Address Form 990	
P.O. Box 10503 Tallahassee, F. L 32302 \$50-245-9494 www.fildoe.org/fcs/foundation F.S. organized and shall be operated exclusively for charitable, cultural, scientific and education and purposes, and for the realization and attainment thereof for the following purposes: a. To support the development of economic services to business and industry. b. To promote public involvement and awareness of state educational policy issues. c. To provide scholarships and other kinds of support services to students in furtherance of their postsecondary education. d. To publicize and promote activities in support of the Florida College System. e. To support the development of innovative programs. f. To support the advancement of sound educational policies and programs. g. To support the activities and staff of the Chancellor of the Florida College System as they relate to the mission of the Florida College System. h. To solicit and receive by gift, devise or bequest, and to acquire by purchase, lease, exchange, or otherwise, property, both real and personal, either as absolute owner of, as trustee thereof, and to manage and administer the same. F.S. organized and shall be operated exclusivels from drattainment tithere field and tataimment thereof for the realization and attaimment thereof for the following purposes: a. To support the development of inonvative programs. f. To support the advancement of sound educational policies and programs. g. To support the activities and staff of the Chancellor of the Florida College System as they relate to the mission of the Florida College System as they relate to the mission of the Florida College System. h. To solicit and receive by gift, devise or bequest, and to acquire by purchase, lease, exchange, or otherwise, property, both real and personal, either as absolute owner of, as trustee thereof, and to manage and administer the same.	The Florida College System is the primary access point to undergraduate education for Floridians, including recent high school graduates and returning adult students. The Florida College System (FCS) responds quickly and efficiently to meet the demand of employers by aligning certificate and degree programs with regional workforce needs. With an array of programs and services, The Florida College System's 28 institutions serve individuals, communities, and the state with low cost, high quality education opportunities. The FCS Foundation has been providing student scholarships to help these students succeed and enter the workforce since 1999. The Foundation has provided \$9,140,652 in scholarships to students enrolled in Florida's 28 colleges since its inception. The FCS Foundation will award \$883,333 in scholarships for the 2016-2017 academic year. The Foundation also acts as the fiscal agent for many private grants aimed at student success programs for the Division of Florida Colleges and the system. The Foundation is a 501(c)(3) non-profit organization and the official direct support organization for the FCS. The Foundation is organized and operated exclusively to receive, hold, invest and administer property and to make expenditures to, or for the benefit of, the FCS institutions in this state. The Foundation served as partner for

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Florida College System Foundation P.O. Box 10503 Tallahassee, FL 32302 850-245-9494 www.fldoe.org/fcs/foundation		and to transfer property, both real and personal, to other organizations identified and associated with The Florida College System Foundation, Inc., which are tax exempt organizations under the provisions of Section 501 (c) (3) of the Internal Revenue Code of the United States of America or acts amendatory thereof or supplementary thereto. j. In furtherance of the above purposes, to conduct any and all activities permitted to an organization exempt under Section 501 (c) (3) of the Internal Revenue Code or acts amendatory thereof or supplementary thereto.			the 2015 Commissioner's Summit; attendees included college presidents and superintendents statewide and was a partner for the Governor's Degree to Jobs Summit; attendees included statewide business partners, college and university trustees and presidents. The Florida College System Foundation supports the comprehensive mission of the Florida College System and its students to be the nation's leading advocate for postsecondary educational opportunity, access and student success while respecting and protecting the autonomy and local support of Florida's 28 colleges. Our strategic plan includes goals to increase statewide partnerships for student scholarships, and continue to expand system wide support with our local colleges with federal and private grants to promote student success and increase graduation rates. The 23 member Board of Directors will continue to cultivate public private partnerships for scholarships and programs.
The Florida Education Foundation, Inc. 325 West Gaines Street, Room 1524 Tallahassee, FL 32399-0400 850-245-9692 www.floridaeducationfoundation.org	Section 1001.24, F.S.	As a valued partner in public education, the Florida Education Foundation invests in high achievement for every student to contribute to Florida's globally competitive workforce. We envision a future in which every Florida student graduates from high school ready for post-	The Florida Education Foundation Board of Directors determined that it will advance efforts specifically to • Strengthen the systems of standards and accountability in Florida and to lead in the advancement and evolution of these systems;	See Tab 2.	 Remains true to its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDOE; Serves as an efficient fiscal agent for statewide education-specific workshops

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
The Florida Education Foundation, Inc. 325 West Gaines Street, Room 1524 Tallahassee, FL 32399-0400 850-245-9692 www.floridaeducationfoundation.org		secondary education and a career.	 Ensure that all students have successful educational outcomes by concentrating on closing the achievement gap for Florida's lowest performing students; Pursue systemic changes in improving the reading capabilities of Florida's children from the early grades to grade 3. Continue to serve as a vital fiscal agent for other Department of Education initiatives and programs seeking and utilizing external support and resources. 		 and conferences; Serves as the fiscal agent for several corporate and private grants that benefit preK-12 education in Florida; Exhibits sound fiscal management which is documented in its annual outside audit; Is an effective vehicle for cultivating meaningful partnerships between the FDOE and other stakeholders; Expedites Commissioner-initiated projects and special task forces; and Is actively engaged in developing and successfully executing innovative programs such as the Sunshine State Scholars initiative and the Commissioner's Business Recognition Awards program.
Florida Endowment for Vocational Rehabilitation (dba The Able Trust) 3320 Thomasville Rd, Ste. 200 Tallahassee, FL 32308 850-224-4493 www.abletrust.org	Section 413.615, F.S.	The Able Trust's mission is to be a key leader in providing Floridians with disabilities opportunities for successful employment.	The following general concepts will be developed into strategies and tactics for the 2016 – 2018 planning period, to be further refined during Committee meetings over the summer and at the September 2015 Board meeting. • Grant awards should continue at two levels, with more emphasis on larger, multi-year grants that are directly linked to advancement of the mission of The Able Trust. The Able Trust should embark on a grant initiative pilot that deals with internships. • The organization should continue its two	See Tab 3.	The Able Trust is a respected statewide force in helping people with disabilities obtain employment and stay employed. It has consecutively run the Florida High School High Tech (HSHT) Program for 18 years, which has always had a graduation rate of 95% or higher. It has also consecutively run the Youth Leadership Forum (YLF) for 17 years with many of those graduates now fully employed and on a great career path. The YLF is totally funded with donated dollars. The HSHT program is funded about 1/3 from annual appropriations and the other 2/3 from other Able Trust sources of

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Florida Endowment for Vocational Rehabilitation (dba The Able Trust) 3320 Thomasville Rd, Ste. 200 Tallahassee, FL 32308 850-224-4493 www.abletrust.org			transportation pilot programs, one each in Orlando and Miami, gathering outcomes to be used in developing funding sources that would allow for expansion of the transportation pilot, if outcomes justify such expansion. The Able Trust should continue its efforts to expand work experiences for job seekers, which might include job shadowing, mentoring, internships, or other related activities. Additional Internship Seminars should be conducted in cooperation with regional business groups, trade associations, and Chambers of Commerce. The Able Trust should implement its 3 rd year statewide communications plan, directed towards business and designed to change misperceptions and increase the number of people with disabilities who are successfully employed. The Able Trust should continue its internal, youth programs, contingent upon obtaining outcome data that supports the resources dedicated to the programs and evidence that the programs continue to contribute to the mission. Florida Youth Leadership Forum: Goal of 45 – 50 new students each year. Florida High School High Tech: Goal is expansion at a 1–2 new sites per year,		income, including donated and endowed dollars which it has worked hard to obtain. The funds are redistributed to worthy organizations throughout the state of Florida as they work to create job opportunities in their communities. Millions of dollars in assistance have been awarded to those local organizations, as well as technical assistance from Able Trust staff. The Able Trust continuously works collaboratively with many state agencies and business groups to achieve its goal. The organization is run conservatively and does its work with a small staff of 10 and a few consultants, working to provide the best return possible on the state's investment in the Able Trust. HSHT program Highlights: Served 1,784 students with disabilities in 40 Florida school districts; 258 high school students secured employment; and 82% of Florida HSHT graduates entered postsecondary education or employment. YLF program Highlights: During the FY16, the YLF hosted 48 high school students with disabilities to participate in a four-day leadership development and career exploration event.

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
			provided state matching funds are available to help support the expansion.		
Blind Services Foundation of Florida, Inc. 325 W. Gaines St. Room 1114, Turlington Building, Tallahassee, Florida 32399 1-800-342-1828 www.blindservicesfoundation.org	Section 413.0111, F.S.	The Blind Services Foundation of Florida, Inc., serves Florida's blind citizens with intensity. Our efforts are to use funds of the Foundation to support programs of the FDBS; and to conduct programs and activities, and initiate developmental projects for the benefit of citizens of Florida who are blind and/or visually impaired.	From its strategic planning sessions in March and April of 2014, the Blind Services Foundation of Florida, Inc., Board of Directors determined that it will advance efforts for the foundations three year plan to: • Increase recognition of the Bikers Care Tag and the direct participation of the biker community via new marketing initiatives; • Provide support to encourage, challenge, motivate and recruit people, organizations and other not for profit organizations to support the FDBS as they serve Florida's blind citizens with shrinking resources and exploding senior populations; • Develop strategic planning to identify a statewide need for further needs assessments as they relate to services and funding; • Continue to help with communication and messaging of the FDBS and determine what level of support is appropriate for development; • Met with the Director of Highway, Safety	See Tab 4.	 The Florida Division of Blind Services, rationale to continue the Blind Services Foundation of Florida, Inc., is that the foundation: Maintains its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDBS; Serves as an efficient fiscal agent for statewide initiatives and developmental projects for the benefit of blind and/or visually impaired Floridians, through fundraising and advocacy groups for the blind and/or visually impaired Floridians; Exhibits sound fiscal management which is documented in its 990 and Bikers Care Tag Annual Financial Report. Is an effective vehicle for cultivating meaningful partnerships between the FDBS and other stakeholders; and Is actively engaged in developing and successfully executing innovative programs such as the Bikers Care Tag initiative and supports the efforts of the

By August 15 of each year, each agency shall report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Office of Program Policy Analysis and Government Accountability the information provided by each citizen support organization and direct-support organization. The report must also include a recommendation by the agency, with supporting rationale, to continue, terminate or modify the agency's association with each organization.

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Blind Services Foundation of Florida, Inc. 325 W. Gaines St. Room 1114, Turlington Building, Tallahassee, Florida 32399 1-800-342-1828 www.blindservicesfoundation.org			Motor Vehicle's leadership team to discuss assistance with marketing of the Bikers Care motorcycle tag and education and enforcement of the White Cane Law.		FDBS regarding services to support the blind and/or visually impaired community. • Awarded \$53,861.19 in FY 2013-14, for DBS to develop a marketing video to employers on the benefits of hiring individuals with visual disabilities with the goal of reducing their potential fears about blindness and "attitudinal barriers" within the workforce; • Awarded \$50,000 in FY 2014-15, for DBS to conduct outreach efforts and host interactive forums with employers, teachers, and other groups within the community to improve their perceptions and increase opportunities for individuals with visual disabilities to live, work and play. • Awarded \$46,158.62 in FY 2015-16, for Miami Dade College to establish a scholarship endowment for students who are blind or visually impaired.

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THE FLORIDA COLLEGE SYSTEM FOUNDATION STRATEGIC PLAN 2012-2016



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

Goal 1 Increase Student Support

Scholarships, Books, Technology, and other support programs

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

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

Goal 2 Increase System Support

Grants, Programs, Marketing, and support for Division, Chancellor, Institutions and Faculty

Double system support through increased grants and programs

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

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

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

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



Conflict of Interest Policy

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

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

In light of this, the following policy is established:

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

I acknowledge that I have received, rea	d and understand	this Florida	College System	Foundation,	Inc.,
"Policy on Conflict of Interest."					
Signature	-		Date		

Print or type name

Code of Ethics Policy

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

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

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

- (1) I have received a copy of the Conflicts of Interest Statement and that I will follow the Code of Ethics as defined by The Florida Statutes, Title X, and Chapter 112.
- (2) I will formally and promptly communicate any potential conflict to the Foundation Board Chair, the Chancellor and the President of the Florida College System Foundation.
- (3) I will act at all times with honesty, integrity and independence, avoiding actual or apparent conflicts of interest in personal and professional relationships and expect and encourage such conduct by other Directors.
- (4) I will comply with all applicable rules and regulations of federal, state, and local governments and other appropriate private and public regulatory agencies.
- (5) I will comply with the Foundation's policies and procedures, and contribute constructively to their ongoing evaluation and reformulation.
- (6) I will act in good faith, responsibly, with due care, competence, and diligence, and without knowingly misrepresenting material facts or allowing my independent judgment to be subordinated.
- (7) I will protect and respect the confidentiality of information acquired in the course of my membership on the Board except when authorized or otherwise legally obligated to disclose. Confidential information acquired in the course of my membership on the Board shall not be used for personal advantage.
- (8) I will responsibly use and control assets and other resources entrusted to me.

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

Signature	Printed Name
Title New Policy	Date

PUBLIC INSPECTION COPY

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

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

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

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 2014 Open to Public Inspection

A	For the 2014 c	alendar year, or tax year beginning 07	/01/14 , and ending $06/3$	0/15		
В	Check if applicable:	C Name of organization THE FLORIDA	A COLLEGE SYSTEM		D Employer	identification number
Π.	Address change	FOUNDATION	, INC.			
	Name change	Doing business as	A PART OF THE PART	- I D	65-05 E Telephone	530384
	•	Number and street (or P.O. box if mail is not delivered FL DEPT EDUCATION P.O. I	d to street address)	Room/suite		245-9494
	Initial return Final return/	City or town, state or province, country, and ZIP or for				
	terminated	•			C Cross masi	ots \$ 12,975,508
	Amended return	TALLAHASSEE F Name and address of principal officer:	FL 32302-0503		G Gross recei	
				H(a) Is this a gr	oup return for sub	ordinates? Yes X No
	Application pending	JUDY GREEN FL DEPT EDUCATION P.	O DESTREE 10503	H(h) Are all suit	pordinates inclu	ted? Yes No
			FL 32302-0503	, ,	" attach a list. (s	
		TALLAHASSEE		<u></u>		
1	Tax-exempt status:		insert no.) 4947(a)(1) or 527			
<u>J</u>	Website:	LORIDACOLLEGESYSTEM.C		L Year of formation: 1	emption number	M State of legal domicile: FL
200.000	Form of organization:		Other •	L Year of formation:	. 9 9 4	M State of legal doffficile.
P		ımmary			- 	
		scribe the organization's mission or most sig	nificant activities:			
ė	SEE	SCHEDULE O				
au						
Governance				0.504 . 634	. ,	
Š		s box ▶ if the organization discontinued		25% of its net asset	.s.	20
∞ ಶ		of voting members of the governing body (Pa			L I	20
es		of independent voting members of the govern			··· - 	0
Activities &	t .	nber of individuals employed in calendar yea				20
٩ct		nber of volunteers (estimate if necessary)				0
_		elated business revenue from Part VIII, colur				
	b Net unre	ated business taxable income from Form 99	0-T, line 34	Prior Ye	7b	Current Year
				10	0,009	54,003
ē		ions and grants (Part VIII, line 1h)		1,612	53,039	
Revenue		service revenue (Part VIII, line 2g)		1 50	1,124	2,059,765
ě		ent income (Part VIII, column (A), lines 3, 4, a			814	43
-		venue (Part VIII, column (A), lines 5, 6d, 8c, 9		23,559		
		enue – add lines 8 through 11 (must equal P		93	33,690	1,136,581
		nd similar amounts paid (Part IX, column (A)			,3,030	0
	14 Benefits	paid to or for members (Part IX, column (A),	line 4)			0
es		other compensation, employee benefits (Pa				0
penses	1	onal fundraising fees (Part IX, column (A), lin				
Exp		draising expenses (Part IX, column (D), line	23)	<u>4</u> 5	3,610	684,260
ш		penses (Part IX, column (A), lines 11a-11d,		4 00	37,300	1,820,841
	1	penses. Add lines 13–17 (must equal Part IX			36,259	346,009
_		less expenses. Subtract line 18 from line 12	<u>, </u>	Beginning of Co		End of Year
Net Assets or	S Zo Total co	sets (Part X, line 16)			19,347	21,741,303
sse	20 Total is				0	0
et/	21 Total lia	ets or fund balances. Subtract line 21 from lin	e 20	22,54	19,347	21,741,303
	Part II S	ignature Block	0.20			
	artii 3	perjury, I declare that I have examined this return,	including accompanying schedules and state	ments, and to the best	of my knowle	dge and belief, it is
t	rue, correct, and o	omplete. Declaration of preparer (other than office	r) is based on all information of which prepare	r has any knowledge.		
e:	gn P	Signature of officer			Date	
	ere	JUDY GREEN	PRI	ESIDENT		
П	ere	Type or print name and title	_			
_	Print/T\	pe preparer's name	Prepare's signature	Date	Check	if PTIN
Pa	'	EEN E. BROTHERS	Kathleent Both	ner CPH 05/0	9/16 seif-em	
	onarer I	CARROLL AND CO			Firm's EIN	59-3038528
	se Only	2640-A MITCHAM	DRIVE			
-	-	. TATTABASSEE F			Phone no.	850-877-1099
M	Firm's a	ss this return with the preparer shown above				X Yes No

orm 9	990 (2014) THE FLORIDA C	OLLEGE SY	STEM	65-0530384	Page 2
F-7	Statement of Program Check if Schedule O co	Service Accor	nplishments	n this Part III	X
1	Briefly describe the organization's missi		Se of flote to diff into the	Transfer det in	
	EE SCHEDULE O				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	Did the organization undertake any sigr	nificant program serv	vices during the year which v	vere not listed on the	
	prior Form 990 or 990-EZ?				Yes X No
	If "Yes," describe these new services or				
3	Did the organization cease conducting,	or make significant	changes in how it conducts,	any program	
	services?				Yes X No
	If "Yes," describe these changes on Sci				arrand by
4	Describe the organization's program se	rvice accomplishme	nts for each of its three large	est program services, as mea	to others
	expenses. Section 501(c)(3) and 501(c)			unt of grants and allocations	to others,
	the total expenses, and revenue, if any,	, for each program s	ervice reported.		
4-	(Code: \(\frac{\partial}{2}\)	1 735 220) including grants of \$	1,136,581)(Revenue \$ 53,039
4a	(Code:) (Expenses \$ RANTS MADE TO THE F	LORIDA COI	LEGES TO FUND	SCHOLARSHIPS	FOR STUDENTS AND
O.	THER ACTIVITIES SUP	PORTING TE	E FLORIDA COL	LEGE SYSTEM.	
Ο.	IMER ACTIVITIES 501				
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$
	• • • • • • • • • • • • • • • • • • • •	, ,			
				,,	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

			in the diagram of the		(Revenue \$
4c	(Code:) (Expenses \$		including grants of \$	······································	(Kevende •

	.,				

4d	Other program services (Describe in S	Schedule O.)			
	(Expenses \$	including grant	ts of \$) (Revenue \$)
4e	Total program service expenses ▶	1,735	5,220		
				•	Earm 990 (20

Form 990 (2014) THE FLORIDA COLLEGE SYSTEM

Pa	rt IV Checklist of Required Schedules			
		-	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		х
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	+		
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,	5		х
	Part III	-		
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	6		Х
	"Yes," complete Schedule D, Part I	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8		8		x
_	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		9		Х
	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
11	-			
	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а		11a	Х	
L	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X_
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u></u>
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	↓	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	Ì		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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)	17	 	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	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		v
	If "Yes," complete Schedule G, Part III	19	 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		+^
) _	If "Yor" to line 202, did the organization attach a copy of its audited financial statements to this return?	20b	L	

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 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 X 24a through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X 25b If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X 34 or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Х 36 related organization? If "Yes," complete Schedule R, Part V, line 2 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, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 X 19? Note. All Form 990 filers are required to complete Schedule O

Page 5

Pa	Int 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				П
	Check if Schedule O contains a response of flote to any line in this Fart	<u> </u>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and					
•	reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	**********	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other file	nancial				v
	account)?			4a		<u> </u>
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).			50		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	iction?		5c		
. С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne		6a		х
	organization solicit any contributions that were not tax deductible as charitable contributions?	ione or				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	10115 01		6b		
	gifts were not tax deductible?					
7	Organizations that may receive deductible contributions under section 170(c).	noods				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	90000		7a		X
	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	/as				
С	required to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?		7e		X
e	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit cont	tract?		7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899	as required?	7g		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a	Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintain	ned by the				
Ü	sponsoring organization have excess business holdings at any time during the year?		.,,.,	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	·			9a_	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	100000000	
10	Section 501(c)(7) organizations.Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<u> </u>			
11	Section 501(c)(12) organizations.Enter:	1	1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources		1			
	against amounts due or received from them.)	11b				
12a		rm 1041?	1	12a		
b		12b)			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
а			,,,	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
þ		424	.1			
	the organization is licensed to issue qualified health plans	120				
С	Enter the amount of reserves on hand			14a		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yop" has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu					† <u></u>
L.	It "Vee " hee it filed a Lerm 770 to report these payments / It "NO " provide an explanation in Schedu					

orm 990 (2014) THE FLORIDA	COPPER SISIEM	05 0550504	, ago
			For each "Yes" response to lines 2 through 7b below, and for a	"No"
	response to line 8a, 8b	o, or 10b below, describe th	ne circumstances, processes, or changes in Schedule O. See ins	tructions.
	Check if Schedule O c	ontains a response or note	to any line in this Part VI	X

Sec	tion A. Governing Body and Management				<u> </u>	
		i		(5) (5) (5) (5) (5) (5) (5) (5) (5) (5)	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar		1			
	committee, explain in Schedule O.	l	20			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					X
	any other officer, director, trustee, or key employee?			. 2	 -	
3	Did the organization delegate control over management duties customarily performed by or under the direct					v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			6		X
6	Did the organization have members or stockholders?				-	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			7a		X
	one or more members of the governing body?					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7b		х
	stockholders, or persons other than the governing body?	by the f	following:			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		onowing.	8a	X	4000000000000
а	The governing body?			8b	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?				†- 	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			9		x
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	nal Re	venue			
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	11011110	701140	<u> </u>	Yes	No
	The state of the s			10a		X
10a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
þ	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t	he form	?	11a	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
ь	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confli	cts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
С	describe in Schedule O how this was done			12c	X	
40	Did the organization have a written whistleblower policy?			13	X	
13	Did the organization have a written document retention and destruction policy?			14	X	
14	Did the process for determining compensation of the following persons include a review and approval by					
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			1		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
. 54	with a taxable entity during the year?			16a	1 asoveri	<u> X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				1	
	organization's exempt status with respect to such arrangements?			16b		<u></u>
Sec	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501	(c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	st 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 record	ds: ►				
J	UDY GREEN P.O. DRAWER 10503			050 0	1 E	0404
T	ALLAHASSEE FL 32:	302	.,	850-2		
				F	orm 9	90 (2014)

Form 990 (2014) THE FLORIDA COLLEGE SYSTEM Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

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

X

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

(A) Name and Title	(B) Average hours per week (list any	bo.	x, unle	check ess pe nd a c	ition more erson	than or is both or/truste	an ie)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	organization and related organizations
(1) DR. JOHN BELOHLA	VEK									
(1)==11	3.00									
DIRECTOR	0.00	X						0	0	0
(2) WENDY WALKER										
(2)	3.00									
DIRECTOR	0.00	X						0	0	0
(3) RANDY BERRIDGE										
	3.00									
DIRECTOR	0.00	X						0	0	0
(4) ROBERT FINE										
	3.00									
DIRECTOR	0.00	X						0	0	0
(5) DR. JEFFREY ALLE	RITTEN									
•	6.00									
VICE CHAIR	0.00	X		X				0	0	0
(6) BRIAN P. BUWALDA										
	6.00									
TREASURER	0.00	X		X	<u> </u>			0	0	<u> </u>
(7) TERESA BORCHECK										
	3.00									,
DIRECTOR	0.00	X		<u> </u>				0	0	C
(8) NANCY BOTERO					ļ					
	3.00	.							_	c
DIRECTOR	0.00	X		ــــ	-			0	0	
(9) DR. ANN MCGEE										
	6.00	.						1	0	C
PAST CHAIR	0.00	X	-	X	\vdash	4	L	0	0	
(10) GEORGE I. PLATT,										
	3.00						ļ	0	0	c
DIRECTOR	0.00	X	-		+-	+				
(11) VIOLETA SALUD	2 00									
<u></u>	3.00							0	O	o
DIRECTOR	0.00	X	<u> </u>	<u> </u>		1	<u> </u>		<u>~</u>	Form 990 (2014

