

Required Report Pursuant to Chapter 2014-096 Citizen Support and Direct Support Organizations- s. 20.058, F.S.

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
Florida College System Foundation P.O. Box 10503 Tallahassee, FL 32302 850-245-9494 www.fldoe.org/fcs/foundation	Section 1004.71, F.S.	<p>The Florida College System Foundation is organized and shall be operated exclusively for charitable, cultural, scientific and educational purposes, and for the realization and attainment thereof for the following purposes:</p> <ol style="list-style-type: none"> 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, or to dispose of by sale, exchange, transfer or otherwise, property, both real and personal, either as absolute owner of, as trustee thereof, and to manage and administer the same. i. To receive contributions, grants, gifts, from 	<p>Goal 1: Increase Student Support (Scholarships, Books, Technology and other Support Programs)</p> <p>Goal 2: Increase System Support (Grants, Programs, Marketing and support for Division, Chancellor, Institutions and Faculty)</p> <p>Goal 3: Organizational Growth to Reflect System Growth (Board Development and Growth; Staff Expansion)</p> <p>See attached 2012-2016 Strategic Plan Document under Tab 2.</p>	See Tab 1.	<p>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</p>

Required Report Pursuant to Chapter 2014-096 Citizen Support and Direct Support Organizations- s. 20.058, F.S.

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
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 <ul style="list-style-type: none"> • Strengthen the systems of standards and accountability in Florida and to lead in the advancement and evolution of these systems; 	See Tab 2.	The Foundation: <ul style="list-style-type: none"> • 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

Required Report Pursuant to Chapter 2014-096 Citizen Support and Direct Support Organizations- s. 20.058, F.S.

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
<p>The Florida Education Foundation, Inc. 325 West Gaines Street, Room 1524 Tallahassee, FL 32399-0400 850-245-9692 www.floridaeducationfoundation.org</p>		<p>secondary education and a career.</p>	<ul style="list-style-type: none"> • 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. 		<p>and conferences;</p> <ul style="list-style-type: none"> • 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.
<p>Florida Endowment for Vocational Rehabilitation (dba The Able Trust) 3320 Thomasville Rd, Ste. 200 Tallahassee, FL 32308 850-224-4493 www.abletrust.org</p>	<p>Section 413.615, F.S.</p>	<p>The Able Trust's mission is to be a key leader in providing Floridians with disabilities opportunities for successful employment.</p>	<p>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.</p> <ul style="list-style-type: none"> • 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 	<p>See Tab 3.</p>	<p>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</p>

Required Report Pursuant to Chapter 2014-096 Citizen Support and Direct Support Organizations- s. 20.058, F.S.

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
<p>Florida Endowment for Vocational Rehabilitation (dba The Able Trust) 3320 Thomasville Rd, Ste. 200 Tallahassee, FL 32308 850-224-4493 www.abletrust.org</p>			<p>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.</p> <ul style="list-style-type: none"> • The Able Trust should continue its efforts to expand work experiences for job seekers, which might include job shadowing, mentoring, internships, or other related activities. Additional Internship Seminars should be conducted in cooperation with regional business groups, trade associations, and Chambers of Commerce. • The Able Trust should implement its 3rd year statewide communications plan, directed towards business and designed to change misperceptions and increase the number of people with disabilities who are successfully employed. • The Able Trust should continue its internal, youth programs, contingent upon obtaining outcome data that supports the resources dedicated to the programs and evidence that the programs continue to contribute to the mission. • Florida Youth Leadership Forum: Goal of 45 – 50 new students each year. • Florida High School High Tech: Goal is expansion at a 1–2 new sites per year, 		<p>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.</p> <p>HSHT program Highlights:</p> <ul style="list-style-type: none"> • 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. <p>YLF program Highlights:</p> <ul style="list-style-type: none"> • During the FY16, the YLF hosted 48 high school students with disabilities to participate in a four-day leadership development and career exploration event.

Required Report Pursuant to Chapter 2014-096 Citizen Support and Direct Support Organizations- s. 20.058, F.S.

