) vendor stations and to secure a signature on the Vendor sheet as proof of a visit to station to be eligible for the gift card raffle.

Observations and/or Recommendations:

The planning for NFSD needs to begin earlier, possibly late October 2016.

Solicit more donations and a larger number of items for raffles/giveaways.

The instructions for raffles/giveaways need to be modified, additional instructions provided and shared with Veteran In-Processing personnel to effect a more streamlined operation.

Need to coordinate and secure the dental mobile unit to be used by Dr. Tolley, BMHC for NFSD 2017.

Veterinarian service/care be the only occupant of the building because of the noise level; animals can be free to express themselves without being asked to take the pet outside. Veterans will be limited to receive services for only (2) pets per veteran.

VA Medical's set up of the clinical space at the fairgrounds (4 separate treatment areas with one cot, 2 chairs, and a table separated by PVC tubing and curtains) were conducive for providing efficient and excellent services. There were 4 tables reserved for nurse and MAS check-in.

Improve communication between core leaders and their respective volunteers.

Feedback received from countless service providers and volunteers is that the FVF website registration process was not intuitive and was confusing.

Veterans and service providers missed the festive environment from years past (music, and entertainment).

Veterans suggested that they be given a bag at the beginning that is just for all the papers and other items that they pick up from providers.

Pet Therapy was a hit! Vendor personnel were being approached by other volunteers telling them they couldn't have animals on site unless they were service animals.

The food was really good and the food volunteers were super nice.

The bathrooms were very clean and well maintained throughout the Stand Down.

The sound system was poor or none existent during the event.

Suggest most of the service providers be in the same building and have a more festive atmosphere in a second building. Or a festive atmosphere outside and the legal/medical in the second building.

Information be archive and organized so we have more of a template from year to year

Service Providers suggested that they be able to set up wherever they want to "on the day of

Provide a box of general office supplies at the check in desk (stapler, tape, binder clips, scissors, etc.)

Provide a printer that has more functions (two-sided copying, fast speed, etc.).

EXHIBIT B



FLORIDA VETERANS FOUNDATION, INC.

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

ETHICAL PRINCIPLES

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

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

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

ETHICAL STANDARDS

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

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

MEMBER OBLIGATIONS

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

SOLICITATION AND USE OF PHILANTHROPIC FUNDS

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

the value and tax implications of contributions.

15. Members shall take care to ensure that contributions are used in accordance with donors' intentions.

16. Members shall take care to ensure proper stewardship of all revenue sources, including timely reports on the use and management of such funds.

17. Members shall obtain explicit consent by donors before altering the conditions of financial transactions.

PRESENTATION OF INFORMATION

18. Members shall not disclose privileged or confidential information to unauthorized parties.

19. Members shall adhere to the principle that all donor and prospect information created by, or on behalf of, an organization or a client is the property of that organization or client and shall not be transferred or utilized except on behalf of that organization or client.

20. Members shall give donors and clients the opportunity to have their names removed from lists that are sold to, rented to or exchanged with other organizations.

21. Members shall, when stating fundraising results, use accurate and consistent accounting methods that conform to the appropriate guidelines adopted by the American Institute of Certified Public Accountants (AICPA)* for the type of organization involved. (* In countries outside of the United States, comparable authority should be utilized.)

COMPENSATION AND CONTRACTS

22. Members shall not accept compensation or enter into a contract that is based on a percentage of contributions; nor shall members accept finder's fees or contingent fees. Business members must refrain from receiving compensation from third parties derived from products or services for a client without disclosing that third-party compensation to the client (for example, volume rebates from vendors to business members).

23. Members may accept performance-based compensation, such as bonuses, provided such bonuses are in accord with prevailing practices within the members' own organizations and are not based on a percentage of contributions.

24. Members shall neither offer nor accept payments or special considerations for the purpose of influencing the selection of products or services.