2244 05/09/2016 5 49 PM Form 990 (2014) **THE FLORIDA COLLEGE SYSTEM**

(A) Name and title	(B) Average hours per week (list any	(d	o not	Pos check ess ps	C) sition more erson	than o	one 1 an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization and related organizations	
(12) LARRY STEWART	3.00										
DIRECTOR	0.00	x						0	0		0
(13) MICHAEL HIGHTOWE	R										
CHAIR	6.00	x		x				o	0		0
(14) TAMI CULLENS					1						
	3.00							o	0		0
DIRECTOR (15) STACEY WEBB	0.00	X		 		-					
(15) STACET WEED	3.00								_		•
DIRECTOR	0.00	X	<u> </u>		ļ			0	0		0
(16) DR. THOMAS E. FU		JR.									
DIRECTOR	3.00	x						0	0		0
(17) WILLIAM CRAMER		1									
en e	3.00							0	o		0
DIRECTOR (18) LYN STANFIELD	0.00	X	┼	-	-	+	-				
(18) LIN SIAMETERD	3.00										_
DIRECTOR	0.00	X	<u> </u>	ļ		$oxed{\bot}$	<u> </u>	0	0		0
(19) KAREN MOORE	2 00										
DIRECTOR	3.00	X						0	0	,	0
1b Sub-total	1 0.00	,	1		1						
c Total from continuation she	eets to Part VII,	Sect	tion	Α			•	81,000		29, 29,	
d Total (add lines 1b and 1c). Total number of individuals (in	ر نا هم د فریط سمالی ا	mitos		hoso	licto	nd ab	ove)	81,000		23,	002
2 Total number of individuals (in reportable compensation from	the organization	milec ▶	0		IISIE	eu ab	ove,	Willo received more than \$1	00,000 01	Yes	No
			or ti	ruete	باعد	ev en	anlov	vee or highest compensated	i	165	
employee on line 1a? If "Yes."	complete Sched	lule J	for s	such	indi	vidua	ıl	and the second s		3	X
For any individual listed on line organization and related organization.	e 1a, is the sum	of rep	orta \$150	ble c	omp	ensa Yes"	ition " co	and other compensation fro Implete Schedule J for such	m the		
individual									 at. dal	4	X
5 Did any person listed on line 1 for services rendered to the or	a receive or acc	rue c 'es."	omp comi	ensa olete	ition Sch	from edule	any J fo	unrelated organization or in or such person	dividual	5	X
Section B. Independent Contract	ors										
Complete this table for your five compensation from the organical compensation.	ve highest compe	ensat	ed ir	ndep	ende	ent co	ontra enda	actors that received more that	ın \$100,000 of the organization's tax year.		
	(A) d business address	Jinpe	11301	10111	01 11	C Cui	T	Descri	(B) otion of services	(C) Compensa	tion
name an	d business address	_							,		
		_					_				
					-						
	41.						<u> </u>				
							+				
											1.11.41
2 Total number of independent received more than \$100,000	contractors (incli	uding	but	not l	imite	ed to t	thos	e listed above) who	0		
received more than \$100,000	or compensation	11101	יו נווכ	, Jig	u11141	40011	_			Form 99	0 (201)

Form **990** (2014)

Pa	t VII Section A. Officers	, Directo	rs, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	I Employee(continued)		 -	
	(A) Name and title	(B) Avera hours wee (list a	age per k iny	bc of	ix, unle ficer a	Pos check ess pe	more rson	than dis both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	n from amount of other compensations		
		hours relate organiza below d	ed ations lotted	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orgai and	nization related eizations	
	JOHN PADGET		00	x						0	0			0
	JUDY GREEN	40.	.00										20	062
	SIDENT	0.	00		<u> </u>	X		ļ		81,000	0		29,	002
(14)														
(15)														
				ļ	├	-		-	ļ			 		
(16)														
(17)														
(18)												11.		
(19)														
		<u> </u>	-	1_						81,000			29	,062
1b c	Sub-total Total from continuation she	ets to Pa	irt VII,	Sec	tion	A			▶	81,000				, 002
	Total (add lines 1b and 1c)						<u></u>		<u> </u>					
2	Total number of individuals (in reportable compensation from	cluding bu	ıt not lir ization	mited ▶	to th	nose	liste	d ab	ove)	who received more than \$1	00,000 of			.
	Did the organization list any fo				or t	wete	0 k		anlo	vee or highest compensate	d		Yes	s No
3	employee on line 1a? If "Yes."	complete	Sched	lule J	l for s	such	indiv	vidua	1			3		
4	For any individual listed on line organization and related organindividual	e 1a, is the nizations g	e sum o preater	of rep than	orta \$150	ble c),000	omp)? If	ensa "Yes	ition ," co	and other compensation fro emplete Schedule J for such	m tne	_4	· · ·	
5	Did any person listed on line 1 for services rendered to the or	a receive	or acci	rue c es,"	omp	ensa ole <u>te</u>	tion Sch	from edule	any e J fo	unrelated organization or in or such person	dividual	5		
Sec	tion B. Independent Contract	ors									0400 000 -5			
1	Complete this table for your five compensation from the organi	zation. Re	port co	ensat ompe	ed ir	idepe	ende or th	ent co e cal	enda	ar year ending with or within	the organization's tax year.	·	(C)	
	Name an	(A) d business ad	dress					··-	\perp	Descri	(B) ption of services		(C) Compen	sation
									+					-
									+					
									\perp					
2	Total number of independent received more than \$100,000	contractor of compe	s (inclunsation	ıding ı fron	but n the	not li orga	mite miza	d to t	nos •	e listed above) who				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (C) (A) Unrelated Total revenue excluded from tax exempt business function revenue 512-514 revenue Gifts, Grants ilar Amounts 1a 1a Federated campaigns 1b b Membership dues 1c c Fundraising events d Related organizations 1d 50,000 1e e Government grants (contributions) Contributions, and Other Sim f All other contributions, gifts, grants and similar amounts not included above 4,003 1f g Noncash contributions included in lines 1a-1f: 54,003 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 53,039 53,039 900099 SEMINAR REGISTRATION FEES 2a b f All other program service revenue ▶ 53,039 g Total. Add lines 2a-2f Investment income (including dividends, interest, 519,214 519,214 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets 12,349,209 other than inventory b Less: cost or other 10,808,658 basis & sales exps. 1,540,551 c Gain or (loss) 1,540,551 1,540,551 \triangleright d Net gain or (loss) ... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 43 900099 43 11a MISCELLANEOUS INCOME b C All other revenue

43

2,166,850

53,039

Total. Add lines 11a-11d

Total revenue. See instructions

THE FLORIDA COLLEGE SYSTEM 65-0530384 Page 10 Form 990 (2014) Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Do not include amounts reported on lines 6b, Management and Fundraising Program service Total expenses general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,136,581 1,136,581 and domestic governments. See Part IV. line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees): a Management Legal Accounting C Lobbying Professional fundraising services. See Part IV, line 17 295 140,664 140,959 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 18,134 207,364 225,498 (A) amount, list line 11g expenses on Schedule O.) 8,125 1,548 6,577 Advertising and promotion 12 8,255 5,605 13,860 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 38,798 6,945 45,743 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 41,117 62,902 104,019 Conferences, conventions, and meetings 20 Interest Payments to affiliates 1,636 1,636 Depreciation, depletion, and amortization 22 984 984 Other expenses. Itemize expenses not covered 24 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.) 128,000 128,000 UNCOLLECTIBLE GRANTS 2,000 4,800 6,800 HONORARIUMS h 5,364 5,976 612 AWARDS & RECOGNITION С 1,993 667 2,660 EDUCATION AND TRAINING All other expenses 0 85,621 1,735,220 1,820,841 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Form 990 (2014)

fundraising solicitation. Check here 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 (B) (A) End of year Beginning of year 1 Cash-non-interest bearing 1,657,591 2,570,568 2 2 Savings and temporary cash investments 388,930 61,430 3 Pledges and grants receivable, net 3 1,877 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 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 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 20,376 10a other basis. Complete Part VI of Schedule D 18,060 3,952 10c **b** Less: accumulated depreciation 10b 20,003,698 19,575,814 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 14 Intangible assets 10,083 15 Other assets. See Part IV, line 11 15 21,741,303 22,549,347 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors. 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0 0 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 33,939 3,952 27 Unrestricted net assets 6,543,165 5,705,134 28 Temporarily restricted net assets 16,002,230 16,002,230 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 21,741,303 22,549,347 33 33 Total net assets or fund balances 21,741,303 22,549,347 Total liabilities and net assets/fund balances

Form **990** (2014)

orm	990 (2014) THE FLORIDA COLLEGE SYSTEM 65-0530384			Pag	ge 1 <u>2</u>
	rt 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	2,16		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,82		
3	Revenue less expenses. Subtract line 2 from line 1	3			009
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,54	19,	347
5	Net unrealized gains (losses) on investments	5	-1,15	4,	053
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	21,74	11,	303
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				electricity (1) (2)
	Schedule O.		- 4	:	77
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			х	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	_^_	1
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				v
	the Single Audit Act and OMB Circular A-133?		3a		X
b					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	000	0.,,,,

SCHEDULE A (Form 990 or 990-EZ)

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.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

THE FLORIDA COLLEGE SYSTEM

Employer identification number 65-0530384

FOUNDATION, INC. 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.)

- A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2
- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3
- 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:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.)
- A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8
- 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.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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.
- 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.
- Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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.
- 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.
- Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) d 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.
- Check this box if the organization received a written determination from the IRS that it is a Type I, Type II. Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- Enter the number of supported organizations

a Provide the follo	owing information about the sup	oported organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)		rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		(odd manastary	Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

	tion A. Public Support						
Caler	dar 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.")	40,095	764,808	1,094,600	180,009	54,003	2,133,515
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	123,175	122,162	125,389	130,994	130,994	632,714
4	Total. Add lines 1 through 3	163,270	886,970	1,219,989	311,003	184,997	2,766,229
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)						428,570
6	Public support. Subtract line 5 from line 4.						2,337,659
	tion B. Total Support	() 0040	/F) 2044	(a) 2012	(d) 2013	(e) 2014	(f) Total
Caler	ndar year (or fiscal year beginning in)▶	(a) 2010	(b) 2011	(c) 2012		184,997	2,766,229
7	Amounts from line 4	163,270	886,970	1,219,989	311,003	184,997	2,100,223
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	439,325	425,153	907,424	735,654	519,214	3,026,770
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.)	25,831	51,765	45,385	52,426	53,082	228,489
11	Total support. Add lines 7 through 10						6,021,488
12	Gross receipts from related activities, etc.	(see instructions)				12	218,861
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	is a section 501(c)(3)	
	organization, check this box and stop her	re <u></u>					<u> </u>
Sec	tion C. Computation of Public S	upport Percenta	ge			-·	
14	Public support percentage for 2014 (line 6	, column (f) divided t	y line 11, column ((f))		14	38.82 %_
15	Public support percentage from 2013 Sch					15	42.47%
16a	33 1/3% support test-2014. If the organ	nization did not chec	k the box on line 13	3, and line 14 is 33	1/3% or more, ched	ck this	
	box and stop here. The organization qua	lifies as a publicly su	pported organization	on .			▶ X
b	33 1/3% support test—2013. If the organ	nization did not chec	k a box on line 13 o	or 16a, and line 15	is 33 1/3% or more	•	
	check this box and stop here. The organi						•
17a	10%-facts-and-circumstances test—2	014. If the organization	on did not check a l	oox on line 13, 16a	or 16b, and line 14	4 is	
	10% or more, and if the organization mee	ts the "facts-and-circ	umstances" test. cl	neck this box and s	stop here. Explain	in	
	Part VI how the organization meets the "fa organization	acts-and-circumstand	ces" test. The organ	nization qualifies as	a publicly support	ed	•
b	10%-facts-and-circumstances test—2	013. If the organization	on did not check a l	oox on line 13, 16a	, 16b, or 17a, and I	ine	
	15 is 10% or more, and if the organization	meets the "facts-an	d-circumstances" to	est, check this box	and stop here .		
	Explain in Part VI how the organization m	eets the "facts-and-c	ircumstances" test	The organization	qualifies as a public	cly	
18	supported organization Private foundation. If the organization d						, , ,)
10							•
	midd doddio						

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.)

	if the organization rails to	quality arraor ar	- 10010 110100 00	ACTA PROCESS			
	tion A. Public Support	I	· · · · · · · · · · · · · · · · · · ·				/E) T - 1 - 1
Calen	dar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support			r		1	(D. T.). I
Cale	ndar year (or fiscal year beginning in)▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents. royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,				1		
	and 12.)				<u> </u>		
14	First five years. If the Form 990 is for the organization, check this box and stop her		, second, third, four	th, or fifth tax year	as a section 501(c)(3)	
Sec	ction C. Computation of Public Su	ipport Percent					
15	Public support percentage for 2014 (line 8			(f))		15	%
16	Public support percentage from 2013 Scho	edule A, Part III, line	e 15	<u> 2244 - 2442 - 4444 - 44</u>	<u> </u>	16	%
Sec	ction D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2014 (I	ine 10c, column (f)	divided by line 13.	column (f))		17	%
18	Investment income percentage from 2013	Schedule A, Part I	II, line 17			18	%
19a	33 1/3% support tests—2014. If the orga	nization did not ch	eck the box on line	14, and line 15 is n	nore than 33 1/3%,	and line	
	17 is not more than 33 1/3%, check this be	ox and stop here.	The organization qu	alifies as a publicly	supported organiz	zation	
b	33 1/3% support tests—2013.If the orga	anization did not ch	eck a box on line 14	or line 19a, and li	ne 16 is more than	33 1/3%, and	
	line 18 is not more than 33 1/3%, check th	is box and stop he	ere. The organizatio	n qualifies as a pul	olicly supported org	ganization	
20	Private foundation. If the organization di	d not check a box o	on line 14, 19a, or 1	9b, check this box	and see instruction	is	

Schedule A (Form 990 or 990-EZ) 2014 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) 10a (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - 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.)

	Vac	, Na
2000 C 2000 C	Yes	<u>No</u>
1		
2		
3a		
4		5000000000000000
3b	***************************************	
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8 9a 9b 9c		
9a 9b 9c		
9a 9b 9c		
9a 9b 9c		

	LILE A (Form 990 or 990-E2) 2014 THE FEORED COLLEGE STEELS	
Par	Supporting Organizations (continued)	V-2 N-
		Yes No_
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	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
	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
Secti	on B. Type I Supporting Organizations	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Yes No
	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
Secti	ion 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
Sect	ion 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	
2	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
,	By reason of the relationship described in (2), did the organization's supported organizations have a	
3	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
Sect	tion 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):	
	The Test Complete line 2 holow	
a	Complete line 3 below	
b	——————————————————————————————————————	ns)
С	The diganization supported a governmental stricty. Seesals with a service of the	
•	Activities Test. Answer (a) and (b) below.	Yes No
	By a larger than the comparing to a control of the comparing the tax year directly further the exempt purposes of	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explainhow these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
		2a
	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	or the organization's supported organization(s) would have been engaged in: in 100, experiment and a supported organization(s) would have engaged in these	
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b
	activities but for the organization's involvement.	
3	Parent of Supported Organizations. Answer (a) and (b) below.	
a		3a
	trustees of each of the supported organizations? Provide details in Part VI.	
t	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	

Schedule A (Form 990 or 990-EZ) 2014 THE FLORIDA COLLEGE SYSTEM

Part V Type III Non-Functionally Integrated 509(a)(3) Sup			
1 Check here if the organization satisfied the Integral Part Test as a qualify			
other Type III non-functionally integrated supporting organizations must of	complete Sections A throu	gh E.	I
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)	
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a_		
b Average monthly cash balances	1b_		
c Fair market value of other non-exempt-use assets	1c_		
d Total (add lines 1a, 1b, and 1c)	1d		
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	nt,		
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
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) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes						
	nts paid to supported organizations to accomplish exempt purposes of					
	zations, in excess of income from activity	Зарропса				
	istrative expenses paid to accomplish exempt purposes of supporter	ed organizations				
	nts paid to acquire exempt-use assets	organizatione				
	ed set-aside amounts (prior IRS approval required)					
	distributions (describe in Part VI). See instructions.					
	annual distributions.Add lines 1 through 6.					
	outions to attentive supported organizations to which the organization	n is responsive				
	de details in Part VI). See instructions					
	outable amount for 2014 from Section C, line 6					
	amount divided by Line 9 amount					
U Line C	amount divided by time o dimodrit	(i)	(ii)	(iii)		
Se	ction E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014		
1 Distrib	outable amount for 2014 from Section C, line 6					
	distributions, if any, for years prior to 2014					
	nable cause required-see instructions)					
	is distributions carryover, if any, to 2014:					
a	S distributions carry ever, if any, to 2011.					
- a b						
d d						
	2013					
	of lines 3a through e					
	ed to underdistributions of prior years					
	ed to 2014 distributable amount					
	over from 2009 not applied (see instructions)					
	inder. Subtract lines 3g, 3h, and 3i from 3f.					
	putions for 2014 from Section					
	_					
D, line	ed to underdistributions of prior years					
	ed to 2014 distributable amount					
	ainder. Subtract lines 4a and 4b from 4.					
	nining underdistributions for years prior to 2014, if					
	-					
•	Subtract lines 3g and 4a from line 2 (if amount					
	er than zero, see instructions). aining underdistributions for 2014. Subtract lines 3h					
	b from line 1 (if amount greater than zero, see					
	·					
	ctions). ss distributions carryover to 2015.Add lines 3j					
				1		
and 4						
2,100,000	down of line 7:					
а						
b						
<u> </u>						
d Lvco	ss from 2013	1		· · · · · · · · · · · · · · · · · · ·		

Part VI Supplemental Information. Provide the Part III, line 12. Also complete this part	ne explanations re	equired by Part II, line 1	10; Part II, line 17a or 17b; and ructions.)
PART II, LINE 10 - OTHER INCOME	E DETAIL		
OTHER INCOME	\$	9,628	
SEMINAR REGISTRATION	\$	218,861	
	,		
•			

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

Department of the Treasury Internal Revenue Service

Name of the organization

FOUNDATION,

THE FLORIDA COLLEGE SYSTEM

INC.

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

Employer identification number

65-0530384

Organization type(check one): Section: Filers of: **X** 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 331/3 % 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

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

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).

totaling \$5,000 or more during the year

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

THE FLORIDA COLLEGE SYSTEM

Employer identification number 65-0530384

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1		\$ 50,000	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c) Total contributions	(d) Type of contribution					
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d) Type of contribution					
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Inspection Employer identification number Name of the organization THE FLORIDA COLLEGE SYSTEM 65-0530384 FOUNDATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 2c_ c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Nο and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a 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: \$ (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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: \$ a Revenue included in Form 990, Part VIII, line 1

Sche	dule D (Fo	rm 990) 2014	THE	FLORIDA	COLLEGE	SYSTEM		65-05303	384			Pa	ige 2
	rt III		ns Mai	ntaining Col	lections of A	rt, Historical	Treasures, or	Other Simila	r Asse	ets (co	ontinue	d)	
3		organization's a items (check all			d other records,	check any of the fo	ollowing that are a	significant use o	fits				
а	Publi	c exhibition			d 1	_oan or exchange	programs						
b		larly research			e (Other							
С	Prese	ervation for future	e genera	tions									
4					ns and explain h	ow they further the	e organization's ex	empt purpose in	Part				
	XIII.												
5	During th	e year, did the or	rganizatio	on solicit or recei	ve donations of a	art, historical treas	ures, or other simi	lar					
	assets to	be sold to raise	funds rat	her than to be m	aintained as par	t of the organization	on's collection?	1444			Yes	<u> </u>	No
Pa	rt IV			dial Arrange						_			
		990, Part X,	line 21				Part IV, line 9, o	· · · · · · · · · · · · · · · · · · ·	amou	nt on F	orm 		
1a	Is the org	anization an age	ent. truste	e, custodian or	other intermediar	y for contributions	or other assets no	ot					
	included	on Form 990, Pa	art X?		* * *						Yes	6	No
b	If "Yes," e	explain the arrang	gement i	n Part XIII and co	omplete the follow	wing table:							
									-		Amount		
С	Beginning	g balance							1c				
d	Additions	during the year							1d				
е	Distributi	ons during the ye	ear						1e				
f									1f				
							istodial account lia				Yes	5	No
					k here if the expl	anation has been	provided in Part X	111			 		
Pa	rt V	Endowmen			1 437 2		3 4 1) / 15m = 40						
		Complete if	the org				Part IV, line 10.			haali T	(e) Four	voore t	nack
					a) Current year	(b) Prior year	(c) Two yea		hree years		16,0		
1a	Beginnin	g of year balance	е		6,002,230	16,002,	230 16,00	02,230 1	6,002	,230		02,	230
	Contribut												
С	Net inves	stment earnings,	gains, ar	nd									
	losses												
		r scholarships											
	program		cilities an	id									
f	Administ	rative expenses				4.6.000	000 16 00	22 220 1	6 000	220	16,0	0.2	230
g		ear balance			6,002,230			02,230 1	6,002	,230		02,	230
2						line 1g, column (a	i)) held as:						
а		esignated or quas			%								
b	-	ent endowment 🕨		0.00%									
С		arily restricted en			%								
		centages in lines						- 41					
3a			ids not in	the possession	of the organization	on that are held ar	nd administered for	rtne			Г	Yes	No
	organiza	•									3a(i)		X
		lated organizatio									3a(ii)		X
		ed organizations				Cabadula D2					3b		
b					d as required on						00		1
4					nization's endow	ment tunos.	· · · · · · · · · · · · · · · · · · ·						
۲,6	ırt VI	Camplete if	ings, a	and Equipme	fiit. swored "Ves"	to Form 990 1	Part IV, line 11	a See Form (990 Ps	art X lii	ne 10.		
		Description of pr		janization ans	(a) Cost or other		ost or other basis	(c) Accumula		7, 7, 10	(d) Book v	alue	
		Description of pr	operty	1	(investment)	1	(other)	depreciati					
4-	Land												
	Land							The second secon		1			
a	Buildings	s old improvements								1			
ų	Equipme		*				20,376	1	8,06	0		2,	316

2,316

d Equipment

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	Investments—Other Securities.	m 000 Part IV line	11h Son Form 990 Part Y line 12
	Complete if the organization answered "Yes" to For	(b) Book value	(c) Method of valuation
	(a) Description of security or category (including name of security)	(a) Book value	Cost or end-of-year market value
(1) Financial d			
	ld equity interests		
(3) Other			
(A)	and the second s		
(B)			
(C)			
(D)			
(E)		· · · · · · · · · · · · · · · · · · ·	
(F)			
(G)			
(H)	/h) must aguel Farm 000, Part V, col. /P) line 12)		
	n (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.		To 19000 - 1000 1 1000 - 1000 1 1000 1 1000 1 1000 1 1000 1 1000 1 1000 1 1000 1 1000 1 1000 1 1000 1 1000 1 1
Part VIII	Complete if the organization answered "Yes" to Fo	rm 990 Part IV line	11c See Form 990 Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
	(a) Description of investment	(0) 555 15.5-	Cost or end-of-year market value
-/4>			
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
1 41 (12)	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
-	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
elitration described to the second	Complete if the organization answered "Yes" to Fo	orm 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability	(b) Book value	그렇다 물에게 다시 그렇도 꽤 되어?
(1) Federal	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

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

Schedule D (Form 990) 2014

Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Retui	'n.	
_	Complete if the organization answered "Yes" to Form 990, Part	t IV, line	: 12a.		1 000 000
1	Total revenue, gains, and other support per audited financial statements			1	1,002,832
2	Amounts included on line 1 but not on Form 990. Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,154,053		
b	Donated services and use of facilities	2b	130,994		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-1,023,059
3	Subtract line 2e from line 1	.,		3	2,025,891
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	140,959		
b	Other (Describe in Part XIII.)	4b			440.050
С	Add lines 4a and 4b			4c	140,959
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,166,850
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	h Expenses per Re	turn.	
	Complete if the organization answered "Yes" to Form 990, Par	t IV, line	e 12a.	r - 1	1 010 076
1	Total expenses and losses per audited financial statements			1	1,810,876
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a	130,994		
b	Prior year adjustments	2b			
С	Other losses	2c	·····		
d	Other (Describe in Part XIII.)	2d			120 004
е	Add lines 2a through 2d			2e	130,994
3	Subtract line 2e from line 1	1 21		3	1,679,882
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		4.40.050		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	140,959		
b		4b			140 050
_	Add lines An and Ah			4c	140,959

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.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

THE INVESTMENT RETURN FROM THE ENDOWMENT FUNDS IS TO BE USED FOR SCHOLARSHIP ASSISTANCE.