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
			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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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

Required Report Pursuant to Chapter 2014-096 Citizen Support and Direct Support Organizations- s. 20.058, F.S.

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. <ul style="list-style-type: none"> • 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 forums¹ 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.

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, read 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)).

Form **990**

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 calendar year, or tax year beginning 07/01/14 and ending 06/30/15

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE FLORIDA COLLEGE SYSTEM FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) FL DEPT EDUCATION P.O. DRAWER 10503 City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE FL 32302-0503	D Employer identification number 65-0530384 E Telephone number 850-245-9494 G Gross receipts \$ 12,975,508
F Name and address of principal officer: JUDY GREEN FL DEPT EDUCATION P.O. DRAWER 10503 TALLAHASSEE FL 32302-0503		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ FLORIDACOLLEGESYSTEM.COM/FOUNDATION		L Year of formation: 1994 M State of legal domicile: FL
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20		
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0		
	6 Total number of volunteers (estimate if necessary)	6	20		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0	
b Net unrelated business taxable income from Form 990-T, line 34	7b		0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	180,009	Current Year	54,003
	9 Program service revenue (Part VIII, line 2g)		51,612		53,039
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,591,124		2,059,765
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		814		43
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,823,559		2,166,850
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		933,690		1,136,581
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)				0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				0
	16a Professional fundraising fees (Part IX, column (A), line 11e)				0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶				0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		453,610		684,260
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,387,300		1,820,841
19 Revenue less expenses. Subtract line 18 from line 12		436,259		346,009	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	22,549,347	End of Year	21,741,303
	21 Total liabilities (Part X, line 26)		0		0
	22 Net assets or fund balances. Subtract line 21 from line 20		22,549,347		21,741,303

Part II Signature Block

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

Sign Here	Signature of officer JUDY GREEN	Date _____	Title PRESIDENT	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name KATHLEEN E. BROTHERS	Preparer's signature <i>Kathleen E. Brothers CPA</i>	Date 05/09/16	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P01256711
	Firm's name ▶ CARROLL AND COMPANY, CPAS	Firm's EIN ▶ 59-3038528	Firm's address ▶ 2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308	Phone no. 850-877-1099

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,735,220** including grants of \$ **1,136,581**) (Revenue \$ **53,039**)

GRANTS MADE TO THE FLORIDA COLLEGES TO FUND SCHOLARSHIPS FOR STUDENTS AND OTHER ACTIVITIES SUPPORTING THE FLORIDA COLLEGE SYSTEM.

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶ 1,735,220**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
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 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?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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 the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	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.		
13a	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.		
13b	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	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section 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.	20	
1b	Enter the number of voting members included in line 1a, above, who are independent	20	
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	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		X

Section 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?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b 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	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	a The organization's CEO, Executive Director, or top management official		X
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**