25. Members shall not pay finder's fees, commissions or percentage compensation based on contributions, and shall take care to discourage their organizations from making such payments.

26. Any member receiving funds on behalf of a donor or client must meet the legal requirements for the disbursement of those funds. Any interest or income earned on the funds should be fully disclosed

the value and tax implications of contributions.

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EXHIBIT C

2014 Exempt Organization Business Tax Return

Prepared for:

Florida Veterans Foundation, Inc.
400 S. Monroe Street, Suite 2107
Tallahassee, FL 32399-0001

Richards, Mitchell, & Cross, P.A.

2123 Centre Pointe Blvd.
Tallahassee, FL 32308
(850) 425-1040

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning Jul 1, 2014, **and ending** Jun 30, 2015

B Check if applicable:	C Name of organization <u>Florida Veterans Foundation, Inc</u>	D Employer identification number <u>26-2748811</u>
<input type="checkbox"/> Address change	Doing business as	E Telephone number <u>(850) 488-4181</u>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	G Gross receipts \$ <u>335,407.</u>
<input type="checkbox"/> Initial return	<u>400 S. Monroe Street</u> <u>2105-D</u>	
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Amended return	<u>Tallahassee</u> <u>FL 32399-0001</u>	
<input type="checkbox"/> Application pending	F Name and address of principal officer:	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<u>Washington Sanchez 400 S. Monroe St. Tallahassee FL 32399-0001</u>	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No if 'No,' attach a list (see instructions)
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶	<u>www.floridaveteransfoundation.org</u>	
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <u>2008</u> M State of legal domicile: <u>FL</u>

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>To support the Florida Dept. of Veterans' Affairs, the veterans of the state, and congressionally chartered veteran service organizations.</u>			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		11
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5		0
6	Total number of volunteers (estimate if necessary)	6		0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b		0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
9	Program service revenue (Part VIII, line 2g)	182,726.	229,320.	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	74,500.	105,942.	
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	107.	145.	
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	257,333.	335,407.	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	127,962.	210,402.	
14	Benefits paid to or for members (Part IX, column (A), line 4)			
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	52,116.	67,440.	
16a	Professional fundraising fees (Part IX, column (A), line 11e)			
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>8,129.</u>			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	203,190.	42,047.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	383,268.	319,889.	
19	Revenue less expenses. Subtract line 18 from line 12	-125,935.	15,518.	
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
21	Total liabilities (Part X, line 26)	335,452.	346,496.	
22	Net assets or fund balances. Subtract line 21 from line 20	8,390.	13,608.	
		327,062.	332,888.	

Part II Signature Block

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

Sign Here	Signature of officer	Date	<u>01/08/15</u>
	<u>Washington Sanchez</u>		<u>Chairman</u>
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	<u>Steven R. Richards</u>		
	Firm's name ▶ <u>Richards, Mitchell, & Cross, P.A.</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01254476</u>
	Firm's address ▶ <u>2123 Centre Pointe Blvd.</u> <u>Tallahassee FL 32308</u>	Firm's EIN ▶ <u>46-4063801</u>	Phone no. <u>(850) 425-1040</u>

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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:

To support the Florida Dept. of Veterans' Affairs, the veterans of the state, and congressionally chartered veteran service organizations.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4 a (Code:) (Expenses \$ 302,452. including grants of \$ 0.) (Revenue \$ 338,262.) Costs incurred to assist and support Florida's Veterans, especially those in need of emergency assistance.