PART X - FIN 48 FOOTNOTE

MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE FOUNDATION'S TAX-EXEMPT STATUS, AND BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2015 AND 2014. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY TAX PERIODS. THE FOUNDATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR FISCAL YEARS ENDING PRIOR TO JUNE 30, 2012.

1,820,841

Schedule D (Fo	rm 990) 2014	THE FLORIDA	COLLEGE	SYSTEM	65-0530384	Page 5
Part XIII	Supplement	tal Information (co	ontinued)			
					 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					 	,

. ,					 	
	.,,				 	
	.,,				 	

SCHEDULE I (Form 990)

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

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

➤ Attach to Form 990.

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

2014 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE FLORIDA COLLEGE SYSTEM FOUNDATION, INC.

Employer identification number 65-0530384

to be selection maintain records to substantiale the amount of the grants or assistance, the grantese's eligibility for the grants or assistance, and be selection criteria used to survaid the grants or assistance, and reserve the selection criteria used to survaid the grants or assistance, and the selection criteria used to survaid the grants or assistance, and the selection criteria used to survaid the grant tunds in the United States. Part IVI, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization or government		tion on Grants and	Assistance											
the selection criteria used to award the grants or assistance? Part Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990. Part Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990. Part	Does the organization maintain in	records to substantiate th	ne amount of the gr	ants or ass	sistance, the grantees'	eligibility for the grant	s or assistance, an	d	V V No.					
Carats and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form '990, and if the organization answered "Yes" to Form '990, and if you have and address of organization or one than '85,000. Part If can be duplicated if additional space is needed. 1 (a) Name and address of organization or openiment o	the selection criteria used to awa	ard the grants or assistar	1ce?						A res No					
Part IV. line 21, for any recipient that received more than \$5,000. Part II can be defluicated if additional space is needed.	2 Describe in Part IV the organiza	r Assistance to Do	meetic Organi	zations	and Domestic Go	vernments. Com	plete if the ora	anization answ	ered "Yes" to Form 990,					
1	Part IV line 21 fo	or any recinient that i	received more t	han \$5.0	00 Part II can be o	duplicated if addit	ional space is r	eeded.	·					
Content and substance Properties Prope			1 1				(f) Method of valuation		(h) Purpose of grant					
1519 CLEARLAKE ROAD, BLDG 2, RM 225 COCOA FL 32922 59-1747177 3 30,071 COCOCOA FL 32408 59-6139037 3 25,583 COCOCOA FL 32408 59-6139037 3 30,071 COCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCO	- ` ` `	-	(5) 2	section	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	` '		non-cash assistance	or assistance					
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	2 Enter total number of section 5	01(c)(3) and government	t organizations liste	d in the line	e 1 table				▶ 31					
3 Enter total number of other organizations listed in the line 1 table						4			▶ 0					

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

THE FLORIDA COLLEGE SYSTEM

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

OMB No. 1545-0047
2014

Open to Public

Employer identification number

65-0530384 FOUNDATION, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (h) Purpose of grant (g) Description of (d) Amount of cash (e) Amount of non-(a) Name and address of organization (b) EIN 1 or assistance cash assistance non-cash assistance orant other) or government if applicable (1) HILLSBOROUGH COMMUNITY COLLEGE VARIOUS AWARDS P.O. BOX 31127 56,303 59-1810717 3 FL 33631 TAMPA (2) INDIAN RIVER STATE COLLEGE VARIOUS AWARDS 3209 VIRIGINA AVE 59-1105591 3 45,422 FL 34981 FORT PIERCE (3) FLORIDA GATEWAY COLLEGE VARIOUS AWARDS 149 SE COLLEGE PLACE 16,744 59-1627997 3 FL 32025 LAKE CITY (4) LAKE-SUMTER STATE COLLEGE VARIOUS AWARDS 9501 US HIGHWAY 441 15,952 59-1990323 3 FL 34788 LEESBURG (5) STATE COLLEGE OF FLORIDA, MANATEE-S VARIOUS AWARDS P.O. BOX 1849 59-1843274 3 53,406 FL 34206 BRADENTON (6) MIAMI DADE COLLEGE VARIOUS AWARDS 300 NE SECOND AVE #4102 101,825 59-6169745 3 FL 33132 MTAMT (7) NORTH FLORIDA COMMUNITY COLLEGE VARIOUS AWARDS 325 NW TURNER DAVIS DRIVE 26,963 59-6179948 3 FL 32340 MADISON (8) NORTHWEST FLORIDA STATE COLLEGE VARIOUS AWARDS 100 COLLEGE BLVD 59-2865698 3 21,201 FL 32578 NICEVILLE (9) PALM BEACH STATE COLLEGE VARIOUS AWARDS 4200 CONGRESS AVE 40,064 59-1818556 3 FL 33461 LAKE WORTH 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

SCHEDULE I (Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE FLORIDA COLLEGE SYSTEM

ECTAID A DITON TNIC Employer identification number 65-0530384

FOUNDATION, INC.						<u> 6</u> ;	5-0530384
Part I General Information on Grants and							
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Part II Grants and Other Assistance to Do Part IV, line 21, for any recipient that	omestic Organi	zations	and Domestic Go	vernments. Cor duplicated if addi	nplete if the orgational space is r	anization answ leeded.	ered "Yes" to Form 990,
(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) PASCO-HERNANDO STATE COLLEGE 10230 RIDGE ROAD	59-1731676	2	25,426				VARIOUS AWARDS
NEW PORT RICHEY FL 34654 (2) PENSACOLA STATE COLLEGE 1000 COLLEGE BLVD	39-1/316/6	<u>.</u>					VARIOUS AWARDS
PENSACOLA FL 32504 (3) POLK STATE COLLEGE 999 AVE H, NE	59-6173057	3	41,371				VARIOUS AWARDS
WINTER HAVEN FL 33881	59-1819213	3	45,718				
(4) SANTA FE COLLEGE 3000 NORTHWEST 83RD ST GAINESVILLE FL 32606	51-0240884	,	28,506				VARIOUS AWARDS
(5) SEMINOLE STATE COLLEGE OF FLORIDA 100 WELDON BLVD		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					VARIOUS AWARDS
SANFORD FL 32773 (6) SOUTH FLORIDA STATE COLLEGE 13 EAST MAIN ST	23-7033822		39,079				VARIOUS AWARDS
AVON PARK FL 33825 (7) ST. JOHNS RIVER STATE COLLEGE 5001 ST. JOHNS AVE	59-3050497	3	26,373				VARIOUS AWARDS
PALATKA FL 32077 (8) ST. PETERSBURG COLLEGE	23-7336585	3	20,092				
P.O. BOX 13489 ST. PETERSBURG FL 33733	59-1954362	3	72,312				VARIOUS AWARDS
(9) TALLAHASSEE COMMUNITY COLLEGE 444 APPLEYARD DRIVE	50_2001480	,	29,115				VARIOUS AWARDS
TALLAHASSEE FL 32304 2 Enter total number of section 501(c)(3) and government 3 Enter total number of other organizations listed in the li		J					

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

THE FLORIDA COLLEGE SYSTEM

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

2014

Open to Public Inspection

Employer identification number

65-0530384 FOUNDATION, INC. **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (h) Purpose of grant (c) IRC (e) Amount of non-(g) Description of (d) Amount of cash (a) Name and address of organization (b) EIN or assistance cash assistance non-cash assistance grant other) or government if applicable (1) UNIVERSITY OF SOUTH FLORIDA VARIOUS AWARDS 4202 EAST FOWLER AVE 10,000 59-3102112 3 FL 33620 TAMPA (2) VALENCIA COLLEGE VARIOUS AWARDS P.O. BOX 3028 69,657 FL 32802 23-7442785 3 ORLANDO (3) FLORIDA INTERNATIONAL UNIVERSITY VARIOUS AWARDS UNIVERSITY PARK, PC 125 10,000 65-0177616 3 MIAMI FL 33199 (4) UNIVERSITY OF NORTH FLORIDA VARIOUS AWARDS 1 UNIVERSITY NORTH FL DRIVE 10,000 FL 32224 59-2976169 3 **JACKSONVILLE** (5) (6) (7)(8) (9) 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

Schedule I (Form 990) (2014) THE FLORIDA COLLEGE SYSTEM 65-0530384 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990. Part IV. line 22. Part III Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance (d) Amount of (e) Method of valuation (book. (a) Type of grant or assistance (b) Number of (c) Amount of FMV. appraisal, other) recipients cash grant non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS THE FOUNDATION MAKES SCHOLARSHIP AWARDS TO ALL COLLEGES IN THE FLORIDA COLLEGE SYSTEM. THE COLLEGES DISTRIBUTE THE SCHOLARSHIPS TO STUDENTS ENROLLED IN THEIR COLLEGES BASED ON PREDETERMINED CRITERIA AND SUBMIT A LISTING OF ALL SCHOLARSHIP RECIPIENTS AND AMOUNTS OF AWARDS TO THE FOUNDATION.

SCHEDULE O (Form 990 or 990-EZ) 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.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

THE FLORIDA COLLEGE SYSTEM FOUNDATION, INC.

Employer identification number 65-0530384

FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF THE FLORIDA COLLEGE SYSTEM FOUNDATION IS TO SECURE AND MANAGE PUBLIC AND PRIVATE RESOURCES TO PROVIDE OPTIMAL BENEFIT TO FLORIDA'S 28 COLLEGES, THEREBY SUPPORTING STUDENTS WHO ARE SEEKING A HIGHER EDUCATION THAT WILL POSITIVELY IMPACT THEIR LIVES AND THE FUTURE OF THEIR COMMUNITIES.

FORM 990, PART I, LINE 6

THE FOUNDATION RECEIVED DONATED SERVICES FROM THE FLORIDA DEPARTMENT OF EDUCATION TOTALING \$130,994. THIS INCLUDES THE COMPENSATION REPORTED FOR THE PRESIDENT ON FORM 990, PART VII, SECTION A. IN ADDITION, THE FOUNDATION RECEIVED OFFICE SPACE AND THE USE OF OFFICE EQUIPMENT AT NO CHARGE FROM THE FLORIDA DEPARTMENT OF EDUCATION.

THE MEMBERS OF THE BOARD OF DIRECTORS PROVIDE VOLUNTEER SERVICES TO THE FOUNDATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE DRAFT FORM 990 IS REVIEWED BY THE FINANCE AND INVESTMENT COMMITTEE AND PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY DURING THE ANNUAL NOMINATING COMMITTEE, THE CONFLICT OF INTEREST STATEMENT AND REQUIRED DISCLOSURES ARE INCLUDED IN THE BOARD PACKET FOR EACH BOARD MEMBER TO REVIEW AND UPDATE AS NEEDED.

Employer identification number

Name of the organization 65-0530384 THE FLORIDA COLLEGE SYSTEM FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE. FORM 990, PART VII - ADDITIONAL INFORMATION THE PRESIDENT OF THE FOUNDATION IS AN EMPLOYEE OF THE FLORIDA DEPARTMENT OF EDUCATION. HER COMPENSATION IS AN IN-KIND CONTRIBUTION TO THE FOUNDATION. FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION MGT & GENERAL FUNDRAISING PROGRAM SERVICE OTHER PROFESSIONAL FEES \$ 18,134 207,364 PAGE 1 OF 1

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

Attachment Sequence No.

Internal Revenue Service Name(s) shown on return

THE FLORIDA COLLEGE SYSTEM

FOUNDATION, INC.

Identifying number

65-0530384 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1 500,000 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 14 during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 1,636 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 0 17 MACRS deductions for assets placed in service in tax years beginning before 2014 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (business/investment use (a) Classification of property placed in period only-see instructions) service 19a 3-year property b 5-year property 7-year property C 10-year property e 15-year property 20-year property S/L 25 yrs. 25-year property S/L 27.5 yrs MM Residential rental MM S/L property 27.5 yrs MM S/L 39 yrs. Nonresidential real MM S/L property Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs. b 12-year S/L MM 40 yrs. 40-year Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,636 22 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the 23

portion of the basis attributable to section 263A costs

Form 4562 (2014)

FLORIDA EDUCATION FOUNDATION State of Florida Direct Support Organization Annual Report Fiscal Year 2015-2016

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

Name, mailing address, telephone number and website address:
 The Florida Education Foundation, Inc.
 325 West Gaines Street, Room 1524
 Tallahassee, FL 32399-0400
 850-245-9692
 www.floridaeducationfoundation.org

- 2. Statutory Authority Florida Statute 1001.24
- Mission As a valued partner in public education, the Florida Education Foundation invests in high achievement for every student to contribute to Florida's globally competitive workforce.

Vision – Every Florida student graduates from high school ready for post-secondary education and a career.

Beliefs – The Florida Education Foundation believes high standards and school accountability inspire an educational environment in which the talents and capabilities of all learners are valued and respected. The Foundation believes that successful educational outcomes for all students and student groups are vitally important to the future of our communities, our state, and our nation. And the Foundation believes in the importance of reading as the fundamental basis for learning.

- 4. 3-Year Plan The new Strategic Focus of the Foundation was adopted by the Board of Directors in 2016. This new focus will concentrate on three areas.
 - Standards and Accountability Because standards and transparent accountability continue to inspire an environment in which the talents and capabilities of all learners are valued and respected, the Foundation will seek to strengthen the systems of standards and accountability in Florida and to lead in the advancement and evolution of these systems.

Initiatives

Parents play a vital role in the success of their students. With the
introduction of new standards, the Foundation recognized a gap in resources
available to parents to assist them in understanding the new standards and
strategies to help their children achieve success. The Foundation is

partnering with the Department of Education to produce a website and other communication tools to empower parents and guardians to be leaders of learning in their homes and classrooms. The project is supported with gifts from AT&T, State Farm and GE. The site will help parents understand the learning objectives of each grade, strategies to partner with teachers, and the best role that they can play to create a culture of achievement with their children. The purpose of the site is to increase public and parent awareness of specific standards and expectations for each grade level in core academic subjects and to gain easy access to credible information regarding standards, school accountability and other topics relevant to supporting parents in supporting their children.

- The Foundation and its Board are collaborating with the Commissioner's office to open a dialog about public education with the state's employment community. Serving as the convener, the Foundation is working with external partners to host a series of executive roundtables throughout the state to explore Florida's achievements in the standards and accountability era and to seek input and dialog on how we can strengthen Florida's education systems and strategies to meet the needs of students and employers in the future.
- Closing the Achievement Gap Because successful educational outcomes for all students and student groups are vitally important to the future of our communities, our state, and our nation, the Foundation will endeavor to raise the academic performance of Florida's lower performing student groups and close the achievement gap.

Initiative

o Florida leads the nation in closing the achievement gap and maintains this as a goal. Yet, little research exists that provides insight as to the factors that contributed to at-risk students achieving success in school. The Foundation has partnered with the Department of Education and the Consortium for Policy Research in Education to construct a research project loosely modeled on the work of Jim Collins in Good to Great. Of 48,000 Florida 9th graders identified as at-risk of dropping out of school, about 10 percent earned a year's worth of college credit. About 1.4 percent earned Bright Futures scholarships. What can these students, who transformed from at-risk to at-college, teach us about improving the educational and life outcomes of at-risk students currently in Florida schools? If funded, outcomes of the study will be used to inform further work in helping older students in at-risk circumstances find motivation and support for high achievement. Funding is currently being sought to implement this research and to build a strategy around its results.

Foundations for Achievement: Early Grades Reading – Because of the importance
of reading as a basis for all other learning, the Foundation will pursue systemic
changes in improving the reading capabilities of Florida children through grade
three.

Initiative

- O While there has been steady improvement in Florida's reading outcomes, the Foundation believes there are systemic improvements that can accelerate reading achievement even further. The Foundation has recently embarked on an exploratory project with the Department of Education to evaluate the systemic elements driving Florida's reading performance through grade 3. Research indicates that 80 percent of high school dropouts were struggling readers in 3rd grade. Given the correlations between early reading and long-term outcomes, success in this sector presents a significant opportunity to enhance Florida's workforce profile.
- 5. Code of Ethics A Code of Ethics Policy was approved by the Board of Directors on July 10, 2014. All current board members have signed a Code of Ethics Agreement form.
- 6. Rationale to continue the Florida Education Foundation. The Foundation
 - Remains true to its mission and is focused on strategies and initiatives closely aligned with the priorities of the Florida Department of Education (FDOE);
 - Serves as an efficient and necessary fiscal agent for statewide educational events;
 - Serves as an efficient and necessary fiscal agent for corporate and private grants that benefit PreK-12 education in Florida;
 - Exhibits sound fiscal management which is documented in its external audit;
 - Manages a privately funded endowment in support preK-12 education in Florida;
 - Is an effective vehicle for cultivating meaningful partnerships between the FDOE and other stakeholders; and
 - Is actively engaged in developing and successfully executing innovative programs such as the Commissioner's Business Roundtables, the Sunshine State Scholars initiative, the Commissioner's Business Recognition Awards program and the Florida Reads Best Collaborative.



Florida Education Foundation Board of Directors Code of Ethics

- (1) SOLICITATION OR ACCEPTANCE OF GIFTS.—No board member shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the board member would be influenced thereby.
- (2) UNAUTHORIZED COMPENSATION.—No board member shall, at any time, accept any compensation, payment, or thing of value when such board member knows that it was given to influence a vote or other action in which the board member was expected to participate in his or her official capacity.
- (3) MISUSE OF PUBLIC POSITION.—No board member shall corruptly use or attempt to use his or her official position or any property or resource which may be within his or her trust, or perform his or her official duties, to secure a special privilege, benefit, or exemption for himself, herself, or others.
- (4) DISCLOSURE OR USE OF CERTAIN INFORMATION.—A current or former board member may not disclose or use information not available to members of the general public and gained by reason of his or her official position, except for information relating exclusively to governmental practices, for his or her personal gain or benefit or for the personal gain or benefit of any other person or business entity.
- (5) VOTING CONFLICTS. —A board member may not vote on any matter that the board member knows would inure to his or her special private gain or loss. Any board member who abstains from voting in an official capacity upon any measure that the board member knows would inure to the board member's special private gain or loss, or who votes in an official capacity on a measure that he or she knows would inure to the special private gain or loss of any principal by whom the board member is retained or to the parent organization or subsidiary of a corporate principal by which the board member is retained other than an agency as defined in f.s. 112.312(2); or which the board member knows would inure to the special private gain or loss of a relative or business associate of the board member, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes.

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

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2015

Prepared for	FLORIDA EDUCATION FOUNDATION, INC. 325 W. GAINES ST., STE. 1532
	TALLAHASSEE, FL 32399
Prepared by	CARR, RIGGS & INGRAM, LLC 1713 MAHAN DRIVE TALLAHASSEE, FL 32308
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE.

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.

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

A	or the	e 2014 calendar year, or tax year beginning J[JL 1, 2014 and	ے ending	JUN 30, 2	015	
В	Check if	C Name of organization			D Employer i	dentifica	ation number
ē	pplicab	e:			, ,		
	Addre	FLORIDA EDUCATION FOUNI	DATION, INC.				
$\overline{}$	Name	Deine koningen	,		=	9-27	18509
F	Initial	Number and street (or P.O. box if mail is not deliv	vered to street address)	Room/suite			10303
\vdash	return Final	325 W CATMES OF STE		1100m/suite	The state of the s	850)	245-9983
	⊸return termir				The state of the s		
Г	ated Amen		tir of foreign postal code		G Gross receipts		1,431,535.
H	return		TV DIEDCE		H(a) Is this a g		
	tion pendi	F Name and address of principal officer: TRAC	I PIEKCE				Yes X No
	_	SAME AS C ABOVE	4 (france) 1 10 17()(4)				luded? Yes No
			(insert no.) 4947(a)(1)	or 527			st. (see instructions)
		te: WWW.FLORIDAEDUCATIONFOU			H(c) Group ex		
		organization:	ociation Other	L Year	of formation: 15	85 M	State of legal domicile: FL
Pa	art I	Summary					· · · · · · · · · · · · · · · · · · ·
è	1	Briefly describe the organization's mission or most					
and		ADMINISTER PROPERTY AND TO					
ern	2	Check this box if the organization discon		sed of more	e than 25% of its	net ass	ets.
ò	3	Number of voting members of the governing body (. 3	10
& Governance	4	Number of independent voting members of the gov					10
es	5	Total number of individuals employed in calendar ye					0
Ϋ́	6	Total number of volunteers (estimate if necessary) .				. 6	14
Activities	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12			. 7a	0.
_	b	Net unrelated business taxable income from Form 9	990-T, line 34			. 7b	0.
					Prior Year		Current Year
ø	8	Contributions and grants (Part VIII, line 1h)			608,1	76.	866,504.
Revenue	9	Program service revenue (Part VIII, line 2g)			369,8	320.	416,890.
eve	10	Investment income (Part VIII, column (A), lines 3, 4,			141,8		148,141.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				0.	0.
	12	Total revenue - add lines 8 through 11 (must equal I			1,119,8	332.	1,431,535.
W.	13	Grants and similar amounts paid (Part IX, column (A			193,9		124,672.
	14	Benefits paid to or for members (Part IX, column (A)		2014 (CONTRACTOR CONTRACTOR CONTR		0.	0.
s	15	Salaries, other compensation, employee benefits (P				0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin				0.	0.
per	h	Total fundraising expenses (Part IX, column (D), line		0.			<u> </u>
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d,			941,9	36.	998,620.
		Total expenses. Add lines 13-17 (must equal Part IX			1,135,8		1,123,292.
	1	Revenue less expenses. Subtract line 18 from line 1		0.0000000000000000000000000000000000000	-16,0		308,243.
or		Tievende lede experieder dabitaet inte te neut inte			eginning of Curren		End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			4,748,0		4,976,086.
Ass Ba	21	Total liabilities (Part X, line 26)			211,8		290,846.
Vet	22	Net assets or fund balances. Subtract line 21 from	ine 20		4,536,1		4,685,240.
	art II	Signature Block	ine 20		4,550,1	. 50 .	4,000,240.
_		alties of perjury, I declare that I have examined this return, i	neludina accompanyina cohodula	e and etator	anto and to the h	act of my	knowledge and heliaf it is
		ot, and complete Declaration of preparer (other than officer				1.70	knowledge and beller, it is
ue	, correc	, and complete Declaration of preparer (other trial office)) is based on an information of wi	ilicii prepare	i ilas ally kilowieu	Jt.	
٥.		Signature of officer			Date		
Sig			TE DIRECTOR		Dato		
Her	e	TRACY PIERCE , EXECUTIVE Type or print name and title	/E DIRECTOR				
		· · · ·	D	1	Date	Chaple	7 PTIN
ъ.			Preparer's signature			Check	
Paid		MARK JONES	TD 3.14 - T = G			self-employed	
	arer	Firm's name CARR, RIGGS & INC	RAM, LLC		Firm's	EIN 🛌	72-1396621
Use	Only	Firm's address 1713 MAHAN DRIVE	2220		No.		
		TALLAHASSEE, FL			Phone	no. (85	
May	the II	RS discuss this return with the preparer shown abou					X Yes No
4320	01 11-0	7-14 LHA For Paperwork Reduction Act Notice	e, see the separate instruction	ons.			Form 990 (2014)

FLORIDA EDUCATION FOUNDATION, INC. Form 990 (2014) 59-2718509 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes, " complete Schedule C, Part I 3 X 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 4 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 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 6 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 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 9 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 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 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 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 14b

Form 990 (2014)

16

17

18

19

20a

X

X

X

X

X

15

17

18

19

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

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

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

foreign organization? If "Yes," complete Schedule F, Parts II and IV

Form 990 (2014) FLORIDA EDUCATION 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	21	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	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	o the state of the	24b		
С	the delicase			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	25a		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	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			Miles
	instructions for applicable filing thresholds, conditions, and exceptions):			
	, , , , , , , , , , , , , , , , , , ,	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			A 251
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014)