**JUDY GREEN
TALLAHASSEE**

P.O. DRAWER 10503

FL 32302

850-245-9494

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. JOHN BELOHLAVEK	3.00									
DIRECTOR	0.00	X					0	0	0	
(2) WENDY WALKER	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 ALLBRITTEN	6.00									
VICE CHAIR	0.00	X		X			0	0	0	
(6) BRIAN P. BUWALDA	6.00									
TREASURER	0.00	X		X			0	0	0	
(7) TERESA BORCHECK	3.00									
DIRECTOR	0.00	X					0	0	0	
(8) NANCY BOTERO	3.00									
DIRECTOR	0.00	X					0	0	0	
(9) DR. ANN MCGEE	6.00									
PAST CHAIR	0.00	X		X			0	0	0	
(10) GEORGE I. PLATT, III	3.00									
DIRECTOR	0.00	X					0	0	0	
(11) VIOLETA SALUD	3.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) LARRY STEWART	3.00									
DIRECTOR	0.00	X					0	0	0	
(13) MICHAEL HIGHTOWER	6.00									
CHAIR	0.00	X		X			0	0	0	
(14) TAMI CULLENS	3.00									
DIRECTOR	0.00	X					0	0	0	
(15) STACEY WEBB	3.00									
DIRECTOR	0.00	X					0	0	0	
(16) DR. THOMAS E. FURLONG, JR	3.00									
DIRECTOR	0.00	X					0	0	0	
(17) WILLIAM CRAMER	3.00									
DIRECTOR	0.00	X					0	0	0	
(18) LYN STANFIELD	3.00									
DIRECTOR	0.00	X					0	0	0	
(19) KAREN MOORE	3.00									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							81,000		29,062	
d Total (add lines 1b and 1c)							81,000		29,062	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JOHN PADGET DIRECTOR	3.00 0.00	X						0	0	0
(13) JUDY GREEN PRESIDENT	40.00 0.00			X				81,000	0	29,062
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total								81,000		29,062
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 50,000				
	f All other contributions, gifts, grants and similar amounts not included above	1f 4,003				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		54,003			
Program Service Revenue	2a SEMINAR REGISTRATION FEES	Busn. Code 900099	53,039	53,039		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		53,039			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		519,214		519,214	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	12,349,209			
		(ii) Other				
		b Less: cost or other basis & sales exps.	10,808,658			
		c Gain or (loss)	1,540,551			
	d Net gain or (loss)		1,540,551			1,540,551
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming 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 returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Busn. Code					
11a MISCELLANEOUS INCOME	900099	43			43	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		43				
12 Total revenue. See instructions.		2,166,850	53,039	0	2,059,808	

Part IX Statement of Functional Expenses

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

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

X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,136,581	1,136,581		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
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):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	140,959	140,664	295	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	225,498	207,364	18,134	
12	Advertising and promotion	8,125	6,577	1,548	
13	Office expenses	13,860	8,255	5,605	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	45,743	38,798	6,945	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	104,019	62,902	41,117	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,636		1,636	
23	Insurance	984		984	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	UNCOLLECTIBLE GRANTS	128,000	128,000		
b	HONORARIUMS	6,800	4,800	2,000	
c	AWARDS & RECOGNITION	5,976	612	5,364	
d	EDUCATION AND TRAINING	2,660	667	1,993	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,820,841	1,735,220	85,621	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	1		
	2	Savings and temporary cash investments	2,570,568	2	1,657,591
	3	Pledges and grants receivable, net	388,930	3	61,430
	4	Accounts receivable, net		4	1,877
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	20,376		
	10b	Less: accumulated depreciation	18,060		
			3,952	10c	2,316
	11	Investments—publicly traded securities	19,575,814	11	20,003,698
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	10,083	15	14,391	
16	Total assets. Add lines 1 through 15 (must equal line 34)	22,549,347	16	21,741,303	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,952	27	33,939
	28	Temporarily restricted net assets	6,543,165	28	5,705,134
	29	Permanently restricted net assets	16,002,230	29	16,002,230
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	22,549,347	33	21,741,303	
34	Total liabilities and net assets/fund balances	22,549,347	34	21,741,303	

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	2,166,850
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,820,841
3	Revenue less expenses. Subtract line 2 from line 1	3	346,009
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,549,347
5	Net unrealized gains (losses) on investments	5	-1,154,053
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	21,741,303

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		<input checked="" type="checkbox"/>
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis Consolidated basis Both consolidated and separate basis	<input checked="" type="checkbox"/>	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
3b	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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

**THE FLORIDA COLLEGE SYSTEM
FOUNDATION, INC.**

Employer identification number

65-0530384

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	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

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	163,270	886,970	1,219,989	311,003	184,997	2,766,229
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, 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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	38.82%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	42.47%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.)		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b A family member of a person described in (a) above?
 - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a The organization satisfied the Activities Test. Complete **line 2** below.
 - b The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

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

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - 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.
- 3 **Parent of Supported Organizations. Answer (a) and (b) below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
 - 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.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	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, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 2014 . . .			