4 b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4 c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4 d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4 e Total program service expenses 302,452.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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 debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
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		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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		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		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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 domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II		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		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):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		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		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		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		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2		X
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		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		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 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		
13 c	Enter the amount of reserves on hand		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and document retention.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Florida
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.
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, address, and telephone number of the person who possesses the organization's books and records: Robin Ridley 400 S Monroe St, 2107 Tallahassee FL 32399-0001 (850) 488-4181

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Washington Sanchez Chairman	40.00	X		X			0.	0.	0.	
(2) Claude W. Shipley Treasurer	5.00	X		X			0.	0.	0.	
(3) A Perry Hubbs Director	5.00	X					0.	0.	0.	
(4) Gary Clark Director	5.00	X					0.	0.	0.	
(5) Don Laman Director	5.00	X					0.	0.	0.	
(6) Antonio Colmenares Director	5.00	X					0.	0.	0.	
(7) Charles LeCroy Director	5.00	X					0.	0.	0.	
(8) Mike Mason Director	5.00	X					0.	0.	0.	
(9) Terry Lynn Director	5.00	X					0.	0.	0.	
(10) Tina Dixon-Barlett Regional Director	5.00	X					0.	0.	0.	
(11) John L Haynes Chairman Emeritus	2.00	X					0.	0.	0.	
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1 b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0.	0.	0.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in 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	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions) . .	1 e	61,038.			
	f All other contributions, gifts, grants, and similar amounts not included above . .	1 f	168,282.			
	g Noncash contributions included in lines 1a-1f: \$		6,939.			
	h Total. Add lines 1a-1f ▶		229,320.			
Program Service Revenue	2 a <u>Stand Down Events</u>	Business Code 624100	105,942.	105,942.	0.	
	b					
	c					
	d					
	e					
	f All other program service revenue . . .					
	g Total. Add lines 2a-2f ▶		105,942.			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶		145.	0.	0.	
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties ▶					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss) . .				
	d Net rental income or (loss) ▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses . . .				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	8 a Gross income from fundraising events (not including . . \$ _____ of contributions reported on line 1c). See Part IV, line 18. a					
		b Less: direct expenses b				
		c Net income or (loss) from fundraising events ▶				
	9 a Gross income from gaming activities. See Part IV, line 19. a					
		b Less: direct expenses b				
		c Net income or (loss) from gaming activities ▶				
	10 a Gross sales of inventory, less returns and allowances a					
b Less: cost of goods sold b						
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See instructions ▶		335,407.	105,942.	0.	145.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	210,402.	210,402.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
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	67,440.	60,696.	6,744.	0.
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):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,664.	15,664.	0.	0.
12 Advertising and promotion	4,392.	4,392.	0.	0.
13 Office expenses	1,697.	1,447.	250.	0.
14 Information technology				
15 Royalties				
16 Occupancy	1,334.	1,068.	266.	0.
17 Travel	6,146.	4,098.	2,048.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,303.	1,303.	0.	0.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Bank & Merchant Fees</u>	2,013.	2,013.	0.	0.
b <u>Supplies</u>	924.	924.	0.	0.
c <u>Miscellaneous</u>	445.	445.	0.	0.
d <u>Fundraising</u>	8,129.	0.	0.	8,129.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	319,889.	302,452.	9,308.	8,129.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	70,546.	1	48,965.
	2 Savings and temporary cash investments	236,763.	2	270,691.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,354.		
	b Less: accumulated depreciation	10b 2,514.	28,143.	10c 26,840.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		335,452.	16 346,496.	
Liabilities	17 Accounts payable and accrued expenses	8,390.	17	13,608.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		8,390.	26 13,608.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	321,138.	27	326,389.
	28 Temporarily restricted net assets	5,924.	28	6,499.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		327,062.	33 332,888.	
34 Total liabilities and net assets/fund balances		335,452.	34 346,496.	