Form 990 (2014) FLORIDA EDUCATION FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a		Check if Schedule O contains a response or note to any line in this Part V					
1a Entor the number of pome WSQ of Form 1096. Enter -0" in not applicable 1b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						Yes	No
be finet the number of Forms W-2G included in line 1a. Enter o-1/8 not applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	74			110
combined within part of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamilling) withings to prize withinsers? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines Ta and 2s is greater than 250, you may be required to e-file (see instructions) 3a Variable Varia							
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fleef of the calendar year ending with or within the year covered by this return 15 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Was file the sum of lines 1a and 2a is greater than 255, you may be required to e-file (see instructions) 3b Us the organization have unrelated business greater in the 255 on the sum of lines 25, provide an explanation in Schedule C 3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C 3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C 3c At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country. 5b If "Yes," a fire the sum of the foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any other was the securities of the country of the organization and provides that are normally greater than \$100,000, and did the organization solicit any contributions that the was not tax deductible as charitable contributions? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited did the organization solicit any contributions that may receive deductible contributions under section 170(c). 5d If "Yes," and the organization include with every solicitation an express statement that auch contributions or gifts were not tax deductible? 6d If we are included the organization include with every solicitation and express statement that auch contributions or gifts were not tax deductible. 7d If If If If If I			eporta	ble gaming			
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fleef of the calendar year ending with or within the year covered by this return 15 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Was file the sum of lines 1a and 2a is greater than 255, you may be required to e-file (see instructions) 3b Us the organization have unrelated business greater in the 255 on the sum of lines 25, provide an explanation in Schedule C 3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C 3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C 3c At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country. 5b If "Yes," a fire the sum of the foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any other was the securities of the country of the organization and provides that are normally greater than \$100,000, and did the organization solicit any contributions that the was not tax deductible as charitable contributions? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited did the organization solicit any contributions that may receive deductible contributions under section 170(c). 5d If "Yes," and the organization include with every solicitation an express statement that auch contributions or gifts were not tax deductible? 6d If we are included the organization include with every solicitation and express statement that auch contributions or gifts were not tax deductible. 7d If If If If If I		(gambling) winnings to prize winners?			1c	x	
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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990-1 for this year? If "No," to line 3b, provide an explanation in Schedule O 3b A at any time during the calendary 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 accountly? 4a X b If "Yes," extert the name of the foreign country (such as a bank account, securities account, or other financial accountly? 5a Was the organization have unrelated for FinCDH Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization that it was or is a party to a prohibited tax shelter transaction? 5b Was 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? 6a X b If "Yes," idle the organization include with veve yeclicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," idle the organization nority the donor of the value of the goods or services provided? 7c Did the organization receive a psyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c A Y 7d If "Yes," indicate the number of Forms 8282 filed during the year 9c Did the organization selection and party and p	2a						
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	0			
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3	b		rns?		2b		
3a							
b if "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O A any time during the calendary year, diff the organization have an interest in, or a signature or other earthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) in a foreign country (such as a bank account, securities account, or other financial account) in a foreign country (such as a bank account, securities account, or other financial account) in a foreign country (such as a bank account, securities account, or other financial account) in a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization as party to a prohibited tax shelter transaction at the vary of the prohibited tax shelter transaction? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as chariable contributions. 6c Was the organization than any secretic eductible contributions under section 170(c). 7b Uses, did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a Was if were not tax deductible? 7b If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a Was if yes, indicate the number of Forms 8282 filed during the year payment of the goods or services provided? 7c Vas if the organization received any funds, directly or indirectly, on a personal benefit contract? 7c Was if the organization received any funds, directly or indirectly, on a personal benefit contract? 7b Did the organization was a distribution of qualified intellectual property, did the organizatio	За	Did the appropriation have considered by since a great income of \$1,000 and the since			3a		X
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand 13c lida Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Did the appropriate process and distribution to a depay depay of its annual depay of the appropriate process and t					
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b		10b				
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amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Gross income from members or shareholders	11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Gross income from other sources (Do not net amounts due or paid to other sources against			- 6		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)	11b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а				13a		
organization is licensed to issue qualified health plans							
c Enter the amount of reserves on hand	b		I	i			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			Section 1				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							
		, , , , , , , , , , , , , , , , , , , ,					X
	b	ir "Yes," has it filed a Form /20 to report these payments? If "No," provide an explanation in Schedul	e O			000	1001

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent		1=13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	9	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	13.5		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	14		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.		v. n. 1773	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DEB SCHROEDER - (850) 245-9671			
	325 W. GAINES ST., STE 1524, TALLAHASSEE, FL 32399			

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

(A) Name and Title	(B)	Desition		(D)	(E)	(F)				
Name and Title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	cer an	d a d	irecto	or/trus	stee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	83			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		8	Suadu		(W-2/1099-MISC)		organization
	below	Individual trustee or director	institutional trustee		nploy	st con				and related organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ORLANDO GOMEZ	5.00									
DIRECTOR		X						0.	0.	0.
(2) PIYUSH PATEL	5.00									
DIRECTOR		X						0.	0.	0.
(3) ALAN LEVY	5.00									
DIRECTOR		X						0.	0.	0.
(4) CONNIE SMITH	5.00									
DIRECTOR		X						0.	0.	0.
(5) MARY CHANCE	5.00									
EX-OFFICIO DIRECTOR		X						0.	0.	0.
(6) JOE YORK	5.00									
DIRECTOR		X						0.	0.	0.
(7) CHRISTIE BASSETT	5.00							800		
EX-OFFICIO DIRECTOR		X						0.	0.	0.
(8) BRUCE O'DONOGHUE	5.00									
DIRECTOR		X				_		0.	0.	0.
(9) MAUREEN WILT	5.00							_ 1	_	
DIRECTOR	F 00	Х					_	0.	0.	0.
(10) STACY CARLSON	5.00								_	
CHAIRMAN	F 00			X		ļ .		0.	0.	0.
(11) JIM THOMPSON	5.00								-	
VICE-CHAIR	F 00			X				0.	0.	0.
(12) NATHAN A. ADAMS, IV	5.00			х				•		_
TREASURER	F 00			X		-		0.	0.	0.
(13) JENNIFER GROVE	5.00			х				0.	_	•
SECRETARY (14) MARK LED WEDNOOFF	40.00			Λ				0.	0.	0.
(14) MARY LEE KIRACOFE	40.00			х				0.	72 000	10 070
EXECUTIVE DIRECTOR				Δ				0.	72,000.	18,279.

Form 990 (2014)

		EDUCATIO								59-271	8509	F	age 8
Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more erson	than is bot	th an	(D) Reportable compensation from	(E) Reportable compensation from related	aı	(F) stimat mount other	t of r
										organizations (W-2/1099-MISC)	org an	npensi rom th ganiza nd rela anizat	ne ition ited
12													
				00.00									
												511 - 100	
													-
											-		
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
-													
	Sub-total Total from continuation sheets to Part							>	0.	72,000		8,2	279.
	Total (add lines 1b and 1c) Total number of individuals (including but					<u></u>		>	0.	72,000		8,2	79.
	compensation from the organization	not innited to th		11516		DOV	e) w	10 16	eceived more than \$100	,,000 of reportable	1000		0
3	Did the organization list any former office											Yes	No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the										3		X
	and related organizations greater than \$1	50,000? If "Yes,	" CO	mple	ete S	Sche	edul	e J f	or such individual		4		х
5 	Did any person listed on line 1a receive or rendered to the organization? If "Yes," co										5		x
Sec 1	tion B. Independent Contractors Complete this table for your five highest of	compensated inc	depe	ende	nt c	onti	racto	ors ti	hat received more than	\$100.000 of comper	sation	from	
	the organization. Report compensation for								the organization's tax				
	(A) Name and busines	s address	N	ONI	3				(B) Description of s	services	Compe	C) ensatio	on
		<u> </u>					- 50 Star 100	1	V 101000 111111111 10 10 10 10 10 10 10 1				
2	Total number of independent contractors		ot lir	mite	d to		_	sted	above) who received m	nore than		3.500	
	\$100,000 of compensation from the organ	nization >			-		0				Form	990	(2014)

0. 148,141. Form **990** (2014)

		(2014) FLOR	IDA EDUCA	ATION FOU	NDATION, I	NC.	59-271	8509 Page 9
Pa	rt VII			X(8)(1932)				
		Check if Schedule O cont	tains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a		- ENTRY			0.201
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
s, C	С	Fundraising events	1c					
Gift	d							
imi	е	Government grants (contribut						
tior sr S	f	All other contributions, gifts, gran	nts, and					
ig t		similar amounts not included abo	ove 1f	866,504.				
dat	g	Noncash contributions included in lines	s 1a-1f: \$					
<u>a</u> <u>C</u>	h	Total. Add lines 1a-1f			866,504.			
		WERE STORY OF THE CONTROL OF THE CON		Business Code				
ce	2 a	CONFERENCE REGI	ISTRATIO	900099	416,890.	416,890.		
er.	b							
Program Service Revenue	С							
Jev Jev	d							
rog L	е							
Δ		All other program service reve						
_		Total. Add lines 2a-2f			416,890.			
	3	Investment income (including			00 -10			
		other similar amounts)			80,512.			80,512.
	4	Income from investment of ta		· · · · · · · · · · · · · · · · · · ·				-
	5	Royalties						
		2	(i) Real	(ii) Personal				
	6 a							
	b	Less: rental expenses						
		Rental income or (loss) Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
-	/ a	assets other than inventory	67,629	1				
	h	Less: cost or other basis	01,025					
	ь	and sales expenses	0.					
	_	Gain or (loss)						
		Net gain or (loss)		(0)	67,629.			67,629.
		Gross income from fundraisin			01,023.			01,029.
Other Revenue	-	including \$						
eve		contributions reported on line						
<u>بر</u>		Part IV, line 18	Ø.					
흁	b	Less: direct expenses		1000				
١	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities		1000			
	10 a	Gross sales of inventory, less	returns					
		and allowances						
		Less: cost of goods sold						
1	С	Net income or (loss) from sale	s of inventory		· volume talk			
		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
	С							
	d	All other revenue						1

	Check if Schedule O contains a respons	se or note to any line in t	Inis Part IX	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		- 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 198		
	and domestic governments. See Part IV, line 21	13,632.	13,632.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	111,040.	111,040.		
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	- 200			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	265,653.	243,691.	21,962.	
12	Advertising and promotion	110.		110.	
13	Office expenses	42,486.	39,844.	2,642.	
14	Information technology			•	
15	Royalties				
16	Occupancy		50 803		
17	Travel	34,211.	25,174.	9,037.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		1		
19	Conferences, conventions, and meetings	653,173.	647,118.	6,055.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	2,987.		2,987.	
b		_,,,,,,		2,501.	
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,123,292.	1,080,499.	42,793.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			22,755.	0.
	Check here if following SOP 98-2 (ASC 958-720)		a	AT .	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash - non-interest-bearing 97,197. 56,848. 1 1 Savings and temporary cash investments 2 1,870,660. 2,235,935. 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 1,472. 4,655. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 340. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 2,778,696. 12 2,678,308. 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,748,025. 4,976,086. 16 Accounts payable and accrued expenses 19,114. 17 15,445. 17 18 Grants payable 18 169,767. 19 Deferred revenue 252,445. 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees. Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 22,954. 25 22,956. Total liabilities. Add lines 17 through 25 211,835. 26 290.846. Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 3,229,674. 3,181,845. 27 1,306,516. Temporarily restricted net assets 28 1,503,395. 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 4,536,190. 33 4,685,240. 4,748,025. Total liabilities and net assets/fund balances 4,976,086.

Form 990 (2014)

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2014)

3a

X

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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

Inspection

Internal Revenue Service Name of the organization

Employer identification number

		FLOR	IDA EDUCAT	ION FOUNDAT	ION, I	NC.	5	9-2718509	
Par	tl	Reason for Public (
ne o	rgani	zation is not a private found							
1 [A church, convention of ch)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
з [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							
5 [section 170(b)(1)(A)(iv). (C		onege or amiration, and				107.070 10.0	
ا ۾	\neg	A federal, state, or local gov		mental unit described i	n section 1'	70/h)/1\/Δ\/	w)		
6 L	v	An organization that norma						public described in	
,		section 170(b)(1)(A)(vi). (Co		arriar part of its suppor	t nom a gov	ommontar	anic or norm the general	pablic accorded in	
٦ [\neg			V4VAVvi) (Complete B	art II)				
8 [=	A community trust describe				aantributio	na mambarahin fasa a	nd grass resaints from	
9 [An organization that norma							
		activities related to its exen							
		income and unrelated busin		e (less section 511 tax)	from busine	esses acqu	ired by the organization	aπer June 30, 1975.	
		See section 509(a)(2). (Cor	3 Contra Contra 2 Printing AV - SC 199 Contra AV 10 CC AV						
0	=	An organization organized a			And the state of t			a Senantika antikosa no oseka rosasa rito ♣ s proeffero s versinisti	
11		An organization organized a							
		more publicly supported or						Check the box in	
		lines 11a through 11d that							
а		Type I. A supporting orga							
		the supported organization	on(s) the power to re	egularly appoint or elec	t a majority	of the direc	ctors or trustees of the s	supporting	
		organization. You must o							
b		Type II. A supporting org	anization supervise	d or controlled in conn	ection with i	ts supporte	ed organization(s), by ha	iving	
		control or management of	of the supporting org	ganization vested in the	same pers	ons that co	ntrol or manage the sup	ported	
		organization(s). You mus	t complete Part IV	, Sections A and C.					
С		Type III functionally inte	egrated. A supportin	ng organization operate	ed in connec	ction with, a	and functionally integrat	ed with,	
		its supported organizatio	n(s) (see instruction	ns). You must complet	e Part IV, S	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A sup	porting organization or	erated in co	nnection v	vith its supported organi	ization(s)	
		that is not functionally int							
		requirement (see instruct							
_		Check this box if the orga							
_	-	functionally integrated, o							
f	Ente	er the number of supported		,	5 5				
,		vide the following information		ted organization(s).					
9		i) Name of supported	(ii) EIN	(iii) Type of organizatio	n (iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
		organization		(described on lines 1-9	governing	in your document?	support (see	other support (see	
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)	
				(ace marructions))				 	
			1						
			-						
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LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 FLORIDA EDUCATION FOUNDATION, INC. 59-2718509 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar 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.")	800,857.	1773924.	1991739.	608,176.	866,504.	6041200.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	111111111111111111111111111111111111111					
	furnished by a governmental unit to						
	the organization without charge	152,493.	156,721.	148,456.	151,150.	115,642.	724,462.
4	Total. Add lines 1 through 3	953,350.			759,326.		
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.						6765662.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	953,350.	1930645.	2140195.	759,326.	982,146.	6765662.
	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	26,407.	34,970.	104.820.	141.836.	148,141.	456,174.
9	Net income from unrelated business	20,20,1	32/3.00	202,0200			200/2/20
J	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	-27 1 24					
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7221836.
	Gross receipts from related activities,	etc (see instructi	ons)			12 1	,597,518.
	First five years. If the Form 990 is for						755775101
10	organization, check this box and stop						
Se	ction C. Computation of Publ			***************************************			
14	5.111			column (f))		14	93.68 %
15						15	95.06 %
	a 33 1/3% support test - 2014. If the						
	stop here. The organization qualifies						XX-1000 (100) (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (100) (100) (100) (1000 (100) (10
ŀ	33 1/3% support test - 2013. If the						
•	and stop here. The organization qual						
17:	10% -facts-and-circumstances tes						
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					State and respectively to the first of the state of the s	The state of the s
	10% -facts-and-circumstances tes						
	more, and if the organization meets to						
	organization meets the "facts-and-cire				170		
12							
10	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 Schedule A (Form 990 or 990-FZ) 2014						

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

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

Sec	ction A. Public Support						
Cale	ndar 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						2
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
- 1	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6							
	Total. Add lines 1 through 5						
18	Amounts included on lines 1, 2, and						
k	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)	arial and the					
	ction B. Total Support	(constitution of the constitution of the const			1		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(a) 2010	(b) 2011	(0) 2012	(u) 2013	(6) 2014	(I) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		**				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		100				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		2				
13	Total support. (Add lines 9, 10c, 11, and 12.)			2787712			
	First five years. If the Form 990 is fo		s first, second, thin	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organi	zation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2014 (column (f))		15	%
	Public support percentage from 2013					16	%
	ction D. Computation of Inve						70
	Investment income percentage for 20			ne 13. column (fl)	***************************************	17	%
	Investment income percentage for 20					18	%
	a 33 1/3% support tests - 2014. If the						
196	more than 33 1/3%, check this box a						
Į.							
r.	33 1/3% support tests - 2013. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on alla not check a	DUX OH HITE 14, 19	a, or 190, check th	ilis dox and see ins	STRUCTIONS	

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer (b) below.
 - 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.)

	Yes	No
1		
2		
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3b		
30		n.
3c		
4a		
4b		
4c		
5a		
18 19 3		
5b 5c		
6		
7		
8		
9a		
Oh		
9b		
9c		
10a		
10b		16
	90-F7	2014

Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A family member of a person described in (a) above?	11b		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			-10000
	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		2018	
	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		
Sec	tion 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		
Sec	tion D. 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	7.5		
	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		
Sec	tion 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):			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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			111
	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.	leffe.		
а	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	3h		

	dule A (Form 990 or 990-EZ) 2014 FLORIDA EDUCATION FOUND			59-2718509 Pag
Pai	, , , , , , , , , , , , , , , , , , ,			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	T
ect	on 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		
ect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	100.30		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
ect	on 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		

Schedule A (Form 990 or 990-EZ) 2014

Sche	edule A (Form 990 or 990-EZ) 2014 FLORIDA EDUC	ATION FOUNDATIO	N, INC. 5	9-2718509 Page 7
Pa	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	S	
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.	and a gammanan to responding		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	/:::\
		Excess Distributions	(") Underdistributions	(iii) Dietributeble
Sect	ion E - Distribution Allocations (see instructions)	Execus Distributions	Pre-2014	Distributable
1	Distributable amount for 2014 from Section C, line 6		F16-2014	Amount for 2014
2	Underdistributions, if any, for years prior to 2014			
0.000	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а	Excess distributions carryover, if arry, to 2014.			
<u>a</u>				
c d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u> </u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	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			
Total S	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7:			
а				

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013e Excess from 2014

Supplemental Information. Provide the explanation	ON FOUNDATION, INC. 59-2718509 Pons 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	e instructions).
	*
- ALM CALM TO THE TOTAL THE TOTAL TO	

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, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

Employer identification number

	FL	RIDA EDUCATION FOUNDATION	N, INC.	59-2718509			
Organizati	ion type (check or						
Filers of:		ection:					
Form 990 c	or 990-EZ	501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not tr	eated as a private foundation				
		527 political organization					
Form 990-P	PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treate	d as a private foundation				
		501(c)(3) taxable private foundation					
	a section 501(c)(7	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both	າ the General Rule and a Special Ru	lle. See instructions.			
☐ Fo	or an organization operty) from any (ng Form 990, 990-EZ, or 990-PF that received, do contributor. Complete Parts I and II. See instru	uring the year, contributions totaling ctions for determining a contributor	g \$5,000 or more (in money or stotal contributions.			
Special Ru	iles						
se an	ections 509(a)(1) a ny one contributor	scribed in section 501(c)(3) filing Form 990 or 99 170(b)(1)(A)(vi), that checked Schedule A (Form uring the year, total contributions of the greater of 1. Complete Parts I and II.	990 or 990-EZ), Part II, line 13, 16a,	or 16b, and that received from			
ye	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.						
ye: is (pu	ar, contributions e checked, enter he irpose. Do not cor	scribed in section 501(c)(7), (8), or (10) filing Form flusively for religious, charitable, etc., purposes, the total contributions that were received during lete any of the parts unless the General Rule apply, contributions totaling \$5,000 or more during to	out no such contributions totaled mo the year for an exclusively religious plies to this organization because it	ore than \$1,000. If this box , charitable, etc., received <i>nonexclusively</i>			
out it must	answer "No" on F	s not covered by the General Rule and/or the Sp : IV, line 2, of its Form 990; or check the box on I filing requirements of Schedule B (Form 990, 99	ine H of its Form 990-EZ or on its Fo	B (Form 990, 990-EZ, or 990-PF), orm 990-PF, Part I, line 2, to			

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

Name of organization

Employer identification number

FLORIDA EDUCATION FOUNDATION, INC.

59-2718509

Part I	Contributors	(see instructions).	Use duplicate copies of Part	I if additional space is needed.
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Parti	Continuators (see instructions). Ose duplicate copies of Part III additional		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AT&T 208 SOUTH ADARD, SUITE 100 DALLAS, TX 75202	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BILL & MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102	\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HELIOS EDUCATION FOUNDATION 2415 EAST CAMELBACK ROAD, SUITE 500 PHOENIX, AZ 85016	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY 3 STATE FARM PLAZA BLOOMINGTON, IL 61791	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MACY'S FOUNDATION 7 W SEVENTH ST CINCINNATI, OH 45202	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FLORIDA LEAGUE OF CITIES TOTAL PO BOX 1757 TALLAHASSEE, FL 32302	\$\$	Person X Payroll
423452 11-0	75-14	Schedule B (Form	990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

FLORIDA EDUCATION FOUNDATION, INC.

59-2718509

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FLORIDA LOTTERY TOTAL 250 MARRIOTT DRIVE TALLAHASSEE, FL 32301	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FLORIDA EDUCATION FOUNDATION, INC.

59-2718509

	Noncash Property (see instructions). Use duplicate copies of Pa	it ii ii additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization Employer identification number FLORIDA EDUCATION FOUNDATION, 59-2718509 INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. (c) Use of gift from (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

organization a Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yea" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of fam for public sele (e.g., recreation or education) Preservation of a historically important land area Preservation of pen space 2 Complete intens 2 through 2 if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements and certified historic structure included in (a) 2e 40 40 40 40 40 40 40 4		FLORIDA EDUCATION FOUNDATION, INC.	59-2718509
Total number at end of year Aggregate value of contributions to (during year) Aggregate value and of year Aggregate value and other advisors in writing that the assets held in donor advisord funds are the organization inform all denors and donor advisors in writing that the assets held in donor advisord funds are the organization inform all grantees, chones, and donor advisors in writing that grant funds can be used only for charitable purpose and not for the benefit of the donor or donor advisor, or for any other purpose contering interpretation or the properties of the donor or donor advisor, or for any other purpose contenting purposes and not for the benefit of the donor or donor advisor, or for any other purpose contenting purposes and not for the benefit of the donor or donor advisor, or for any other purpose contenting purposes and the purpose and not for the benefit of the donor or donor advisor, or for any other purpose of conservation assements. Complete if the organization include all that apply. Preservation of land for public use (e.g., recreation or education) Preservation of a contribed historic structure Preservation of land for public use (e.g., recreation or education) Preservation of a contribed historic structure Preservation of a conservation easement Preservation of the conservation easement Preservation of conservation easements Preservation of conservation easements on a conflict of historic structure included in (a) 2e 2 2 2 2 2 2 2 2	Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of and of year 5 Did the organization in form all donors and donor advisors in writing that the assets hold in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 5 Did the organization in sprant and donors and donor advisors in writing that the assets hold in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring membrates the property of the donor or donor advisor, or for any other purpose conferring membrates are property of the donor or donor advisor, or for any other purpose conferring membrates are property of the donor or donor advisor, or for any other purpose conferring membrates are property of the donor or donor advisor, or for any other purpose conferring membrates are property of the donor or donor advisor, or for any other purpose conferring membrates are property of the donor or donor advisor or any other purpose conferring membrates are property of the donor or donor advisor or any other purpose conferring membrates are property of the donor or donor advisor or any other purpose conferring membrates are property of the donor or donor advisor or any other purpose conferring membrates are property of the donor or donor advisor or any other purpose conferring membrates are property of the donor or donor advisor or any other purpose conferring membrates are property of the donor or donor advisor of any other purpose conferring membrates are property of the donor or donor advisor of a conferring membrate are donor donor advisor of a conferring membrate are donor d		organization answered "Yes" to Form 990, Part IV, line 6.	
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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. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 2 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 ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) 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 toxt 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. 1a 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, p			storic structure
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a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements in sociated Number of states where property subject to conservation easements in lotated Number of states where property subject to conservation easements in located Number of states where property subject to conservation easements upperture to the organization of the conservation easements during the year No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year No Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(n)(4)(B)(i) and section 170(n)(4)(B)(ii) 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 horganization include in fact the footnote of the footnote of the organization easements in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public ex		day of the tax year.	
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2c 3c			Held at the End of the Tax Year
c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 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)(f)) and section 170(h)(4)(B)(f)(f)? 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. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), no 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 hel	а	Total number of conservation easements	2a
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	b	Total acreage restricted by conservation easements	2b
listed in the National Register	С	Number of conservation easements on a certified historic structure included in (a)	2c
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)(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. 1a 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: (i) Revenue included in Form 990, Part X \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
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Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?	6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	he year 🕨
and section 170(h)(4)(B)(ii)?	7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear > \$
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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. 1a 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: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1		include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	ganization's accounting for
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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: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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: a Revenue included in Form 990, Part VIII, line 1	1		
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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: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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: a Revenue included in Form 990, Part VIII, line 1 S			public service, provide, in Part XIII,
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the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1	2		
a Revenue included in Form 990, Part VIII, line 1			
	а		. • \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.	CATION FOUND	ATION, INC.	59-2718509 Page
Complete if the organization answered "Yes" t	o 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		ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) MUTUAL FUNDS	2,678,308	. END-OF-YEAR MA	ARKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			•
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,678,308		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" t	o Form 990, Part IV, line	11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" to		11d. See Form 990, Part X, line	15.
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
	- Form 000 Dest N/ Ii	1111/ 0 5	();
Complete if the organization answered "Yes" to (a) Description of liability	b Form 990, Part IV, line	(b) Book value	K, line 25.
<u>"/////////</u>		(b) Book value	
(1) Federal income taxes (2) DUE TO RECIPIENT		22 056	
		22,956.	
(3)			
(4)			
(5)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 22,956. 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

Schedule D (Form 990) 2014

SCHEDULE I (Form 990)

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

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

▶ Attach to Form 990.