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

PART II, LINE 10 - OTHER INCOME 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

Schedule of Contributors

OMB No. 1545-0047

2014

▶ 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 THE FLORIDA COLLEGE SYSTEM FOUNDATION, INC.	Employer identification number 65-0530384
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------

Organization type (check one):

- | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Filers of:

Form 990 or 990-EZ

Form 990-PF | Section:

<input checked="" type="checkbox"/> 501(c)(3) (enter number) organization

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation

<input type="checkbox"/> 527 political organization

<input type="checkbox"/> 501(c)(3) exempt private foundation

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation

<input type="checkbox"/> 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 totaling \$5,000 or more during the year ▶ \$

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

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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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

2014

Open to Public Inspection

Name of the organization THE FLORIDA COLLEGE SYSTEM FOUNDATION, INC.	Employer identification number 65-0530384
------------------------------------------------------------------------------------	-----------------------------------------------------

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	Yes	No
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 impermissible private benefit?	Yes	No

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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	

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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) 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	▶	\$
b Assets included in Form 990, Part X	▶	\$

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,002,230	16,002,230	16,002,230	16,002,230	16,002,230
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	16,002,230	16,002,230	16,002,230	16,002,230	16,002,230

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

- a** Board designated or quasi-endowment %
 - b** Permanent endowment ▶ 100.00 %
 - c** Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		20,376	18,060	2,316
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,316

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

X

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,002,832
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,154,053	
b	Donated services and use of facilities	2b	130,994	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	140,959	
b	Other (Describe in Part XIII.)	4b		
c	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	

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

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

1	Total expenses and losses per audited financial statements		1	1,810,876
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	130,994	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	130,994	
3	Subtract line 2e from line 1	3	1,679,882	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	140,959	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	140,959	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,820,841	

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

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.

**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**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

**THE FLORIDA COLLEGE SYSTEM
FOUNDATION, INC.**

Employer identification number
65-0530384

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	EASTERN FLORIDA STATE COLLEGE 1519 CLEARLAKE ROAD, BLDG 2, RM 225 COCOA FL 32922	59-1747177	3	30,071				VARIOUS AWARDS
(2)	COLLEGE OF CENTRAL FLORIDA P.O. BOX 1388 OCALA FL 34478	59-6139037	3	25,583				VARIOUS AWARDS
(3)	CHIPOLA COLLEGE 3094 INDIAN CIRCLE MARIANNA FL 32446	59-2074070	3	6,086				VARIOUS AWARDS
(4)	DAYTONA STATE COLLEGE P.O. BOX 2811 DAYTONA BEACH FL 32120	59-1581805	3	53,034				VARIOUS AWARDS
(5)	FLORIDA SOUTHWESTERN STATE COLLEGE P.O. BOX 60210 FORT MYERS FL 33906	59-6173638	3	31,734				VARIOUS AWARDS
(6)	FLORIDA STATE COLLEGE AT JACKSONVIL 501 WEST STATE ST JACKSONVILLE FL 32202	23-7168438	3	64,316				VARIOUS AWARDS
(7)	FLORIDA KEYS COMMUNITY COLLEGE 5901 COLLEGE ROAD KEY WEST FL 33040	59-6173174	3	13,915				VARIOUS AWARDS
(8)	GULF COAST STATE COLLEGE 5230 W HIGHWAY 98 PANAMA CITY FL 32401	59-1682455	3	19,874				VARIOUS AWARDS
(9)	BROWARD COLLEGE 225 EAST LAS OLAS BLVD. FORT LAUDERDALE FL 33301	23-7181959	3	86,439				VARIOUS AWARDS

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

▶ 31

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

▶ 0

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

Schedule I (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**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