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Form 990 (2014)

Part 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	335,407.
2	Total expenses (must equal Part IX, column (A), line 25)	2	319,889.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,518.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	327,062.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	342,580.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2 b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3 a	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?		X
3 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		

BAA

Form 990 (2014)

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization: Florida Veterans Foundation, Inc Employer identification number: 26-2748811

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

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

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

Schedule A (Form 990 or 990-EZ) 2014

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	65,075.	239,436.	379,490.	257,226.	335,262.	1,276,489.
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	65,075.	239,436.	379,490.	257,226.	335,262.	1,276,489.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						1,276,489.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	65,075.	239,436.	379,490.	257,226.	335,262.	1,276,489.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	373.	264.	414.	107.	145.	1,303.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	373.	264.	414.	107.	145.	1,303.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11 and 12.)	65,448.	239,700.	379,904.	257,333.	335,407.	1,277,792.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	99.90 %
16 Public support percentage from 2013 Schedule A, Part III, line 15.	16	99.78 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0.10 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0.22 %

19a 33-1/3% support tests — 2014. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests — 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990)</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer (b) below.</i>		
b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1 a	
b	Average monthly cash balances	1 b	
c	Fair market value of other non-exempt-use assets	1 c	
d	Total (add lines 1a, 1b, and 1c).	1 d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required).	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)		
3	Excess distributions carryover, if any, to 2014:		
a			
b			
c			
d			
e	From 2013		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2014 distributable amount		
i	Carryover from 2009 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f		
4	Distributions for 2014 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2014 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4		
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		
7	Excess distributions carryover to 2015. Add lines 3j and 4c		
8	Breakdown of line 7:		
a			
b			
c			
d	Excess from 2013		
e	Excess from 2014		

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Part VI **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 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.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization Florida Veterans Foundation, Inc	Employer identification number 26-2748811
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Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that 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).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2014)
or 990-PF.

Name of organization

Employer identification number

Florida Veterans Foundation, Inc

26-2748811

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	National Veterans Homeless Support, Inc. P O Box 325 Mims FL 32754	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Assurant 1122 Quail Roost Dr Miami FL 33157	\$ 10,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CareerSource, South Florida Corporate Center Dr., Suite 500 Miami FL 33126	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Massage Envy Co-Op Marketing 14350 N 87th St, Suite 200 Gilbert AZ 85296	\$ 22,475	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Leon County Board of Commissioners 301 S. Monroe Street Tallahassee FL 32301	\$ 47,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	U. S. Dept. of Labor 200 NW Constitution Ave., Rm S-4307 Washington DC 20210	\$ 7,755	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Florida Veterans Foundation, Inc

26-2748811

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Miguel B. Fernandez Family Foundation 121 Alahambra Plaza, Suite 1100 Miami FL 33143	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Facundo & Amalia Bacardi Foundation 2665 S Bayshore Dr, Suite 601 Miami FL 33133	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Seminole Tribe of Florida 6300 Stirling Rd Hollywood FL 33024	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BB&T Bank (Collections) S Florida Regional Office Miami FL 33130	\$ 59,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

Florida Veterans Foundation, Inc

26-2748811

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		29,354.	2,514.	26,840.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,840.

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Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . . ▶		

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . ▶		

Part IX Other Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) . . . ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2 a	
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2a through 2d		2 e
3	Subtract line 2e from line 1		3
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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4a and 4b		4 c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements.		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2a through 2d		2 e
3	Subtract line 2e from line 1		3
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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4a and 4b		4 c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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 I
(Form 990)

CMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

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

Name of the organization

Employer identification number

Florida Veterans Foundation, Inc

26-2748811

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.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

TEEA-3901 06/19/14

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. 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
1 Cash Assistance	149	87,022.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Florida Veterans Foundation, Inc