OMB No. 1545-0047	2014	Open to Public	Inspection
			-

Employer identification number

59-2718509

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

INC.

FOUNDATION

FLORIDA EDUCATION

Name of the organization

Department of the Treasury Internal Revenue Service

Schedule I (Form 990) (2014) å (h) Purpose of grant or assistance X Yes 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 GENERAL 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 000'9 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization BROWARD COUNTY PUBLIC SCHOOLS 600 SOUTHEAST THIRD AVENUE FORT LAUDERDALE, FL 33301 or government Part Part II

FLORIDA EDUCATION FOUNDATION, INC. Schedule I (Form 990) (2014)

Page 2

59-2718509

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. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TEACHER OF THE YEAR AWARD	143	101 000	0		
SERVICE AWARDS	ľ	638.	0		
LITERACY LEADER AWARDS AND CELEBRATE LITERACY PSA CONTEST WINNER AWARDS	19	8 250	0		
MJ BROGAN EXCELLENCE IN TEACHING AWARD	1	1,000.	0		
DISTRICT DATA LEADER OF THE YEAR AWARD	1	152.	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	uired in Part I, line	2, Part III, column	(b), and any other ac	ditional information.	

PART I, LINE 2:

SERVICE AND THERE ARE NO THEIR THE RECIPIENT IS PROVIDED AN AWARD BASED ON

RESTRICTIONS ON WHAT THE FUNDS CAN BE USED FOR.

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.

► 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.

2014
Open to Public Inspection

Name of the organization

FLORIDA EDUCATION FOUNDATION, INC.

Employer identification number 59-2718509

Schedule O (Form 990 or 990-EZ) (2014)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF PUBLIC PRE-KINDERGARTEN THROUGH 12TH GRADE EDUCATION IN FLORIDA FOR
THE PURPOSE OF ENHANCING EDUCATION EXCELLENCE IN THE PUBLIC SCHOOLS OF
FLORIDA.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORGANIZATIONS AND ADVANCES STATEWIDE EDUCATIONAL INITIATIVES
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
VARIOUS MISCELLANEOUS PROGRAM FUNDS.
EXPENSES \$ 390,687. INCLUDING GRANTS OF \$ 113,440. REVENUE \$ 119,305.
FORM 990, PART VI, SECTION B, LINE 11:
COPY IS PROVIDED BY OUTSIDE AUDITOR TO EXECUTIVE DIRECTOR WHO REVIEWS WITH
OPERATIONS MANAGER. COPY IS THEN FORWARDED TO THE BOARD OF DIRECTORS
EXECUTIVE COMMITTEE FOR REVIEW.
FORM 990, PART VI, SECTION C, LINE 19:
ORGANIZATION PROVIDES GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS UPON
REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
PROG EXP PROF SVCS - MURDOCK :
PROGRAM SERVICE EXPENSES 20,046
MANAGEMENT AND GENERAL EXPENSES 0
FUNDRAISING EXPENSES 0

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

Schedule O (Form 990 or 990-EZ) (2014)

432212 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)		Page 2
Name of the organization FLORIDA EDUCATION FOUNDATION, INC.	Employer identification i	number
MANAGEMENT AND GENERAL EXPENSES	21,	962.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES	21,	962.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	265,	653.
FORM 990, PART XII, LINE 2C		***
THERE HAVE BEEN NO CHANGES.		
		100
		
<u> </u>		
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

2014

OMB No. 1545-0047

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

INC.

Open to Public Inspection

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

FLORIDA EDUCATION FOUNDATION,

Employer identification number 59-2718509

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
		,				
Part II Identification of Related Tax-Exempt Organizations Complete organizations during the tax year.	ations Complete if the organization a	if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 bec	ause it had one	or more related tax-exer	ıpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section s	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
				501(0)(3))		Yes No
ARTMEN INES S					FLORIDA DEPARTMENT OF	
TALLAHASSEE, FL 32399	GOVERNMENT ENTITY	FLORIDA			EDUCATION	×
				3		

35

Schedule R (Form 990) 2014

59-2718509 Page 2

Schedule R (Form 990) 2014 FLORIDA EDUCATION FOUNDATION, INC.

Part III

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

(i) (k) General or Percentage managing ownership partner?			
(j) General or managing partner?			
Code V-UBI camount in box more constitution of Schedule K-1 (Form 1065) w			
(h) Disproportionate allocations?			
(g) Share of end-of-year assets			
(f) Share of total income	-		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
(d) Direct controlling entity			
(c) Legal domicile (state or foreign country)			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

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

(E)	Section 512(b)(13) controlled entity?	Yes No	TAT -							
-	Se 512	Yes		 _						
(f)	Percentage ownership									
(6)	Share of end-of-year									
(£)	Share of total income									
(e)	Type of entity (C corp, S corp, or trust)	(some to								
(p)	Direct controlling Type of entity (C corp, S corp, or trust)		8148							
(0)	Legal domicite (state or foreign	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014 FLORIDA EDUCATION FOUNDATION, INC.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	٥
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	in Parts II-IV?		なり
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	4			-	×
b Gift, grant, or capital contribution to related organization(s)				۰	×
(8)			10	0	×
d Loans or loan guarantees to or for related organization(s)				-	×
			7		 >
 Loans or ioan guarantees by related organization(s) 			9	0	4
f Dividends from related organization(s)			*	-	×
g Sale of assets to related organization(s)			10	5	×
h Purchase of assets from related organization(s)			=		×
			=		×
i Lease of facilities, equipment, or other assets to related organization(s)			-		×
(2)					
k Lease of facilities, equipment, or other assets from related organization(s)			* * * * * * * * * * * * * * * * * * *		×
	anization(s)		=	_	×
m Performance of services or membership or fundraising solicitations by related organization(s)	lanization(s)		æ L	=	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	rtion(s)		1	_	×
			10	×	
				10/19 BH- 1	
p. Reimbursement paid to related organization(s) for expenses			10		×
			-		×
					\ \ \ \ \
r Other transfer of cash of property to related organization(s)			=		4 >
s Other transfer of cash or property from related organization(s)			18	S	4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	þ	
(1) FLORIDA DEPARTMENT OF EDUCATION	0	115,642.	,642.FAIR MARKET VALUE		
(2)					
(8)					
(4)					
(5)					
422163 08.14.14	37		Schedule B (Form 990) 2014	orm 990)	2014

Page 4

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

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

ulat was not a related organization. See instructions regarding excusion for certain investment parties in par	Structions regarding exclusion	Sidi lor certain inv	estillerit partifersinps.				3		5	1.0
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	Predominant income particle (related, unrelated, excluded from tax under	Are all 501(c)(3) orgs.?	(r) Share of total	(g) Share of end-of-year	Disproportionate	Dispropor Code V-UBI General or Percentage fortal amount in box 20 managing ownership	General of managin partner?	r Percentage ownership
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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432164 08-14-14

Schedule R	(Form 990) 2014 Supplemental Infor	FLORIDA	EDUCATION	FOUNDATION,	INC.	59-2718509 Page 5
Part VII			(4)			
	Provide additional inform	ation for respons	es to questions on S	Schedule R (see instructi	ions).	
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Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

			3			
or calendar year 2014, or fiscal year beginning	JUL	1	, 2014, and ending	JUN	30	,20 15

OMB No. 1545-1878

Description of the Toronto	Do not send to the IRS	. Keep for your records.		ZU 14
Department of the Treasury Internal Revenue Service	▶ Information about Form 8879-EO and its	at the first at which at ± miles are miles in € in the profit. The control of the miles and the miles at the	79eo.	
Name of exempt organization				identification number
TIODIDA EDUCA	MION HOUNDAMION ING		F0 0	710500
	TION FOUNDATION, INC.		59-2	718509
Name and title of officer TRACY PIERCE				
EXECUTIVE DIR	ECTOR			
	Return and Return Information (Whole D	Oollars Only)		
	urn for which you are using this Form 8879-EO and		m the retu	urn, If you check the box
on line 1a, 2a, 3a, 4a, or 5	a, below, and the amount on that line for the return lank (do not enter -0-). But, if you entered -0- on the	n being filed with this form was blank, t	hen leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	X b Total revenue, if any (Form 990,	Part VIII, column (A), line 12)	1b	1,431,535.
2a Form 990-EZ check he	ere D b Total revenue, if any (Form 9	990-EZ, line 9)	2b	
3a Form 1120-POL check	chere b Total tax (Form 1120-PO	L, line 22)	3b	
4a Form 990-PF check he	ere b Tax based on investment in	come (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	b Balance Due (Form 8868, Part I,	line 3c or Part II, line 8c)	5b	
Part II Declara	tion and Signature Authorization of Of	ficer		
electronic return and according further declare that the an intermediate service provi (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electror payment. I have selected	, I declare that I am an officer of the above organizempanying schedules and statements and to the brount in Part I above is the amount shown on the der, transmitter, or electronic return originator (ERC of receipt or reason for rejection of the transmission applicable, I authorize the U.S. Treasury and its deal institution account indicated in the tax preparation stitution to debit the entry to this account. To revoian 2 business days prior to the payment (settlemeic payment of taxes to receive confidential informatic payment identification number (PIN) as my signate electronic funds withdrawal.	est of my knowledge and belief, they a copy of the organization's electronic ret 0) to send the organization's return to the n, (b) the reason for any delay in processignated Financial Agent to initiate an earn software for payment of the organizative a payment, I must contact the U.S. ant) date. I also authorize the financial into necessary to answer inquiries and	tre true, conturn. I consider IRS and seight and the relectronic fation's federations in the resolve is a resolve is treasury for the resolve is the resolve	rrect, and complete. I sent to allow my d to receive from the IRS eturn or refund, and (c) funds withdrawal (direct eral taxes owed on this Financial Agent at involved in the ssues related to the
Officer's PIN: check one	box only			
X I authorize CA	RR, RIGGS & INGRAM, LLC		to enter m	y PIN 02123
-	ERO firm name			Enter five numbers, b do not enter all zeros
is being filed wit enter my PIN or	on the organization's tax year 2014 electronically that a state agency(ies) regulating charities as part of the return's disclosure consent screen.	f the IRS Fed/State program, I also auti	horize the	aforementioned ERO to
indicated within	the organization, I will enter my PIN as my signatur this return that a copy of the return is being filed w nter my PIN on the return's disclosure consent scr	with a state agency(ies) regulating chari reen.	ities as pa	
Officer's signature	13 All	Date ▶ <u>4</u> \2-	5/16	
Part III Certifica	ation and Authentication			
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LHA For Paperwork Reduction Act Notice, see instructions. 423051 09-29-14

Form **8879-EO** (2014)



Code of Ethics Agreement

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

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

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

- (1) I have received a copy of the Code of Ethics and that I will follow the Code of Ethics as defined by Florida Statute 112.3251.
- (2) I will formally and promptly communicate any potential conflict of interest to the Foundation Board Chair and other members of the Board of Directors.
- (3) I will act at all times with honesty, integrity and independence, avoiding actual or apparent conflicts of interest in personal and professional relationships and expect and encourage such conduct by other board members.
- (4) I will comply with all applicable rules and regulations of federal, state, and local governments and other appropriate private and public regulatory agencies.
- (5) I will comply with the Foundation's policies and procedures, and contribute constructively to their ongoing evaluation and reformulation.
- (6) I will act in good faith, responsibly, with due care, competence, and diligence, and without knowingly misrepresenting material facts or allowing my independent judgment to be subordinated.
- (7) I will protect and respect the confidentiality of information acquired in the course of my membership on the Board except when authorized or otherwise legally obligated to disclose. Confidential information acquired in the course of my membership on the Board shall not be used for personal advantage.
- (8) I will responsibly use and control assets and other resources entrusted to me.

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

Signature	Printed Name
Title	Date

FLORIDA Endowment for Vocational Rehabilitation (dba The Able Trust) State of Florida Direct Support Organization Annual Report Fiscal Year 2015-2016

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

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

Summary and overview:

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

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

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

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

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

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

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

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

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

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

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



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

POLICY STATEMENT

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

BOARD OF DIRECTORS

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

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

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

AMBASSADORS

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

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

PRESIDENT AND CEO

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

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

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

EMPLOYEES

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

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

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

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

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

FINANCIAL PRACTICES

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

FUNDRAISING ACTIVITIES

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

TREATMENT OF INDIVIDUALS SERVED

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

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

ACKNOWLEDGEMENT:

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

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

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

Statements of acknowledgement of officers, directors, ambassadors and employees shall be kept

in appropriate files in the office of the President and CEO	О.
Accepted:	Date:
Print Name:	

Department of the Treasury Internal Revenue Service

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.ins.gov/form990.

OMB No. 1545-0047 2014

Ā	For the 2014	alendar year, or tax year beginning	07/01/14 , and ending 06/30	/1 F		
B	Check if applicable:	C Name of organization THE FLO	RIDA ENDOWMENT FOUNDATION		D Emples	rer Identification number
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	Name change	Doing business as THE ART.	R TRIIST		1 50 .	00000
 		Number and street (or P.O. box if mail is not de	olivered to street address)	Room/suite	E Takenty	3052307
	Initial miture	3320 THOMASVILLE ROA	D	200		224-4493
	Final autum/ terminated	City or town, state or province, country, and Zi	P or foreign postal code			
\Box	Amended return	TALLAHASSEE	FL 32308-7906		G Gross na	ceipts\$ 7,224,157
		F Name and address of principal officer:				
	Application pending	SUSANNE HOMANT		H(a) le this a gro	oup réturni for	subordinates? Yes X No
		3320 THOMASVILLE	ROAD SUITE 200	H(b) Are all sub	ordinates inc	Juded? Yes No
_		TALLAHASSEE	FL 32308-7906	if "No,"	attach a fiel	. (see instructions)
1	Tax-exampt status:		(Insert no.) 4947(a)(1) or 527	*		·
J	Website:	WW.ABLETRUST.ORG		H(c) Group exe	molina numb	b
K	Form of organization:	X Corporation Trust Association	n Other > 1	Year of formation: 1		M State of legal domicile: FI
		mmary		The of the state of		I m gram or refra councie: T.T.
	1 Briefly de	scribe the organization's mission or me	ost significant activities.			
8	THE	ABLE TRUST IS A 501(C)	(3) NON-PROFIT PUBLIC-PRIVATE	PARTNERS	TD WT	794 A
Ĕ	MISS	ION TO BE A KEY LEADER	IN PROVIDING FLORIDIANS WIT	H DICARTE	TTTPE	### ##
ctivities & Governance	OPPO:	rtunities for successfi	UL EMPLOYMENT.			
6	2 Check thi	s box If the organization discont	inued its operations or disposed of more than 2	Control of the sections		
9	3 Numbero	if voting members of the governing boo	îv (Part VI. line 1e)			0
2	4 Number o	findependent voting members of the	governing body (Part VI, line 1b)		. 3	9
₹'	5 Total num	ber of individuals employed in calenda	r year 2014 (Part V, line 2a)		. 4	9
夏	6 Total num	ber of volunteers (estimate if necessal				11
•	7a Total upra	ated hysiness reserve from Part VIII	Deliman (C) Han (C)	o della serra della		34
	h Net unnels	ited business taxable income from For	column (C), line 12		. 7a	0
_				Part - No.	. 7b	0
	8 Contribution	ons and grants (Part VIII, line 1h)	~ FILE	Prior Year 2 , 193		Current Year
Revenue	9 Program s	ervice revenue (Part VIII, line 2g)	8c, 9c, 10c, and 11e) ual Part VIII, column (A), line 12)			3,829,322
2	10 Investmen	t income (Part VIII. column (A), lines ?	4 and 7d)		,358	145,925
2	11 Other reve	inue (Part VIII. column (A), lines 5, 6d.	So On 100 and 110	1,057		1,262,761
	12 Total revei	nue – add lines 8 through 11 /must ag	uel Dart VIII selvers (A)		, 966	96,949
	13 Grants and	similar amounts paid (Part IX, colum	n (A) lines 4 2)	3,441		5,334,957
		aid to or for members (Part IX, column	(((((((((((((((((((1,453	,879	2,051,384
	15 Salarine o	ther comparestion, amplement the comparest	(Part IX, column (A), lines 5–10)			0
Expenses	16a Profession	al fundaciona foce (Part IV column (A	(Part IX, column (A), lines 5–10)), line 11e) line 25) ▶ 116, 321	840	, 922	841,253
5	h Total Sinds	al initialising less (Fait IX, Column) (A)	A fine 11e)	Copy Character and the	THE STATE AND ADDRESS. AND	. 0
8	47 Other comp	aising expanses (Part IX, Column (D),	ine 25) - 116,321			THE WAR IN
7	17 Other expe	nses (Part IX, column (A), lines 11a-1	1d, 11f-24e)	867	, 569	903,899
	10 I cial expe	ises. Add imas 13-17 (must equal Par	rt IX, column (A), line 25)	<u>3,162</u>	<u>,370</u>	3,796,536
	19 Revenue le	ss expenses. Subtract line 18 from lin	e 12	278	, 936	1,538,421
nd Balances	20 Total asset	o /Diget V floor (12)	-	Beginning of Curre		End of Year
霊		s (Part X, line 16)		31,440		32,572,052
	21 TOTAL HADNIT	les (Part X, Ine 26)	2200000	4,390		5,108,690
	ZZ IVET assets	or fund dalances. Subtract line 21 from	n line 20	27,049	,910	27,463,362
		ature Block				
Und	er penalties of per	jury, I declare that I have examined this ret	ium, including accompanying schedules and statemer	its, and to the best	of my know	viedge and belief. It is
u wo.	, CONTECT, AND SOM	prote. Demaration of property (other than o	fficer) is based on all information of which preparer h	is any knowledge.		I I
		()2/26/			77	111/6
ign	A .	sture bi-etges.			Date	
lere		SUSANNE HOMANT	PRESID	ENT		/
		or print name and title				
	Print/Type pri	sparer's name	Proparer's signature	Date	Check	y PTIN
.4	Richard	P. Lamb, CPA	ì	11/02/1	1	- "1
-pa	Little reside	→ LAW, REDD, CRO	ONA & MUNROE, P.A.		-	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
se O		2075 Centre Po	pinte Blvd Suite 200	Firm	EIN P	59-2221664
	Firm's address		FL 32308-4893	i		DEC 000
ay th		nis return with the preparer shown abo		Phon	is no.	850-878-6189
		on Act Notice, see the separate instruct			<u> </u>	
AA			, w 17 cr .			Form 990 (2014)

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		1100

	ENDOWMENT FOUNDATION	59-3052307	Page 2
Part III Statement of Progr	am Service Accomplishments		
Check if Schedule C	contains a response or note to any	y line in this Part III	X
1 Briefly describe the organization's r	mission:		
THE ABLE TRUST IS	A 501(C)(3)NON-PROFIT	PUBLIC-PRIVATE PAR	TNERSHIP WITH A
MISSION TO BE A KE	Y LEADER IN PROVIDING	FLORIDIANS WITH DI	SABILITIES
OPPORTUNITIES FOR	SUCCESSFUL EMPLOYMENT.		***************************************
1-02-000			***********
2 Did the organization undertake any	significant program services during the year	r which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new service	es on Schedule O.	******** **** ********** *** ******	L jes 🗷 No
3 Did the organization cease conduct	ling, or make significant changes in how it co	and interior	
2 معناهم			(T) (SP)
If "Yes," describe these changes or	Schedule O		Yes 🔀 No
4 Describe the organization's organ	n service accomplishments for each of its th	roo largest sensus and a selection of	
evnenses Section 501/o1/2) and 5/	14/0//A) essentiations are secular to secular	ree largest program services, as mea	sured by
the total eveness and could still st	01(c)(4) organizations are required to report	the amount of grants and allocations	to others,
trie total expenses, and revenue, ir	any, for each program service reported.		
(A. Cab. 1)			
4a (Code:) (Expenses \$	3,494,929 including grants of\$	2,051,384) (Revenue	\$
THE ORGANIZATION AS	SSISTS FLORIDIANS WITH	DISABILITIES IN A	CHIEVING
EMPLOYMENT AND PROV	VIDES GRANTS TO SITPPOR	סמטסט זמוארדייבירוני יינ	TT TIPAMITANT
PROGRAMS AND SERVICE	CES LEADING TO THE EMP	OLOMBAT OF PLOBER	CIMICIPAL MATERIA
DISABILITIES.		TOTAMINT. OF PHORIDA	CTITATEDS MILH
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JUNIORS AND SENIORS WEEK IN TALLAHASSES LEADERSHIP. THEY AI NETWORK, LEARN FROM LIFETIME. THE YES	96,794 including grants of LEADERSHIP FORUM (YLF) HAT IS BOTH EDUCATIONA WITH DISABILITIES ARE, FLORIDA LEARNING ABLASO TAKE PART IN SOCIA EACH OTHER, AND BUILLS SUPPORTED BY THE FL	IS AN ANNUAL CARE L AND MOTIVATIONAL E SELECTED EACH SU OUT COMMUNITY AND L ACTIVITIES WHICH D FRIENDSHIPS THAT	ER AND LEADERSHI . HIGH SCHOOL MMER TO SPEND A ACADEMIC ENABLES THEM TO WILL LAST A
A construction of the cons	AJOR SPONSORS.		
c (Code:) (Expenses\$	460 including grants of\$) (Revenue	\$ 23.000
c (Code:) (Expenses\$ DISABILITY EMPLOYME	460 including grants of\$ INT AWARENESS MONTH/DI) (Revenue SABILITY MENTORING	\$ 23,000) DAY (DEAM/DMD)
c (Code:) (Expenses \$ DISABILITY EMPLOYME IS COMMEMORATED EAC	460 including grants of\$ INT AWARENESS MONTH/DI TH OCTOBER AND PAIRS S) (Revenue SABILITY MENTORING TUDENTS WITH DISAB	\$ 23,000) DAY (DEAM/DMD)
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Form 990 (2014)

Checklist of Required Schedules Yes is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 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 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 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, 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V 10 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 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 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Ь Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,900 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? erranamiera, p. Maria Prakira, and an analysis 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 25a X 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 ! 25b X 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 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):

A current or former officer, director, trustee, or key employee? If "res, complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Schedule N. Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 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 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, 37 X 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