**THE FLORIDA COLLEGE SYSTEM
FOUNDATION, INC.**

Employer identification number

65-0530384

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HILLSBOROUGH COMMUNITY COLLEGE P.O. BOX 31127 TAMPA FL 33631	59-1810717	3	56,303				VARIOUS AWARDS
(2)	INDIAN RIVER STATE COLLEGE 3209 VIRIGINA AVE FORT PIERCE FL 34981	59-1105591	3	45,422				VARIOUS AWARDS
(3)	FLORIDA GATEWAY COLLEGE 149 SE COLLEGE PLACE LAKE CITY FL 32025	59-1627997	3	16,744				VARIOUS AWARDS
(4)	LAKE-SUMTER STATE COLLEGE 9501 US HIGHWAY 441 LEESBURG FL 34788	59-1990323	3	15,952				VARIOUS AWARDS
(5)	STATE COLLEGE OF FLORIDA, MANATEE-S P.O. BOX 1849 BRADENTON FL 34206	59-1843274	3	53,406				VARIOUS AWARDS
(6)	MIAMI DADE COLLEGE 300 NE SECOND AVE #4102 MIAMI FL 33132	59-6169745	3	101,825				VARIOUS AWARDS
(7)	NORTH FLORIDA COMMUNITY COLLEGE 325 NW TURNER DAVIS DRIVE MADISON FL 32340	59-6179948	3	26,963				VARIOUS AWARDS
(8)	NORTHWEST FLORIDA STATE COLLEGE 100 COLLEGE BLVD NICEVILLE FL 32578	59-2865698	3	21,201				VARIOUS AWARDS
(9)	PALM BEACH STATE COLLEGE 4200 CONGRESS AVE LAKE WORTH FL 33461	59-1818556	3	40,064				VARIOUS AWARDS

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

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

Schedule I (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**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

**THE FLORIDA COLLEGE SYSTEM
FOUNDATION, INC.**

Employer identification number

65-0530384

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PASCO-HERNANDO STATE COLLEGE 10230 RIDGE ROAD NEW PORT RICHEY FL 34654	59-1731676	3	25,426				VARIOUS AWARDS
(2)	PENSACOLA STATE COLLEGE 1000 COLLEGE BLVD PENSACOLA FL 32504	59-6173057	3	41,371				VARIOUS AWARDS
(3)	POLK STATE COLLEGE 999 AVE H, NE WINTER HAVEN FL 33881	59-1819213	3	45,718				VARIOUS AWARDS
(4)	SANTA FE COLLEGE 3000 NORTHWEST 83RD ST GAINESVILLE FL 32606	51-0240884	3	28,506				VARIOUS AWARDS
(5)	SEMINOLE STATE COLLEGE OF FLORIDA 100 WELDON BLVD SANFORD FL 32773	23-7033822	3	39,079				VARIOUS AWARDS
(6)	SOUTH FLORIDA STATE COLLEGE 13 EAST MAIN ST AVON PARK FL 33825	59-3050497	3	26,373				VARIOUS AWARDS
(7)	ST. JOHNS RIVER STATE COLLEGE 5001 ST. JOHNS AVE PALATKA FL 32077	23-7336585	3	20,092				VARIOUS AWARDS
(8)	ST. PETERSBURG COLLEGE P.O. BOX 13489 ST. PETERSBURG FL 33733	59-1954362	3	72,312				VARIOUS AWARDS
(9)	TALLAHASSEE COMMUNITY COLLEGE 444 APPELYARD DRIVE TALLAHASSEE FL 32304	59-2091480	3	29,115				VARIOUS AWARDS

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

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

Schedule I (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**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

**THE FLORIDA COLLEGE SYSTEM
FOUNDATION, INC.**

Employer identification number
65-0530384

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVE TAMPA FL 33620	59-3102112	3	10,000				VARIOUS AWARDS
(2)	VALENCIA COLLEGE P.O. BOX 3028 ORLANDO FL 32802	23-7442785	3	69,657				VARIOUS AWARDS
(3)	FLORIDA INTERNATIONAL UNIVERSITY UNIVERSITY PARK, PC 125 MIAMI FL 33199	65-0177616	3	10,000				VARIOUS AWARDS
(4)	UNIVERSITY OF NORTH FLORIDA 1 UNIVERSITY NORTH FL DRIVE JACKSONVILLE FL 32224	59-2976169	3	10,000				VARIOUS AWARDS
(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

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

Schedule I (Form 990) (2014)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

**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.

Name of the organization

THE FLORIDA COLLEGE SYSTEM

Employer identification number

65-0530384

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

PROGRAM SERVICE

MGT & GENERAL

FUNDRAISING

OTHER PROFESSIONAL FEES

\$ 207,364

\$ 18,134

\$ 0

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2014

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment Sequence No **179**

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

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
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	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,636

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,636
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

THERE ARE NO AMOUNTS FOR PAGE 2

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.