Employer identification number

26-2748811

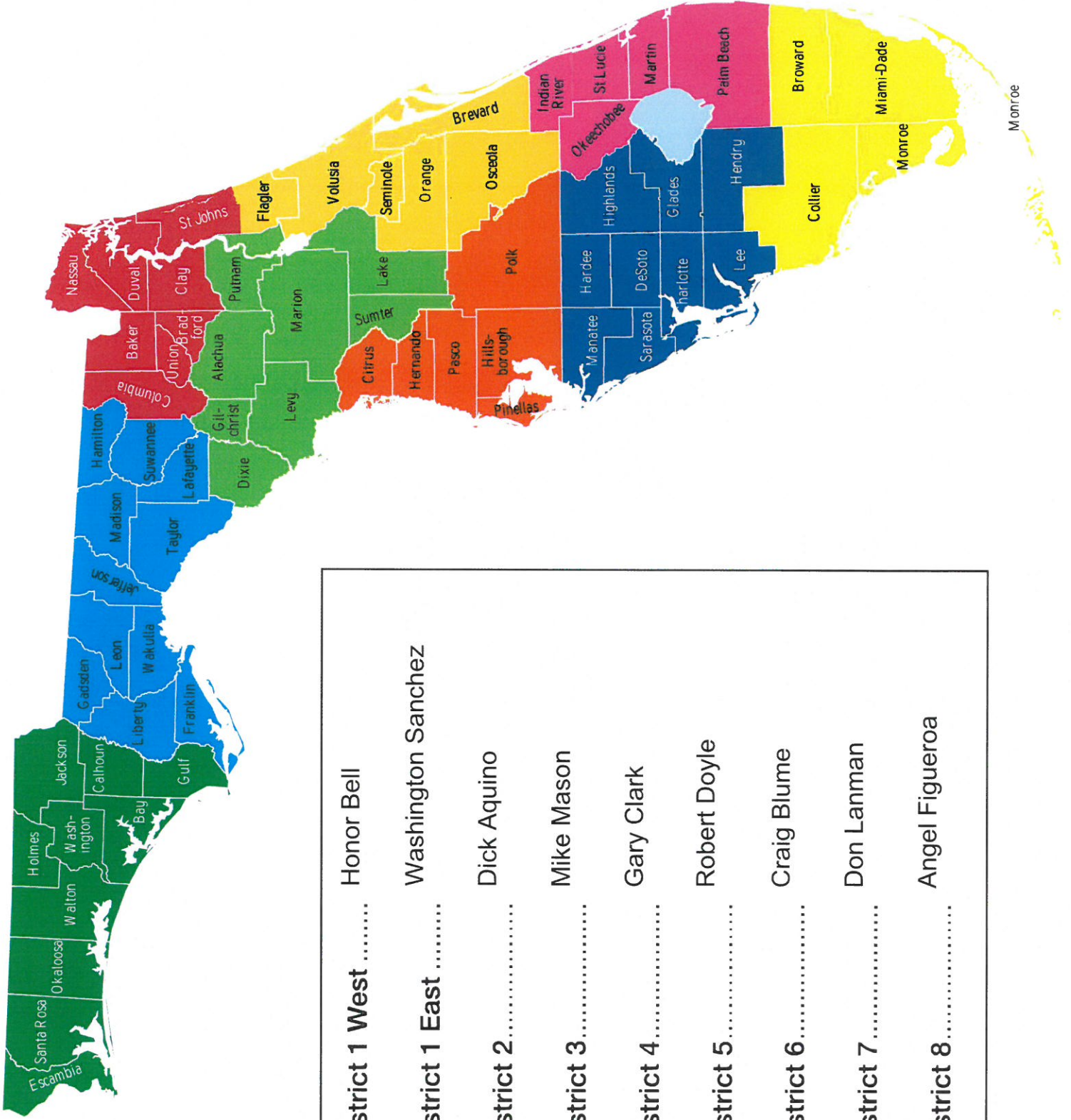
Pt VI, Line 12c










The organization requires members of the Board to sign the conflict of
interest statement annually.

Pt VI, Line 11b

The organization provides a copy of Form 990 to Board members for their
review and comment prior to signing the return and sending it to the
IRS.

EXHIBIT D



	District 1 West	Honor Bell
	District 1 East	Washington Sanchez
	District 2	Dick Aquino
	District 3	Mike Mason
	District 4	Gary Clark
	District 5	Robert Doyle
	District 6	Craig Blume
	District 7	Don Lanman
	District 8	Angel Figueroa