DAA

b Gross receipts, included on Form 990, Part VIII, line 12 10a 10b		Р	age 5
Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable genting (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax Stataments, filed for the calendar year entiting with or within the year covered by this return 2			$\overline{}$
b Enter the number of Forms W-2G included in line 1s. Enter -0- If not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ganting (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b 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 to and 2a is greater than 250, you may be required to -8 file (see instructions) 3b Id the organization have unrelated business gross income of \$1,000 or more during the year? b If Yea, has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 accounts?) b If Yea, the near the organization approach to the foreign country (such as a bank account, securities account, or other financial accounts?) b If Yea, the the name of the foreign country 5 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Id any taxable party notify the organization that it was or is a purity to a prohibited tax shelter transaction? c If Yes' to line 5e or 5b, did the organization that it was or is a purity to a prohibited tax shelter transaction? b If Yes, of the 5e or 5b, did the organization that it was or is a purity to a prohibited tax shelter transaction? b If Yes, of the organization houlded with every solicitation an express statement that such contributions? b If Yes, of the organization but may receive deductible contributions under section 172(c)	<u> </u>		
b Enter the number of Forms W-2G included in line 1s. Enter -0- If not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ganting (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b 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 to and 2a is greater than 250, you may be required to -8 file (see instructions) 3b Id the organization have unrelated business gross income of \$1,000 or more during the year? b If Yea, has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 accounts?) b If Yea, the near the organization approach to the foreign country (such as a bank account, securities account, or other financial accounts?) b If Yea, the the name of the foreign country 5 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Id any taxable party notify the organization that it was or is a purity to a prohibited tax shelter transaction? c If Yes' to line 5e or 5b, did the organization that it was or is a purity to a prohibited tax shelter transaction? b If Yes, of the 5e or 5b, did the organization that it was or is a purity to a prohibited tax shelter transaction? b If Yes, of the organization houlded with every solicitation an express statement that such contributions? b If Yes, of the organization but may receive deductible contributions under section 172(c)	 1	Yes	No
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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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). All the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods of services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required? If the organization received a contribution of cars, boats, alphanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Tob Section 501(c)(22) organizations. Enter: Gross income from them.) Section 501(c)(23) qualified monprofit health insurance issuers.	5c		**
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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.	12a		
a In the consideration Recogned to incurs qualified health stown in most time and the Contract of	- 1		
a Is the omanization licensed to issue qualified health plans in more than one etch-?			<u> </u>
The state of the s	13a		<u> </u>
Note, See the instructions for additional information the organization must report on Schedule O.	- 1		
b Enter the amount of reserves the organization is required to maintain by the states in which	}		1
the organization is licensed to issue qualified health plans	1		1
c Enter the amount of reserves on hand			<u> </u>
	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	لپ_	(2014)

	m 990 (2014) THE FLORIDA ENDOWMENT FOUNDATION 59-3052307		P	ege 6						
P	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and f	or a "	No"						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See	instru	ctions						
Sec	Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management			_ <u> X </u> _						
	Notified and the menagorinette		\ <u></u>							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9		Yes	No						
	If there are material differences in voting rights among members of the governing body, or									
	If the governing body delegated broad authority to an executive committee or similar	i								
	committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with									
	any other officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customanly performed by or under the direct									
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint									
	one or more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
	stockholders, or persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ing.								
a	The governing body?	8a	Х							
9 9	Each committee with authority to act on behalf of the governing body?	8b	Х							
•	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		١ ١							
Sec	tion R. Policies /This Section R requests information about policies and required by the section R requests information about policies and required by the section R requests information about policies and required by the section R requests information about policies and required by the section R requests information about policies and required by the section R requests information and requests in the section R requests in the sect	9_		X						
000	ction B. Policies (This Section B requests information about policies not required by the internal Revenue	ie Co								
10a	Did the organization have local chapters, branches, or affiliates?	40	Yes	-						
ь	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a	\dashv	<u>X</u>						
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	400	- 1							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b	₹							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	Х							
12a		49.								
b	*** ***	12a 12b	X							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	^-							
	describe in Schedule O how this was done	12c	x							
13	Did the organization have a written whistleblower policy?	13	$\hat{\mathbf{x}}$							
14	Did the organization have a written document retention and destruction policy?	14	$\hat{\mathbf{x}}$							
15	Did the process for determining compensation of the following persons include a review and approval by	''	^ +							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- 1								
а	The organization's CEO, Executive Director, or top management official	15a	x							
b	Other officers or key employees of the organization	15b	X	_						
	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions), Did the organization invest in contribute process to a product		-							
16a	of the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
	with a taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its									
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		ı							
0	organization's exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
	List the states with which a copy of this Form 990 is required to be filled ▶ None									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)									
	available for public inspection. Indicate how you made these available. Check all that apply.									
9	X Own website Another's website X Upon request Other (explain in Schedule O)									
•	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and									
	financial statements available to the public during the tax year.									
.y Gii	State the name, address, and telephone number of the person who possesses the organization's books and records: > SANNE HOMANT 3320 THOMASVILLE ROAD									
	SANNE HOMANT 3320 THOMASVILLE ROAD LLAHASSEE FI.32308-7906850-									
		. 2 77	4 4							

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Form 990 (2014) THE FLOR	IDA ENDO	WW	ŒN	T	FC	UN	DΑ	TION 59-305	2307	Page 7		
		, Di	rec	tor	s, T	rus	tee	s, Key Employees,	Highest Compensa	ted Employees, and		
Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII												
Section A. Officers, Directo 1a Complete this table for all per	-							est Compensated Emple				
organization's tax year.	oria rogalioa to	J-0 1/1	,,,,,,	. (0)	, ,	00111	port	saturities are enterioris for	2) Chaing with the straint in	•		
 List all of the organization's compensation. Enter -0- in colum 	ns (D), (E), and (F) if	no e	comp	ens	atio	1 W8	s paid.		unt of		
 List all of the organization's 												
 List the organization's five of who received reportable compen- organization and any related organization. 	sation (Box 5 of f	omp Form	W-	ated 2 and	em d/or	Вох Вох	7 o	Form 1099-MISC) of mor	ctor, trustee, or key emplore than \$100,000 from the))		
 List all of the organization's \$100,000 of reportable compens 	ation from the or	ganl	zatic	n ar	id a	ny re	late	d organizations				
 List all of the organization's organization, more than \$10,000 	former director	s or	trus	stees	s tha	at red	viec	ed, in the capacity as a for	mer director or trustee of	the		
List persons in the following order	individual trust	ees (
compensated employees; and for												
Check this box if neither the o	rganization nor a	ny r	elat	ed or	gar	izati	on c	ompensated any current of	officer, director, or trustee	·		
(A) Name and Title	(E) Average				C) Itlon			(D) Reportable	(E) Reportable	(F) Estimated		
n. abtitat a nat. alsa ante. 1 hefuta	hours per week			check	more	than,		compensation	compensation from	amount of		
	(list any					SULLIVIE		the	organizations	other compensation		
	hours for related		₫	Officer	Š	署至	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	below dotted	Individual trustee or director	nslitutional	¥		fighest compensated imployee	e a			and related organizations		
	line)	7 5	巨		employee	<u> </u>						
		8	hustee		-	l as						
(1)MARCY BENTON			H	\vdash	H	-	┢					
(MARKET DESTION	1.00		ı					1				
TREASURER	0.00	X		x		Ι,	Ļ	0	0	0		
(2) RICHARD L. COL						Г	C	PY				
<u></u>	5.00			l		ı				_		
CHAIR (3) LESLIE D. GOLD	O.00	X	-	X		┼	-	0	0	0		
(a) LESLIE D. GULD	1.00					ı						
DIRECTOR	0.00	X				L		0	o	l ö		
(4) JEFFREY HURST,	MBA					Т						
***********************	1.00		}									
DIRECTOR	0.00	X	-	_	⊢	⊢	_	0	0	0		
(5) SCOT M. LAFERT	1.00		ı		ļ	ı						
DIRECTOR	0.00	$ _{\mathbf{x}}$				ı		o	. 0	0		
(6) KAREN MOORE	1	1		1								
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SECRETARY	0.00	X		X		_	_	0	. 0	0		
(7) BRIDGET R. PALI				1						!		
VICE CHAIR	1.00	x		x				o	. 0			
(8) ARLENE STATEN			<u> </u>	^	H					0		
	1.00	T	Ī			l						
DIRECTOR	0.00	X						0	0	0		
(9) ANN MARIE TAGL:		1	1			1						
DIDIONO	1.00								_	_		
DIRECTOR (10) SUSANNE HOMANT	0.00	X	├		-	\vdash	\vdash	0	0	0		
THEMODERATE DOMEST	60.00					1						
PRESIDENT	0.00			\mathbf{x}				192,558	0	14,722		
(11)												
					ļ							

Form 990 (2014)

received more than \$100,000 of compensation from the organization

DAA

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from lax under sections 512-514 (C) Unrelated business revenue (A) Total revenue exempt function **FEVERICIE** 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d Revenue Contributions, and Other Sim e Government grants (contributions) 3,175,596 1e f All other contributions, gifts, grants, and similar emounts not included above 1f 653,726 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 3,829,322 Buan. Code 900099 122,925 122,925 2a YOUTH LEADERSHIP FORUM b DISABILITY MENTOKING DAY 900099 23,000 23,000 Program Service f All other program service revenue g Total. Add lines 2a-2f 145,925 investment income (including dividends, interest, and other similar amounts) 1,000,239 1,000,239 Income from Investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6a Gross rents b Less' rental exps. COPY c Rental inc or (loss d Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 2,151,722 other than inventor b Less cost or other 1,889,200 basis & sales exps 262,522 c Gain or (loss) d Net gain or (loss) 262,522 262,522 Ba Gross income from fundraising events **Yther Revenue** (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from garning activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ... 10a Gross sales of inventory, less b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a ADMIN FEES 900099 39,542 39,542 b MOTORCYCLE PLATES 900099 30,630 30,630 PERSONAL CARE ATTENDANT 900099 25,637 25,637 900099 d All other revenue 1,140 1,140 e Total. Add lines 11a-11d 96,949 12 Total revenue. See instructions. 5,334,957 203,332 1,302,303

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. (A) Total expenses (B) Program service Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2,051,384 2,051,384 Grants and other assistance to domestic individuals. See Part IV, Ilne 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 202,264 169,902 14,158 18,204 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 523,457 439.704 36,642 47,111 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions) 27,653 23,228 936 2,489 Other employee benefits 43,745 36,746 3.062 3,937 Payroll taxes 44,134 37,073 3,972 3.089 Fees for services (non-employees): Management Legal 46,800 55,714 3.900 5.014 Accounting 32,934 27,665 2.305 2,964 Lobbying
Professional fundraising services. See Part IV, line 17 4,000 PY Investment management fees 3,360 280 360 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 729 613 51 65 Advertising and promotion 217,654 217,654 12 Office expenses 13 16,638 <u>13,9</u>76 1,165 497 Information technology 14 19,158 16,093 1,341 724 Royalties 15 Occupancy 109,137 91.675 7.640 9,822 Travel 17 4,320 3.629 302 389 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 48,032 40.347 3,362 4,323 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 11,465 9,630 803 1.032 Insurance 9,476 7,960 663 853 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 HIGH SCHOOL/HIGH TECH 116,673 116,673 b YOUTH LEADERSHIP FORUM 96,794 96,794 CEO PROGRAM MANAGEMENT EX 95,107 79,890 6,657 8,560 d DVR STAFF EVENTS 40,000 40,000 e All other expenses 21,387 26,068 676 4,005 25 Total functional expenses. Add lines 1 through 24e ... 796,536 88,032 592,183 116,321 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 following SOP 98-2 (ASC 958-720)

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year Cash—non-interest bearing 1 Savings and temporary cash investments 1,626,470 2 2,129,985 Pledges and grants receivable, net 3 Accounts receivable, net 36,320 4 418.150 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 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 12.190 9 8,283 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D _______10a b Less: accumulated depreciation 10b 249.083 160,241 10c 148,775 Investments—publicly traded securities 11 21,104,959 20.811.590 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 8,499,971 15 9,055,269 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 31,440,151 16 32.572.052 Accounts payable and accrued expenses 4.390.241 17 17 5,108,690 Grants payable COPY 18 18 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 4.390,241 Total liabilities. Add lines 17 through 25 5,108,690 28 Organizations that follow SFAS 117 (ASC 958), check here X and or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 23,140,367 27 23,703,982 Temporarily restricted net assets 28 28 Permanently restricted net assets 3,909,543 759,380 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 27,049,910 33 Total net assets or fund balances 27,463,362 31,440,151 32,572,052

Form 990 (2014) THE FLORIDA ENDOWMENT FOUNDATION 59-3052307			~	Pag	<u>ж 12</u>
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				957
2 Total expenses (must equal Part IX, column (A), line 25)	2				<u>536</u>
	3				<u> 421</u>
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				910
5 Net unrealized gains (losses) on investments	5	-1	,12	4.	969
6 Donated services and use of facilities	6				
7 Investment expenses	7				
8 Prior period adjustments	8				
Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	9				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
33, column (B))	10	27	, 46	3,3	362
Part XII Financial Statements and Reporting					\equiv
Check if Schedule O contains a response or note to any line in this Part XII				ماشدية	. 💷
				Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		[
If the organization changed its method of accounting from a prior year or checked "Other," explain in					
Schedule O.		l			ĺ
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		-	2a		X_
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
reviewed on a separate basis, consolidated basis, or both:]	
Separate basis Consolidated basis Both consolidated and separate basis					ĺ
b Were the organization's financial statements audited by an independent accountant?			2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		Г			abla
separate basis, consolidated basis, or both:					ĺ
X Separate basis Consolidated basis Both consolidated and separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		- 1			
of the audit, review, or compilation of its financial statements and selection of an independent accountant?		550	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in					$\overline{}$
Schedule O.		ĺ			ĺ
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					ĺ
the Single Audit Act and OMB Circular A-133?			.3a		х
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.	haville	[3b		
			Form	990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Internal Revenue Service Name of the organization THE FLORIDA ENDOWMENT FOUNDATION **Employer identification number** FOR VOCATIONAL REHABILITATION, INC. 59-3052307 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). 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. X 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of (i) Name of supported (III) Type of organization (iv) is the organization (v) Amount of monetary (described on lines 1-9 ted in your governing support (see other support (see organization above or IRC section document? instructions! instructions) (see instructions)) Yes No (A) FL. DEPT OF EDUC. DIV OF VOCATIONAL REHABILITATION 3,592,183 6 (B) (C) (D) (E)

3,592,183

Sch	edule A (Form 990 or 990-EZ) 2014 THE	<u> FLORIDA</u>	ENDOWMEN	T FOUNDA	TION 59	-3052307	Page 2
P	art ii Support Schedule for (Organizations	Described in	Sections 17	0(b)(1)(A)(iv)	and 170/h\/1	VAVOD
	(Complete only if you ch	ecked the box	on line 5, 7, or	8 of Part I o	r if the organiz	ation failed to	qualify under
<u></u>	Part III. If the organization	n tails to quali	fy under the te	sts listed beli	ow, please cor	nplete Part II	l.)·
	ction A. Public Support	4 1 2 2 1 2		<u> </u>			
Cale	endar 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			<u></u>			
4	Total. Add lines 1 through 3			<u> </u>			
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.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4					(=) == ; ;	(1) 1.000.
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		COPY				
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	e organization's fil	rst, second, third, t	ourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop he	re		******			
	tion C. Computation of Public S	upport Perce	ntage				
14	Public support percentage for 2014 (line	6, column (f) divid	ed by line 11, colu	mn (f))		14	%
15	Public support percentage from 2013 Scr	nedule A, Part II, II	ine 14			15	%
16a	33 1/376 Support test—ZU14, IT the orga	nization did not ch	leck the box on lin	9 13. and line 14	l ls 33 1/3% or mo	are check this	
	box and stop here. The organization qua	ilifies as a publicly	supported organi	zation			▶ 🗍
b	33 113 % Support tost—2013, if the Older	nizauon dia not en	leck a box or line	13 or 16a. and II	na 15 is 33 1/3% :	OF PROTO	
	check this box and stop here. The organ	ization qualifies a	s a publicly suppor	ted organization			
17a	10 %-18CCS-819G-CITCUMSTRUCES TEST-20	n4. If the organiza	ation did not check	a box on line 13	3, 16a, or 16b, and	d line 14 is	-
	10% or more, and if the organization mee	its the "facts-and-	circumstances" tes	t, check this box	and stop here, i	Explain in	
	Part VI how the organization meets the "f	acts-and-circumst	ances" test. The o	rganization qual	ifles as a publicly	supported	
	organization 10%-facts-and-circumstances test—20	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
þ	10%-facts-and-circumstances test—20	13. If the organize	ation did not check	a box on line 13	3, 16a, 16b, or 17a	a, and line	
	15 is 10% or more, and if the organization	meets the facts-	and-circumstance	s" test, check th	is box and stop h	ere.	
	Explain In Part VI how the organization m	eets the "facts-an	d-circumstances" 1	est. The organiz	ation qualifies as	a publicly	
	supported organization Private foundation, if the greenization di		3993329333333				
8	and the state of the confidence of	IO HOLOHOOK B DOX	CONTINIE 13, 102, 1	OD, 178, OF 170,	check this box an	ic see	
	Instructions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- 6200 (62 - 44 - 44 - 44 - 44 - 44 - 44 - 44 -	

Schedule A (Form 990 or 990-EZ) 2014 THE FLORIDA ENDOWMENT FOUNDATION 59-3052307 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 year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2010 (PISO)PY (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 6 10a Gross income from interest dividends. payments received on securities loans, rents, royalties and income from similar sources ... Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2013 Schedule A, Part III, line 15 16 Section D. Computation of investment Income Percentage Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) 17

Investment income percentage from 2013 Schedule A, Part III, line 17

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 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

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

Schedule /	\ (Form	990 or	990-EZ)	201

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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.)

Sect	on A. All Supporting Organizations
1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated by

- documents? 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.

 Did the prography from the program of the prog
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part Vi.
- 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)? If "Yes," answer (b) below.
- 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.)

	Yes	No
	198	NU
1	X	
2	<u> </u>	х
3a		х
J.		
3b	-	
3c		
4a		X
4b		
70		
4c		
5a		X
5b		
5c		
		v
6		<u>X</u>
		-
7		<u> </u>
8		Х
9a		_X_
	\neg	
9b	- 	<u> </u>
90		X
10a		_X_
10b		

	tule A (Form 990 or 990-EZ) 2014 THE FLORIDA ENDOWMENT FOUNDATION 59-30523 (7		Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		X
Ь	A family member of a person described in (a) above?	11b		X
	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		Х
Sect	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	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	X	
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	li		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sect	ion 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		
Sect	ion 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?	4		
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		
Sect	ion 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 instruct	ions)		
ā	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 in	structio	ns).	
•	in a damenta a because a garantina analy a analy a analy and the analy and a garantina a g	, a & o a .	110y-	
2 /	Activities Test. Answer (a) and (b) below.	- 1	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	ll		
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
- 7	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	aL		
is.	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		İ	
а	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	ا يم ا		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014 THE FLORIDA ENDOWMENT FOR Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	MDAT.	ION 59-305:	2307 Page (
	Organ	izations	
Check here if the organization satisfied the integral Part Test as a qualifying trust of other Type III non-functionally integrated supporting organizations must complete.	on Nov. 20	0, 1970. See Instructio	ns. All
Section A - Adjusted Net Income	Secuons /	(A) Prior Year	(B) Current Year
1 Net short-term capital gain	11		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	74	-	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1		
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)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
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) COPY	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	-		Cuirrent 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-integral	ated Type	III supporting organizat	ion (see
instructions).	41.	file and a distribution	

Schedule A (Form 990 or 990-EZ) 2014

	ule A (Form 990 or 990-EZ) 2014 THE FLORIDA ENDOW			
Par		Supporting Organ	izations (continued)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur			
2	Amounts paid to perform activity that directly furthers exempt purpor organizations, in excess of income from activity	ses of supported		
3				
	Administrative expenses paid to accomplish exempt purposes of su	pponeo 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 organ	ization 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	tel	feet	
	6-41- F - 61-41-10-10-11-11-11-11-11-11-11-11-11-11-11	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
4	Districted		Pre-2014	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				
<u>b</u>				
C				
d				
	From 2013			<u> </u>
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount	PY		
	Carryover iron 2006 not applied (see instructions)	1 1		
	Remainder Subtract lines 3g, 3h, and 3i from 3f.		 	<u></u>
4	Distributions for 2014 from Section			
	D, line 7: \$			
	Applied to underdistributions of prior years		<u> </u>	
	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.	ļ <u>. </u>		
-8	Breakdown of line 7:			
a				
b	<u> </u>			
C				
d	Excess from 2013			
	Excess from 2014			

Part VI	C	Z) 2014 THE F	LORIDA	ENDOWMEN	FOUNDATION	<u>59-3052307</u>	Page 8
Pail VI	Part III, line 1	ai information.	Provide the	e explanations for any additio	required by Part II, I nal information. (See	ine 10; Part II, line 17a	or 17b; and
		E. Fuel Comple	io tino part	ioi ariy addibo	nai miormation. (See	instructions.)	
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Schedule B (Form 990, 990-EZ,

Schedule of Contributors

OMB No. 1545-0047

or 990-PF) Department of the Tressury Internal Revenue Service

▶ 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

Name of the organization		Employer identification number
	LENDOWMENT FOUNDATION	E0 20E020E
Organization type (chec	NAL REHABILITATION, INC.	59-3052307
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private found	dation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule . i(c)(7), (8), or (10) organization can check boxes for both the General Rule and	d a Special Rule, See
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received Polyfing the year, contribut by or property) from any one contributor. Complete Parts I and II. See Instruction	
Special Rules		
	on described in section 501(c)(3) filling Form 990 or 990-EZ that met the 331/s	
_	r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 and that received from any one contributor, during the year, total contributions	
	of the amount on (I) Form 990, Part VIII, line 1h, or (II) Form 990-EZ, line 1. C	
For an organizati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re	ersived from any one
	g the year, total contributions of more than \$1,000 exclusively for religious, cha	·
	tional purposes, or for the prevention of cruelty to children or animals. Complete	
For an organizati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re	ceived from any one
	g the year, contributions exclusively for religious, charitable, etc., purposes, bu	
	led more than \$1,000. If this box is checked, enter here the total contributions	·
	or an exclusively religious, charitable, etc., purpose. Do not complete any of the	
	plies to this organization because it received nonexclusively religious, charitab r more during the year	
	that is not covered by the General Rule and/or the Special Rules does not file	
	It must answer "No" on Part IV, line 2, of its Form 990; or check the box on line	
	2, to certify that it does not meet the filing requirements of Schedule B (Form	

Schedule C (Form 990 or 990-EZ) 2014 THE F	LORIDA E	NDOWMENT FO	UNDATION	59-3052307	Page 2
Part II-A Complete if the organi	zation is exe	npt under section	n 501(c)(3) and	filed Form 5768	(election under
section 501(h)).					•
A Check ▶ ☐ if the filing organization	on belongs to	an affiliated grou	(and list in Pa	rt IV each affiliated	group member's
name, address, ElN,	expenses, an	d share of excess	lobbying expe	nditures).	
B Check ▶ ☐ if the filing organizati			control" provisio	ns apply	
Limits on Lob	bying Expend	litures	1	(a) Fling	(b) Affiliated
(The term "expenditures" n				organization's totals	group totals
1a Total lobbying expenditures to influence p	public opinion (gra	ss roots lobbying)			
b Total lobbying expenditures to influence a	l legislative body	(direct lobbying)			
 Total lobbying expenditures (add lines 1a d Other exempt purpose expenditures 					
e Total exempt purpose expenditures (add	lings 1c and 1d\				
f Lobbying nontaxable amount. Enter the a	mount from the fo	llowing table to both			
columns.		MOMING EDIA 111 DOG!	1		
If the amount on line 1e, column (a) or (b) is	The lobbying n	ontaxable amount is:			··········
Not over \$500,000	20% of the amo				
Over \$500,000 but not over \$1,000,000		5% of the excess over \$	500,000.		
Over \$1,000,000 but not over \$1,500,000		0% of the excess over \$			
Over \$1,500,000 but not over \$17,000,000		% of the excess over \$1			
Over \$17,000,000	\$1,000,000.			ļ	
g Grassroots nontaxable amount (enter 25%	% of line 1f)	485			
h Subtract line 1g from line 1a. If zero or les		11,000,000			
I Subtract line 1f from line 1c. If zero or less		****			
J If there is an amount other than zero on e		e 1i, did the organizat	on file Form 4720		
reporting section 4911 tax for this year?					Yes No
	4-Year Averag	ing Period Under	section 501(h)		
(Some organizations that made	a section 501(f	n) election do not l	nave to complete	all of the five colu	mns below.
Sec	the separate	instructions for lin	es 2a through 21	E)	
Lab	salna Evinnelii	ures Buring 4-Yea	- Assessable - David		
	SAILIN EXPENDIT	ures burning 4-168	r Averaging Pen	1	
Calendar year (or fiscal year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(a) Tabel
beginning in)	(4) 401.	(2) 2012	(6) 2010	(4) 2014	(e) Total
					
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
c Total konsyling expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of kne 2d, column (e))					
f Grassroots lobbying expenditures					
			l		<u> </u>

1 During the year, did the filling organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X Malliangs to members, legislators, or the public? d Mallings to members, legislators, or the public? A Washings to members, legislators, or the public? A Washings to members, legislators or the public? A Washings to members, legislators or the public? B Publications, or published or broadcast statements? G Crants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? X J.S. Other activities? I Cother activities? I Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X IS. Other activities? I Tyres, enter the amount of any tax incurred under section 4912 d I He filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (60% or more) dues received nondeductible by members? 1 Were substantially all (60% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying and political expenditures from the prior year? 2 Did the organization make only in-house lobbying and political expenditures from the prior year? 2 Did the organization signe to cerry over lobbying and political expenditures (as exempt under section 162(e) dues 3 Aggregate amount reported in sect			ileu ri	7 Page 3 orm 5768
description of the lobbying activity. 1 During the year, did the filting organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on kines 1c through 1))? c Madillangle to members, legislators, or the public? d Mallings to members, legislators, or the public? d Mallings to members, legislators, or the public? f Carrat to other organizations for brobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? g Direct contact with legislators, their staffs, government officials, or a legislative body? g Direct contact with legislators, their staffs, government officials, or a legislative body? g Direct contact with legislators, their staffs, government officials, or a legislative body? g Direct contact with legislators, their staffs, government officials, or a legislative body? g Direct contact with legislators, their staffs, government officials, or a legislative body? g Direct contact with legislators, their staffs, government officials, or a legislative body? g Direct contact with legislators, their staffs, government officials, or a legislative body? g Direct contact with legislators, their staffs, government officials, or a legislative body? A 18,000 1 Total. Add lines to through 1 2a Did the activities in line 1 cause the organization to be not described in section 501(c/3)? A 18,000 b If Yea, fines the amount of any tax hoursed under section 4912 d If the filting organization and year knowned under section 4912 d If the filting organization managers under section 501(c/4), section 501(c/5), or section 501(c/6), or more) dues received nondeducible by members? 2 Did the organization make only in-house lobbying expenditures from the professor. 9 Total 1 Did the organization in sexempt under section 501(c/4), section 501(c/		(4	1)	(b)
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X C Media advertisements? A Mailings to members, legislations, or the public? A Mailings to members, legislations, or the public? X Publications, or published or bracecast statements? X C Publications, or published or bracecast statements? X C Publications, or published or bracecast statements? X C S C S C C C C C C C C C C C C C C C	For each "Yes," response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1)/? c Medical advertisements? A Meditings to members, legislations, or the public? c Publications, or published or broadcast statements? A Combistations, or published or broadcast statements? A Combistations for lobbying purposes? g Direct contact with legislations, their staffs, government officials, or a legislative body? X S S S S S S S S S S S S S S S S S S	1 During the year, did the filing organization attempt to influence foreign, national, state or local			-
a Volunteers? A Paid staff or management (Include compensation in expenses reported on lines 1c through 1))? A Media advertisements? A Media ad	legislation, including any attempt to influence public opinion on a legislative matter or			
b Paid staff or management (Include compensation in expenses reported on lines 1c through 1i)? I Mallings to members, legislators, or the public? Publications, or published or broadcast statements? N N N N N N N N N N N N N N N N N N N	referendum, through the use of]		
to Mallings to members, legislators, or the public? Publications, or published or broadcast statements? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Ji Crants to other organizations, seminars, conventions, speeches, lectures, or any stimitar means? X				
d Mellings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? J. X. 18,000 Rallies, demonstrations, seminars, conventions, epeeches, lectures, or any similar means? N. X. 18,000 Rallies, demonstrations, seminars, conventions, epeeches, lectures, or any similar means? N. X. 18,000 Rallies, demonstrations, seminars, conventions, epeeches, lectures, or any similar means? N. X. 18,000 Rallies, demonstrations, seminars, conventions, epeeches, lectures, or any similar means? N. X. 18,000 Rallies, demonstrations, seminars, conventions, epeeches, lectures, or any similar means? N. X. 18,000 Rallies, demonstrations, seminars, conventions, epeeches, lectures, or any similar means? N. X. 18,000 Rallies, demonstrations, seminars, conventions, epeeches, lectures, or any similar means? N. X. 18,000 Rallies, demonstrations, seminars, conventions, epeeches, lectures, or any similar means? N. X. 18,000 Rallies, demonstrations, seminars, conventions, epeeches, lectures, or any similar means? N. X. 18,000 Rallies, demonstrations, seminars, conventions, epeeches, lectures, or any similar means? N. X. 18,000 Rallies, demonstrations, seminars, conventions, epeeches, lectures, or any similar means? N. X. 18,000 Rallies, demonstrations, seminars, conventions, epeeches, lectures, or any similar means? N. X. 18,000 Rallies, demonstration, seminars, epeeches, lectures, or any similar means? N. X. X. 18,000 Rallies, demonstration, seminars, epeeches, lectures, or any similar means? N. Y. X.	b Paid staff or management (include compensation in expenses reported on lines 1c through 1)?	.		
e Publications, or published or broadcast statements? f. Grants to other organizations for lobbying purposes? g. Direct contact with legislators, their staffs, government officials, or a legislative body? X. 18,000 h. Rallies, demonstrations, seminars, conventions, speeches, loctures, or any similar means? X. 18,000 h. Rallies, demonstrations, seminars, conventions, speeches, loctures, or any similar means? X. 18,000 L. Other activities? J. Total Add lines 1c through 1: J. Line 1: J. Line 1: J. Line 1: J. Line 1: J. Total Add lines 1c through 1: J. Line 1: J. Total Add lines 1c through 1: J. J. J. J. J. J. J. J. J. J. J. J. J. J				
f Grants to other organizations for lobbying purposes?	d Mailings to members, legislators, or the public?			
g Direct contact with legislators, their staffs, government officials, or a legislative body? X 18,00 h Rallies, demonstrations, sensor, conventions, speeches, lectures, or any similar means? X 1 Other activities? 1 Total Add lines 1 citrough 11 18,00 l 22 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X 18,00 l 22 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X 18,00 l 17 yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 1	e Publications, or published or broadcast statements?	0		
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Schedule C (Fo	om 990 or 990-E	EZ) 2014	THE	FLORIDA	ENDOWMENT	FOUNDATION	59-3052307	Page 4
Part IV	Supplen	<u>nental</u>	Intorm	ation (conti	nued)	· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE D (Form 990)

Supplemental Financial Statements
Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11e, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 2014 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer Identification number THE FLORIDA ENDOWMENT FOUNDATION 59-3052307 FOR VOCATIONAL REHABILITATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds. (b) Funds and other accounts 1 Total number at end of year 50,000 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 100,000 Aggregate value at end of year 17.563 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. field at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 27706, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the regularements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(li)? Yes No 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. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a 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: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X Schedule D (Form 990) 2014 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014 THE FLOR	IDA ENDOWM	ENT FOUNDA	TION	59-3	052307		Page 2
Part III Organizations Maintaini	ng Collections	of Art, Historical	Treasur	es, or O	ther Simil	ar As:	sets (continued)
3 Using the organization's acquisition, acce collection items (check all that apply):	ssion, and other reco	ords, check any of the	following th	nat are a s	ignificant use	of its	
a Public exhibition	d 🗍	Loan or exchange pro	ograms				
b Scholarly research		Other					
c Preservation for future generations							
4 Provide a description of the organization's	collections and expl	ain how they further t	he organiza	ition's exe	mpt purpose	in Part	
XIII.							
5 During the year, did the organization solid	it or receive donation	s of art, historical trea	asures, or o	ther simila	11		
assets to be sold to raise funds rather tha Part IV Escrow and Custodial A	n to be maintained a	part of the organizat	tion's collec	tion?	****		Yes No
	rrangements.		B 152.11	•			
Complete if the organizati 990, Part X, line 21.	on answered "Ye	es" to Form 990,	Part IV, III	ne 9, or	reported a	n amo	unt on Form
1a Is the organization an agent, trustee, cust	odlen or other laters	ndiane for contribution					
included on Form 990. Part X?	polari of office thiorist	ediary for contribution	is or other a	issets not			
included on Form 990, Part X? b If "Yes," explain the amangement in Part X	(III and complete the	following table:	*********	*****		9144]91	Yes No
•							Amount
c Beginning balance					1c		TVIIOGITE
d Additions during the year					1d		
Distributions during the year				**********	1e		
T Ending balance	of a second second				48		
ra Dig nie organization include ali amonnt of	ı Form 990, Part X, II	ne 21, for escrow or c	custodial ac	count liabi	litv?		Yes No
b If "Yes," explain the arrangement in Part X	III. Check here if the	explanation has been	n provided i	n Part XIII		H F13444	
Part V Endowment Funds.					*****	****	
Complete if the organizati	on answered "Ye	s" to Form 990, F	Part IV, lir	ne 10.			
L	(a) Current year	(b) Prior year	(c) Two yea		(d) Three year	s back	(e) Four years back
la Beginning of year balance	24,271,291	21,900,287	19,92	8,857	19,275		
b Contributions	98,430	84,523		0,000		,167	
c Net investment earnings, gains, and						,	
losses	-289,983	C&\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1,98	3,992	634	,422	2,705,043
d Grants or scholarships	218,250	56,710		2,562		,422	
e Other expenditures for facilities and						,	
programs			<u></u>				
f Administrative expenses						Ö	
g End of year balance	23,861,488	24,271,291	21,90	0,287	19,928	,857	19,275,690
Provide the estimated percentage of the ca	urrent year end balan	ce (line 1g, column (a	a)) held as				
 Board designated or quasi-endowment 	87.82%						
b Permanent endowment ► 12.18 %							
c Temporarily restricted endowment ▶	%						
The percentages in lines 2a, 2b, and 2c sh	ould equal 100%.						
a Are there endowment funds not in the pos	session of the organi	zation that are held a	nd administ	ered for th	e		
organization by:							Yes No
(i) unrelated organizations	mission in the same						3a(I) X
(41) AND AND CONTRACTOR OF THE PROPERTY OF THE							10-031 77
D IT Tes to 3a(II), are the related organization	ins listed as required	on Schedule R?					3b
Describe in Part XIII the intended uses of t	he organization's end	lowment funds.		4-1117	ш ш		
Part VI Land, Buildings, and Equ	ipment.						
Complete if the organization	n answered "Yes	<u>s" to Form 990, P</u>	'art IV, lin	<u>e 11a, S</u>	ee Form 9	90, P	art X, line 10
Description of property	(a) Cost or other ba	sis (b) Cost or oth	er basis		cumulated		(d) Book value
<u> </u>	(investment)	(other))	depr	reciation	1	
Land							
Buildings	1						
c Leasehold improvements			4,921		26,638	1	138,283
d Equipment			7,554		81,275		6,279
e Other	1						
tal. Add lines 1a through 1e. (Column (d) mus		14	5,383		141,170	<u> </u>	4,213

DAA

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

chedule D (Form 990) 2014 THE FLORIDA ENDOWMENT FO	UNDATION	<u>59-305230</u>	7	Page 4
Part XI Reconciliation of Revenue per Audited Financial Complete if the organization answered "Yes" to For	Statements V	ith Revenue per	r Retu	rn.
1 Total revenue, gains, and other support per audited financial statements	m 990, Part IV,	line 12a.	1	4,209,988
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	****************	*********		4,403,300
a Net unrealized gains (losses) on investments	2a	-1,124,969		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d		and the state of t	2e	-1,124,969
Subtract line 2e from line 1			3	5,334,957
Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		****	4c	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	5,334,957
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" to Form	al Statements \	With Expenses p	er Re	turn.
		1110 12d.	1	3,796,536
Amounts included on line 1 but not on Form 990, Part IX, line 25.	*****************	Wang mandaman	-	3,130,330
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			20	
Subtract line 2e from line 1		Wood I State of the Control of the C	3	3,796,536
Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
		(10.000)	4c	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Fair Flin	e 18.)		5	3,796,536
Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part Part V, Line 4 - Intended Uses for End PERMANENT ENDOWMENTS RECEIVED FROM DON	owment Fu	nds		PETUITY WITH
DISTRIBUTIONS DESIGNATED MOSTLY FOR TH				
A FEW OF THE PERMANENT ENDOWMENT FUNDS				0
PROGRAMS OR HIV RELATED PROGRAMS. THE				
REPRESENT RESOURCES CONTRIBUTED BY THE				
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Schedule D (Form 990) 2014

Schedule D	(Form 990) 2014	THE FLORIDA	FUDOMMENT	FOUNDATION	59-3052307	Page 5
Part XIII	Supplement	tal Information (d	ontinued)	FOUNDATION		
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▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990 INC. THE FLORIDA ENDOWMENT FOUNDATION VOCATIONAL REHABILITATION, FOR Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990)

Open to Public OMB No. 1546-0047 2014 Inspection

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990. VOCATIONAL PROGRAMS VOCATIONAL PROGRAMS OCATIONAL PROGRAMS VOCATIONAL PROGRAMS OCATIONAL PROGRAMS VOCATIONAL PROGRAMS VOCATIONAL PROGRAMS VOCATIONAL PROGRAMS 37 VOCATIONAL PROGRAMS (h) Purpose of grant or assistance Employer identification number X Yes 59-3052307 non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (g) Description of toook, FMV, appraisal, non-cash assistance other) diliand and investigate the state of Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 66,000 41,666 CORN 24,000 60,000 10,000 (d) Amount of cash 22,000 44,000 64,841 grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section applicable 59-2091522 501c3 501c3 59-0809623 501c3 501c3 FL 33101-6880 23-7404880 50103 501c3 501c3 59-2895155 501c3 59-2249340 501C3 General Information on Grants and Assistance 23-7305830 FL 33143-364765-0267668 FL 32503-2807|59-0940528 59-2961536 (B) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (9) BROOKS HEALTH FOUNDATION (GENESIS (5) BAPTIST HEALTH OF S. FLORIDA, INC FL 32308 FL 33351 FL 34748 FL 32216 FL 34601 FL 32940 2700 JUDGE FRAN JAMIESON WAY (6) BASCOM PALMER EYE INSTITUTE (a) Name and address of organization (8) BREVARD SCHOOLS FOUNDATION 10250 NORTHWEST 53RD ST 3599 UNIVERSITY BLVD S. or government 105 EAST MAIN STREET 3932 N. 10TH AVENUE 6855 SW 57TH AVENUE 5283 NEFF LAKE RD (3) ARC GATEWAY, INC (z) ARC BROWARD, INC (4) ARC NATURE COAST 1823 BUFORD CT PO BOX 0160880 (7) BEACON COLLEGE (1) ABILITY FIRST CORAL GABLES JACKSONVILLE TALLAHASSEE BROOKSVILLE PENSACOLA LEESBURG SUNRISE Part II Part MIAMI

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

Schedule I (Form 998) (2014)

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SCHEDULE (Form 990)

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public Inspection 2014

OMB No. 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, OCCATIONAL PROGRAMS VOCATIONAL PROGRAMS (h) Purpose of grant or assistance Employer identification number Yes 59-3052307 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. non-cash assistance (g) Description of Does the organization maintain records to substantlate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United State 88,000 22,000 CORYGOO 132,000 44,000 22,000 150,100 22,000 30,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC FLORIDA ENDOWMENT FOUNDATION (c) IRC section if spolicable 65-0292125 501c3 59-2177488 501c3 501c3 59-1828770 501c3 501c3 501c3 65-0320556 501c3 59-1820902 501c3 59-0638490 501c3 VOCATIONAL REHABILITATION, General Information on Grants and Assistance 59-1305522 45-2843994 59-3531927 (B) EIN the selection criteria used to award the grants or assistance? COMMUNITY HAVEN FOR CH/AD WITH DISA F SUITE 102 (9) EASTER SEALS SOUTHWEST FLORIDA INC (1) CAREER SOURCE FLORIDA CROWN WKFR(CENTER FOR INDEPENDENT LIVING OF 3) CENTER FOR INDEPENDENT LIVING OF (4) CENTER FOR INDEPENDENT LIVING OF FL 33319 FL 32789 32607 FL 32055 FL 34235 4001 PELEE STREET, SUITE 200 FL 32309 FL 34243 FL 32817 FL 33301 (8) DYSLEXIA RESEARCH INSTITUTE (a) Name and address of organization (6) COMMUNITY INITIATIVES, INC. (7) THE DAN MARINO FOUNDATION 400 NORTH ANDREWS AVENUE 4800 N STATE RD 7 BLDG 1389 US HIGHWAY 90 W 720 NORTH DENNING DR or government 222 SW 36TH TERRACE 5746 CENTERVILLE RD 350 BRADEN AVENUE FOR 4405 DESOTO ROAD LAUDERDALE FT LAUDERDALE Department of the Treasury Internal Revenue Service GAINESVILLE Name of the organization WINTER PARK TALLAHASSEE LAKE CITY SARASOTA SARASOTA ORLANDO Part Ľ 6

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

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SCHEDULE! (Form 990)

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

► Attach to Form 990.

Open to Public Inspection 2014

☐ Yes

OMB No. 1345-0047

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

Employer Identification number 59-3052307 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. VOCATIONAL REHABILITATION, INC. THE FLORIDA ENDOWMENT FOUNDATION General Information on Grants and Assistance the selection criteria used to award the grants or assistance? FOR Department of the Treasury Internal Revenue Service Name of the organization

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Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990. JOCATIONAL PROGRAMS NOCATIONAL PROGRAMS OCATIONAL PROGRAMS VOCATIONAL PROGRAMS OCATIONAL PROGRAMS FOCATIONAL PROGRAMS NOCATIONAL PROGRAMS VOCATIONAL PROGRAMS VOCATIONAL PROGRAMS (h) Purpose of grant or assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. CORY 55,000 61,800 52,000 88,000 22,000 110,000 ,000 22,000 (d) Amount of cash 24 grant (c) IRC section V applicable 501c3 501c3 63-0363472 501c3 59-2085219 501c3 59-6196141 501c3 501c3 501c3 59-2418228 501c3 85-8013854 501c3 59-6209605 59-2788435 59-1197040 59-1842440 (P) EIN (2) FLORIDA PUBLIC BROADCASTING SERVICE GOODWILL INDUSTRIES OF SOUTHWEST | FL (6) GULFSTREAM GOODWILL INDUSTRIES (3) FOUNDATION FOR ORANGE CITY PUB. FL 33731 FL 32302 FL 33905 FL 32801 AL 36617 FL 33407 FL 32804 32340 32207 (a) Name and address of organization (9) MADISON COUNTY SCHOOL BOARD (1) FLORIDA CHAMBER FOUNDATION (8) LIGHTHOUSE CENTRAL FLORIDA 215 EAST NEW HAMPSHIRE ST GOODWILL EASTER SEALS OF DEPT ESE 312 NE DUVAL ST 1715 TIFFANY DRIVE EAST E 2709 ART MUSEUM DRIVE 2448 GORDON SMITH DR or government 445 W AMELIA STREET (7) ILRC/ NORTHEAST FL WEST PALM BEACH PO BOX 11309 5100 TICE ST PO BOX 1691 ST PETERSBURG JACKSONVILLE TALLAHASSEE FORT MYERS ORLANDO ORLANDO MADISON MOBILE Par = 3 9

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

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

Schedule I (Form 990) (2014)

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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990 FLORIDA ENDOWMENT FOUNDATION SCHEDULE (Form 990)

Open to Public 2014 OMB No. 1545-0047 Inspection

Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" to Form 990 VOCATIONAL PROGRAMS VOCATIONAL PROGRAMS TOCATIONAL PROGRAMS VOCATIONAL PROGRAMS VOCATIONAL PROGRAMS VOCATIONAL PROGRAMS VOCATIONAL PROGRAMS VOCATIONAL PROGRAMS OCATIONAL PROGRAMS (h) Purpose of grant or assistance Employer identification number Yes 59-3052307 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed non-cash assistance (g) Description of 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.goviform990. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 135,500 35,000 COBY 22,000 112,000 60,000 41,666 30,000 (d) Amount of cash 46,200 grant FOR VOCATIONAL REHABILITATION, INC. (c) IRC section if applicable 59-0637847 501c3 501c3 59-6000660 50103 59-0874493 501c3 59-1954362 50103 501c3 59-2091480 501c3 501c3 65-0357736 501c3 59-3126545 59-2013160 65-0583089 General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? (9) TALLAHASSEE COMM. COLLEGE FOUNDATIO (6) ST PETERSBURG COLLEGE FOUNDATION (4) SCHOOL DISTRICT OF HILLSBOROUGH (6) SUSAN B ANTHONY RECOVERY CENTER (1) MIAMI LIGHTHOUSE FOR THE BLIND FL 33610 FL 33130 FL 33760 FL 33733 FL 33025 FL 32853 32211 FL 32304 FL 33431 (a) Name and address of organization. 깂 STREET (2) NORTH FLORIDA SCHOOL or government 777 GLADES ROAD 223 MILL CREEK ROAD 444 APPLEYARD DRIVE (7) STAND AMONG FRIENDS 2735 WHITINEY ROAD 1633 POINCIANA DR 5410 NORTH 20TH 601 SW STH AVE (5) SERVICE SOURCE PO BOX 531125 PO BOX 13489 PEMBROKE PINES ST PETERSBURG (3) QUEST, INC. JACKSONVILLE Department of the Treasury Internal Revenue Service TALLAHASSEE Name of the organization CLEARWATER BOCA RATON ORLANDO Part I TAMPA MIAMI

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

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

Schedule I (Form 990) (2014)

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Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990 Open to Public Schedule I (Form 990) (2014) VOCATIONAL PROGRAMS OMB No. 1545-0047 2014 inspection (h) Purpose of grant Employer Identification number or assistance Yes 59-3052307 and the state of t Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed non-cash assistance (g) Description of 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? ▶ Information about Schedule ! (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of noncash assistance ► Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 22,960 (d) Amount of cash COPY grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table VOCATIONAL REHABILITATION, INC. THE FLORIDA ENDOWMENT FOUNDATION (c) IRC section if applicable 59-6152180 501c3 General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA (b) EIN Enter total number of other organizations listed in the line 1 table The state of the s FL 32310 (a) Name and address of organization 1600 RED BARBER PLAZA or government FOR Department of the Treasury Internal Revenue Service Name of the organization TALLAHASSEE SCHEDULE (Form 990) (1) WFSU Part Part 2 0 € 9 9 ε 9 9

SCHEDULE (FORM SW)(2014) INE FLUKILA	ENDOWMENT FO	ENT FOUNDALION 5	59-5052507		Lage /
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.	to Domestic Individ Itional space is need	luals. Complete if the	he organization answ	rered "Yes" to Form 990,	Part IV, line 22.
(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)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
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Part IV Supplemental Information. Provide the		required in Part I, I	line 2, Part III, colum	mformation required in Part I, line 2, Part III, column (b), and any other additional information	tional information.
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					Schedule 1 (Form 990) (2014

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treesury Internal Revenue Service Name of the organization

▶information about Schedule J (Form 990) and its Instructions is at www.irs.gov/form990. THE FLORIDA ENDOWMENT FOUNDATION

FOR VOCATIONAL REHABILITATION, INC.

Employer Identification number

59-3052307

	art I Questions Regarding Compensation			
_			Ýes	No
11	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	ı		100
	First-class or charter travel Housing allowance or residence for personal use	1		
	Travel for companions Payments for business use of personal residence	1		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ŧ	of any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
		1 416		i
	explain	1b		├─
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	1 .		1
		١. ا		
	1a?	2		
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the			
				1
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study	1 1		ł
	Form 990 of other organizations X Approval by the board or compensation committee		ĺ	
	COPT			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			ł
	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		_x_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	-	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	46		
	The state of the s	H		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the revenues of:			l
		_	- 1	
		5a		X
U	Any related organization?	5b		X
	If "Yes" to line 5a ör 5b, describe in Part III.	ĺĺ		
	Engagement Stated in Engage ORD, Parel MII, Constant & Handle and Market		Į	Į.
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation confingent on the net earnings of:			
	The organization?	6a		X
þ	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III	П		
7	For persons listed in Form COS Bort VIII Continue & line 4e still the second still the seco		ļ	
•	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
_	payments not described in lines 5 and 6? if "Yes," describe in Part III	7		X
ō	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe			
	In Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		- 1	
	Regulations section 53.4958-6(c)?	9	- 1	

Schedule J (Form 990) 2014

Page 2 orn 990) 2014 THE FLORIDA ENDOWNENT FOUNDATION 59-3052307
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

A) Name and Title Compensation) Besse (ii) Bonus & incentive compensation compensation 0	(III) Other reportable compensation	other deferred compensation	benefits	(a)-(a)(a)	in column (B) reported as deferred in prior	
SUSANNE HOMANT PRESIDENT (1) (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4	192,558					Form 990
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(i)	1000000					***************************************

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Part III Supplemental Information	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this par for any additional information.	e this par
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Schedule J. (Form 880) 2014	xm 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or 990-EZ.

Open to Public Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

THE FLORIDA ENDOWMENT FOUNDATION Name of the organization DOD MOCOMITONIAL DEMADE TEATION

59-3052307

FOR VOCATIONAL REMABILITATION, INC. 139-3052307	
Form 990, Part III, Line 4d - All Other Accomplishment	i
THROUGH THE HIGH SCHOOL/HIGH TECH PROGRAM, STUDENTS WITH ALL TYPES	OF
DISABILITIES ARE ENCOURAGED TO SET THEIR SIGHTS ON COLLEGE AND A CA	AREER IN
THE FIELDS OF SCIENCE, TECHNOLOGY, ENGINEERING, OR MATH. MORE THAN	1,000
STUDENTS PARTICIPATE IN HIGH SCHOOL/HIGH TECH EACH YEAR, WHERE THE	HAVE A
OPPORTUNITY TO TAKE FIELD TRIPS TO COLLEGE CAMPUSES, BUSINESSES, AND COLLEGE CAMPUSES, BUSINESSES, BUSINESSE	ND.
TECHNOLOGY-RELATED ATTRACTIONS. THEY ARE OFFERED WORKPLACE EXPERI	ences
THROUGH JOB SHADOWING ACTIVITIES AND INTERNSHIPS DURING THEIR INVOI	LVEMENT
IN THE PROGRAM.	
Form 990, Part VI, Line 11b - Organization's Process to Review Form	n 990
THE BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE FORM 990 TO REVI	
TO FILING.	
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy	
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MONITORS THE POL	ICĂ
ANNUALLY AND PERIODICALLY AS APPROPRIATE.	
	41(4)4-48)(410
Form 990, Part VI, Line 15a - Compensation Process for Top Officia	1
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS	
APPROVES THE BASE SALARY OF THE PRESIDENT AND CEO.	· · · · · · · · · · · · · · · · · · ·
) **
Form 990, Part VI, Line 15b - Compensation Process for Officers	
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE BASE	SALARY
AND ANNUAL INCENTIVE OPPORTUNITIES OF THE PRESIDENT.	.,.,

Name of the organization	Page 2
THE FLORIDA ENDOWMENT FOUNDATION	Employer Identification number 59-3052307
Form 990, Part VI, Line 19 - Governing Docum	ments Disclosure Evolenation
ALL GOVERNING DOCUMENTS ARE AVAILABLE TO THE	108000 800
AVAILABLE ON THE ORGANIZATION'S WEBSITE AND	THE REMAINDER ARE AVAILABLE
UPON REQUEST.	
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	Page 1 of 1

Schedule O (Form 990 or 990-EZ) (2014)

BLIND SERVICES FOUNDATION OF FLORIDA, INC. `ENABLING THE BLIND`

State of Florida Direct Support Organization Annual Report Fiscal Year 2015-2016

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

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

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

Maintains its mission and is focused on strategies that are closely aligned with the priorities of the FDBS and with the needs of people who are blind in Florida;

Serves as an efficient fiscal agent for statewide initiatives and developmental projects for the benefit of blind and/or visually impaired Floridians through fundraising and direct support of advocacy groups;

Exhibits sound fiscal management which is documented in its 990 filing and the annual Biker's Care Tag Financial Report.

The Foundation is an effective vehicle for cultivating meaningful partnerships between the FDBS and other stakeholders and

Is actively engaged in developing and successfully executing innovative programs such as the Bikers Care Tag initiative and supports the efforts of the FDBS to promote services to support people who are blind and/or visually impaired in Florida.

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

The Blind Services Foundation of Florida, Inc., serves Florida's blind citizens with appropriate deliberation and intensity. Our efforts are to use funds raised by the Foundation to support, among other options, programs of the FDBS. We also conduct programs and activities for the benefit of citizens of Florida who are blind and/or visually impaired.

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

- The development and launch of an informative and active website.
- Publishing and disbursement of brochures.
- Secured twenty percent to the Blind Services Foundation from the sale of motorcycle specialty license plates (Florida.320.08068).
- Increased Board size to 8 members.
- Awarded \$32,292 in FY 2011-12, to 12 service provider organizations to serve additional clients through the DBS Blind Babies Program;¹
- Awarded \$4,343.27 in FY 2012-13, to the DBS Gifts and Donations trust fund to support special projects;
- Awarded \$53,861.19 in FY 2013-14, for DBS to develop a marketing video to employers on the benefits
 of hiring individuals with visual disabilities with the goal of reducing their potential fears about
 blindness and "attitudinal barriers" within the workforce;²
- Awarded \$50,000 in FY 2014-15, for DBS to conduct outreach efforts and host interactive forums³ with employers, teachers, and other groups within the community to improve their perceptions and increase opportunities for individuals with visual disabilities to live, work and play;
- Awarded \$46,158.62 in FY 2015-16, for Miami Dade College to establish a scholarship endowment for students who are blind or visually impaired; and
- Awarded \$10,000 in FY 2015-16, to support activities recognizing the 75th Anniversary of the creation of Florida Blind Services.
- Awarded \$689.32 to Florida Association of Deaf/Blind to hire grant writing services.
- Members signed annual Conflict of Interest Statement.
- Filed Annual 990 with IRS.

• Registered annual Certification to Solicit Contributions with the Department of Agriculture and Consumer Services.

Filed Annual Report with Sunbiz.org.

¹ The Blind Babies Program provides community-based early-intervention education to children, from birth to 5 years old, and their families and caregivers (s. 413.092, F.S.)

² McDonnall, Michele. "Interviews with VR Agency Personnel and Employers." The National Research and Training Center on Blindness and Low Vision, Mississippi State University, October 2014, p. 8

³ These forums are hosted by individuals who are blind and visually impaired, where they demonstrate ways they overcome challenges related to blindness and fully participate in daily living activities

- Maintains Board liability insurance.
- Participated in statewide committee to establish a camp for children who are blind or visually impaired.
- In August 2015, met with the Director of Highway, Safety Motor Vehicle's leadership team to discuss assistance with marketing of the Bikers Care motorcycle tag and education and enforcement of the White Cane Law.

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

- Increase recognition of the Bikers Care Tag and the direct participation of the biker community via new marketing initiatives;
- Provide support to encourage, challenge, motivate and recruit people and other not for profit
 organizations to support the FDBS as they serve Florida's blind citizens with shrinking resources and
 exploding senior populations;
- Develop strategic planning to identify a statewide need for further needs assessments as they relate to services and funding;
- Continue to help with communication and messaging of the FDBS and determine what level of support is appropriate for development;
- The importance of contacting local tax offices was stressed and we were also informed of other competing new biker licenses that were set to launch.

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

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

Related Successes

The 'See Different' Initiative

Individuals who are blind and visually impaired share the same desire as those who are fully sighted to live independently in and contribute to their community. However, misperceptions of "limitations" associated with blindness create barriers for many with visual disabilities to fully engage in employment and other activities. A study conducted by Mississippi State University cited "attitudinal barriers" among employers relate to not understanding "what blind people can do" and general fears about blindness. With a \$50,000 award from the Blind Services Foundation of Florida in 2015, The

Division of Blind Services (DBS) is working to change these perceptions through the newly established "See Different" initiative to help employers and others see blindness from a different perspective and recognize the opportunities these individuals bring to Florida's economy. This is being accomplished through interactive forums, where individuals with visual impairments are hosting sessions to show, not just tell, how they have overcome barriers to independence. These sessions include assistive technology demonstrations, simulated experiences, independent living tools and techniques, and "Question & Answer" sessions to alleviate concerns and improve awareness. During the first year of the initiative, the See Different Team, comprised of DBS staff members with varying degrees of visual impairment, have presented these interactive forums to groups of state employees, college students, elementary school students, and children attending summer camp. Thus far the feedback has been great. A video demonstrating the "See Different" activities can be viewed at: https://www.youtube.com/watch?v=cOiHjolMkhY

DBS Employment Services Marketing

With a \$52,049.29 in from the Blind Services Foundation of Florida, The Division of Blind Services was able to work with a production company to create a powerful marketing video that advertises the benefits of hiring clients of the Division. This video presents perspectives from both the employee and the employer on the services and supports provided by the DBS Vocational Rehabilitation Program. These services and supports include higher education and vocational training programs, counseling and guidance provided by our VR counselors, equipment and/or software and training on how to use them, workspace modifications, etc. The primary audience for this piece is employers, but we hope the video may also resonate with individuals with visual impairments who are seeking employment and even those who may not have thought employment was an option due to their visual. We produced both a 5 minute informational video which is featured on our website, social media, and distributed through various other avenues. The project also yielded 15 and 30 second clips that are currently being aired on Xfinity.com and other Comcast affiliate websites. The videos can be viewed at the links below.

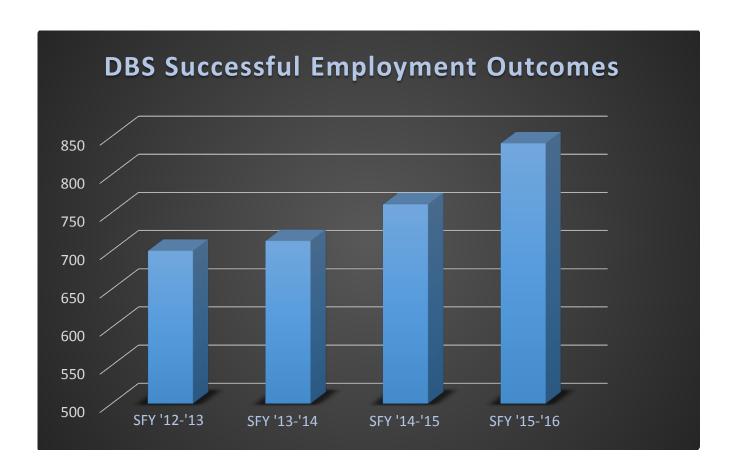
Full Video: https://www.youtube.com/watch?v=xbvnczGytCk

15 second: https://www.youtube.com/watch?v=hm28AjYVxXo

30 second: https://www.youtube.com/watch?v=U4PvWbfahIg

30 second (2): https://www.youtube.com/watch?v=krOrECNG3cw

The number of DBS clients who successfully gain or retain employment has steadily increased over the last few years. In FY '14-'15 DBS set a 10-year record by helping 761 individuals gain or retain employment. This year, after completing and releasing the marketing video, DBS far exceeded that standard. Through partnerships with its network of community Rehabilitation programs, the Division of Blind Services has assisted 841 individuals with achieving successful employment outcomes.



DBS Client Employment Success Stories

Rachel McCullough

At 17, **Rachel McCullough** was a student leader in the process of running for student body president at her high school when she began to lose her vision. Following a doctor's visit, she was diagnosed with Stargardt's Disease, the most common form of inherited juvenile macular degeneration. She immediately turned to the Division of Blind Services and began learning to live as a person with low vision.

Now 30, Ms. McCullough is a general practitioner in private practice, specializing in land use law and civil litigation. She meets with clients, drafts legal pleadings, argues motions in court and conducts depositions — all in an attempt to assist clients get through difficult life crises. She is the founder and Executive Director of 4SITE; a scholarship organization granting private scholarships to students with low vision in our community who are seeking independence through education.

"DBS, its counselors and resources are invaluable," McCullough said. "Every visually impaired or blind person should link up with DBS, if not to learn about the latest and greatest technology, then to have an advocate in their corner; one there to guide you through life as a person with low vision or blindness. We are lucky to have a great facility in our own community."

Joshua Espinal

After graduating from the Division of Blind Services Rehabilitation Center where he learned how to get around using a white cane and how to use assistive technology to help him complete daily tasks, **Joshua Espinal** is the Criminal Investigation Department's victim aide for the Daytona Beach Police Department. Some of his duties include calling the victims to verify their safety or answer any concerns they may have about their respective cases. Additionally, Mr. Espinal follows up with the State Attorney's Office to check on dispositions, and serves as a Spanish interpreter. Prior to losing his vision a few years ago, Joshua served in the U.S. Army where he completed four tours of active duty — two to Iraq and two to Afghanistan.

Bart Butler

Bart Butler, who has been blind since 2005, was desperate for work when DBS helped him land a position at Hillsborough Community College's Plant City campus. Butler took a specialist position at the campus' largest and most popular venue, the more than 20,000 square-foot John R. Trinkle Center. With the aid of a "talking" computer, smart phone and a guide dog named Teddy, the 57-year-old Butler schedules events from weddings to government meetings. In his position, he learns how large of a space each prospective customer needs, and any special requirements, such as decorations. He draws up contracts with the help of a computer that can convert voice to text and vice versa.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A			lendar year, or tax year beginning $$			2015		
۴		eck if applicable: dress change	C Name of organization) Employer id	lentification number		
F	╡		Blind Services Foundation of Florida, Inc		55-088			
-	Initi	ial return	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		Telephone n	umber		
	Fina	al return/terminated	325 W Gaines St Turlington Bldg 11114		(850)	245-0392		
	=	nended return	City or town, state or province, country, and ZIP or foreign postal code	 F	Group Ex			
			Tallahassee FL 32399		Number			
G		ccounting Meth				organization is not		
I			ww.floridablindservices.org		d to attach S			
J	Ta	x-exempt status	$\frac{1}{3} (\text{check only one}) - \boxed{X} 501(c)(3) \qquad \boxed{501(c) (} \qquad) \blacktriangleleft (\text{insert no.}) \qquad \boxed{4947(a)(1) \text{ or}} \qquad \boxed{527}$	(Form 9	990, 990-62,	or 990-PF).		
K		orm of organiz		15 t - t - l				
L	as	ssets (Part II, o	a, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			56,210.		
P	<u>'art</u>		ue, Expenses, and Changes in Net Assets or Fund Balances (see the					
			the organization used Schedule O to respond to any question in this Part I					
			ons, gifts, grants, and similar amounts received			55,134.		
			service revenue including government fees and contracts					
	1		hip dues and assessments					
	- 1		nt income			1,026.		
			ount from sale of assets other than inventory		50.			
			t or other basis and sales expenses					
			s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	50.		
-		-	and fundraising events come from gaming (attach Schedule G if greater than \$15,000) 6 a					
F	<u> </u>							
E	Ξ	2 Global Modified Holling of Glide (Not Michaelling of Glide (Not Mich						
L			ross income and contributions exceeds \$15,000) 6 b					
Ī		•	ect expenses from gaming and fundraising events 6 c					
		d Net incon 6b and su	ne or (loss) from gaming and fundraising events (add lines 6a and ubtract line 6c)		6 d			
		7 a Gross sa	les of inventory, less returns and allowances					
			st of goods sold					
			ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
			venue (describe in Schedule O)					
		9 Total rev	renue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶ 9	56,210.		
	-	10 Grants a	nd similar amounts paid (list in Schedule O)	ŗṃţ	10	53,408.		
	. '	11 Benefits	paid to or for members		11			
,	v 1	12 Salaries,	other compensation, and employee benefits		12			
ĺ	P .	13 Profession	13					
Ī	P E N S E S	14 Occupan	14					
1	E ·	15 Printing,	15					
	- 1	16 Other ex	penses (describe in Schedule O)	ing to Odiet E	xpenses 16 ► 17	1,726.		
_	-	17 Total ex	penses. Add lines 10 through 16		18	<u>55,134.</u>		
			or (deficit) for the year (Subtract line 17 from line 9)		10	1,076.		
N E T	SE	19 Net asse figure rep	ets or fund balances at beginning of year (from line 27, column (A)) (must agree with end- ported on prior year's return)....................................	of-year	19	90,060.		
T	T S	20 Other ch	anges in net assets or fund balances (explain in Schedule O)		20			
		21 Net asse	ets or fund balances at end of year. Combine lines 18 through 20		. > 21	91,136.		

Par	Balance Sheets (see the instruction used Schedu	uctions for Part II)	on in this Part II			П
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			90,060		91,136.
23	Land and buildings		1	C	. 23	0.
24	Other assets (describe in Schedule O)			C		0.
25	Total assets		L	90,060		91,136.
	Total liabilities (describe in Schedule O).					0.
	Net assets or fund balances (line 27 of co			90,060	. 27	91,136.
Par	Statement of Program Service Ac Check if the organization used Sche					Expenses
What i	s the organization's primary exempt purpose? See	Oncomination's Drivers France	at Dumasa			uired for section 501) and 501(c)(4)
Desc meas bene	ribe the organization's program service accounted by expenses. In a clear and concise mited, and other relevant information for each	organization's Primary Exemples propriet to the services propriet in program title.	ree largest program so provided, the number of	ervices, as of persons	orga	nizations; optional thers.)
28	Quality services and prog	rams to the blind	which will er	able		
	them to gain or substain independe	<u>nce. Endowment investmen</u>	<u>t fund established</u>	d to fund future		
	program expenses from inc (Grants \$ 53,408.) If this	<u>ome generated from</u>	the fund.		т	
	(Grants \$ 53,408.) If this	s amount includes foreign grar	its, check here		28 a	53,408.
29					-	
					-	
	(Grants S) If this	s amount includes foreign grar	ats shock hore		29 a	
30	(Grants \$	s amount includes loreign gran	its, check here		29 a	
30					-	
					-	
	(Grants S) If this	s amount includes foreign grar	nts, check here] 30 a	
31	Other program services (describe in Sched				1	
		s amount includes foreign grar			31 a	
32	Total program service expenses (add lin				32	53,408.
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	loyees (list each one o	even if not compensated	– see t	he instructions for Part IV)
	Check if the organization used Sche	edule O to respond to any que	stion in this Part IV.			
			1	(d) Health benefi		1
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employed benefit plans, and de compensation	oyee	(e) Estimated amount of other compensation
—— Pau		week devoted to	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employers benefit plans, and de	oyee	
	l Edwards	week devoted to	(If not paid, enter -0-)	contributions to employers benefit plans, and de	oyee	
Cha	l Edwards	week devoted to position	(If not paid, enter -0-)	contributions to employee benefit plans, and de compensation	oyee ferred	other compensation
<u>Cha</u>	l Edwards	week devoted to position	(If not paid, enter -0-)	contributions to employee benefit plans, and de compensation	oyee ferred	other compensation
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Cha Tec Vic Rob Boa	l Edwards ir Hull e Chair ert Kelley rd Member	week devoted to position	(If not paid, enter -0-)	contributions to emploenefit plans, and de compensation	oyee ferred	other compensation
Cha Tec Vic Rob Boa Jes	l Edwards ir Hull e Chair ert Kelley rd Member	10.00 10.00	(If not paid, enter -0-)	contributions to emplehenent plans, and de compensation	O.	O .
Cha Tec Vic Rok Boa Jes Boa	l Edwards ir Hull e Chair ert Kelley rd Member tus Garcia	10.00	(If not paid, enter -0-)	contributions to emple benefit plans, and de compensation	O.	O.
Cha Tec Vic Rob Boa Jes Boa Bru	l Edwards ir Hull e Chair ert Kelley rd Member eus Garcia ard Member	10.00 10.00 10.00	(If not paid, enter -0-)	contributions to emple benefit plans, and de compensation	0. 0.	0 . 0 . 0 .
Cha Tec Vic Rok Boa Jes Boa Bru	l Edwards ir Hull e Chair ert Kelley rd Member eus Garcia ard Member	10.00 10.00	(If not paid, enter -0-)	contributions to emplehenent plans, and de compensation	O.	0 . 0 . 0 .
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Teo Vic Rok Boa Jes Bry Tre She Sec Boa	l Edwards ir Hull e Chair ert Kelley rd Member us Garcia rd Member uce Miles easurer eryl K Brown eretary edht Sayer	10.00 10.00 10.00 10.00	(If not paid, enter -0-)	contributions to emple benefit plans, and de compensation	0. 0. 0. 0.	0. 0. 0. 0. 0. 0.
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Charles Charle	l Edwards ir Hull e Chair ert Kelley rd Member us Garcia rd Member ce Miles easurer eryl K Brown eretary edt Sayer rd Member e Minichiello ard Member ert Doyle	10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00	(If not paid, enter -0-)	contributions to emple benefit plans, and de compensation	0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0.
Charles Charle	l Edwards ir Hull e Chair ert Kelley rd Member us Garcia rd Member ce Miles easurer eryl K Brown eretary edt Sayer rd Member e Minichiello ard Member ert Doyle	10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00	(If not paid, enter -0-)	contributions to emple benefit plans, and de compensation	0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0.
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Par	ttv Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	If 'Yes,' provide a detailed description of each activity in Schedule Ó	33		X
34	, , , , , , , , , , , , , , , , , , ,			
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Χ
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	0.5		
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		<u>X</u>
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		<u>X</u>
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions • 37 a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Χ
ŀ	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
á	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
-,0,	section 4911 section 4912 section 4955 section 4955			
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Χ
(c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
(d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Χ
41	and the second s	400		
~1	List the states with which a copy of this retain is nice			
42	a The organization's books are in care of ► Sharon Scurry Telephone no. ► (850)	245.	- N 3 0	2
	books are in care of Sharon Scurry Telephone no. (850) Located at 325 W Gaines St Room 1114 Turlington Bldg Tallahassee FL ZIP+4 32399	_24]	033	<u>_</u>
			Yes	No
	b 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)?	42 b		X
	If 'Yes,' enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
		1 7		X
	c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		
	c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		·
	c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		
		42 c		
		42 c		
43	If 'Yes,' enter the name of the foreign country:		•	
43	If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		•	
43	If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		Yes	No
	If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		Yes	No X
44	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		Yes	Х
44	If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	44 a	Yes	
44	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	44 a	Yes	X
44	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	44 a 44 b 44 c	Yes	X X X
44	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	44 a 44 b 44 c	Yes	X

orm 990-EZ	(2014) Blind Services Found	dation of Flor	ida, Inc	55-088	8147 Page 4
46 Did the candida	organization engage, directly or indirectly, ites for public office? If 'Yes,' complete Sch	in political campaign a nedule C, Part I	ctivities on behalf of or in		. 46 Yes No
	Section 501(c)(3) organizations All section 501(c)(3) organizations for lines 50 and 51.	only s must answer que	stions 47-49b and 5	2, and complete the	tables
	Check if the organization used Schedule C) to respond to any que	estion in this Part VI		
comple	organization engage in lobbying activities te Schedule C, Part II				
49 a Did the	rganization a school as described in section organization make any transfers to an exe	ampt non-charitable rela	ated organization?	*******	- · 49a X
50 Comple	was the related organization a section 52 ete this table for the organization's five high rees) who each received more than \$100,0	nest compensated emp	loyees (other than officer	s, directors, trustees and	
· ·	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
lone					
	The same wine, while same was same same same same same same same, and same same same same same				
Commence of the commence of th					
	and and got the total and the total and total and total and total and the total and to				
	number of other employees paid over \$100				<u></u>
	ete this table for the organization's five hig ensation from the organization. If there is n			e of service	(c) Compensation
None	a) Name and business address of each independent con	B SCIO	(43,13)	, Mr. 2016 8 800	(4) 55.75
		and the control of th	*:*		
	and the season was the season was the season who have the come, find the season week from the	المنظر منسر بسيد بينيد بينيد بينيد بينيد بينيد بينيد بينيد بينيد بينيد البيد 	•		
and action which cannot return taken	e une une une une une une une une une un	and formal and control frague, before record frames and every more and	₩ 3000 1000 1000 1000 1000 1000 1000 1000		
	to the time the time that the time the time the time time the time time the time time time time time time time tim				
52 Did th	number of other independent contractors e e organization complete Schedule A? Not leted Schedule A	e. All section 501(c)(3)	organizations must attack		► X Yes N
	of perjury, I declare that I have examined this return, incid complete. Declaration of praparer (other than officer) i				s
Sign	Signature of Officer			10/30/15 Date	
Here	Sheryl K Brown Type or print name and title			Secretary	
***************************************	Print/Type preparer's name	Preparer's signature	Date 12.7 (O.C.)	Check if	PONOSECENT
Paid	Gloria Mills	Gloria Mills	<u> 11/06/</u> eultipa	T2 Self-emblohed	P00256501
Preparer Use Only	Firm's name > Irescue Tax Pla Firm's address > 3708 W BAY TO B		outerna	Firm's EIN	59-3376509
~~~ ~*****	TAMPA		FL 33629	-6912 Phone no. (8	<u>813) 837-1100</u>
May the IR	S discuss this return with the preparer sho	wn above? See instruc	tions	• १५ ता के के के ले के ले के ले	▶ X Yes No
	<u> </u>				Form 990-EZ (20