1. Name, mailing address, telephone number and website address:

The Florida Education Foundation, Inc.
325 West Gaines Street, Room 1524
Tallahassee, FL 32399-0400
850-245-9692
www.floridaeducationfoundation.org

2. Statutory Authority – Florida Statute 1001.24

3. Mission – 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

- 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

- 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)

2014
Open to Public Inspection

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 and its instructions is at www.irs.gov/form990.

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FLORIDA EDUCATION FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 325 W. GAINES ST., STE. 1532 City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE, FL 32399 F Name and address of principal officer: TRACY PIERCE SAME AS C ABOVE	D Employer identification number 59-2718509 E Telephone number (850) 245-9983 G Gross receipts \$ 1,431,535. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FLORIDAEDUCATIONFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1985 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RECEIVE, HOLD, INVEST AND ADMINISTER PROPERTY AND TO MAKE EXPENDITURES TO OR FOR THE BENEFIT 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 14 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">608,176.</td> <td style="text-align: right;">866,504.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">369,820.</td> <td style="text-align: right;">416,890.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">141,836.</td> <td style="text-align: right;">148,141.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,119,832.</td> <td style="text-align: right;">1,431,535.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	608,176.	866,504.	9 Program service revenue (Part VIII, line 2g)	369,820.	416,890.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	141,836.	148,141.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,119,832.	1,431,535.						
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h)	608,176.	866,504.																								
9 Program service revenue (Part VIII, line 2g)	369,820.	416,890.																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	141,836.	148,141.																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.																								
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,119,832.	1,431,535.																								
Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">193,928.</td> <td style="text-align: right;">124,672.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">941,936.</td> <td style="text-align: right;">998,620.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">1,135,864.</td> <td style="text-align: right;">1,123,292.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">-16,032.</td> <td style="text-align: right;">308,243.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	193,928.	124,672.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	941,936.	998,620.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,135,864.	1,123,292.	19 Revenue less expenses. Subtract line 18 from line 12	-16,032.	308,243.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	193,928.	124,672.																								
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.																								
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																								
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.																										
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	941,936.	998,620.																								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,135,864.	1,123,292.																								
19 Revenue less expenses. Subtract line 18 from line 12	-16,032.	308,243.																								
Net Assets or Fund Balances		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">4,748,025.</td> <td style="text-align: right;">4,976,086.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">211,835.</td> <td style="text-align: right;">290,846.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">4,536,190.</td> <td style="text-align: right;">4,685,240.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	4,748,025.	4,976,086.	21 Total liabilities (Part X, line 26)	211,835.	290,846.	22 Net assets or fund balances. Subtract line 21 from line 20	4,536,190.	4,685,240.												
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16)	4,748,025.	4,976,086.																								
21 Total liabilities (Part X, line 26)	211,835.	290,846.																								
22 Net assets or fund balances. Subtract line 21 from line 20	4,536,190.	4,685,240.																								

Part II Signature Block

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

Sign Here	Signature of officer TRACY PIERCE, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MARK JONES	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00280681
	Firm's name ▶ CARR, RIGGS & INGRAM, LLC Firm's address ▶ 1713 MAHAN DRIVE TALLAHASSEE, FL 32308	Firm's EIN ▶ 72-1396621 Phone no. (850) 878-8777

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FLORIDA EDUCATION FOUNDATION PROMOTES AND SUPPORTS ACADEMIC EXCELLENCE FOR PRE-KINDERGARTEN THROUGH 12TH GRADE STUDENTS IN FLORIDA. THE FOUNDATION RECOGNIZES OUTSTANDING TEACHERS AND EDUCATIONAL CONTRIBUTORS, DEVELOPS STRATEGIC ALLIANCES WITH BUSINESS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 340,242. including grants of \$ 6,000.) (Revenue \$ 297,585.) CHOICE FUND ALLOCATES RESOURCES FROM PUBLIC CONTRIBUTIONS TO PROVIDE TECHNICAL ASSISTANCE TO CHARTER SCHOOL CONSTITUENTS

4b (Code:) (Expenses \$ 206,719. including grants of \$) (Revenue \$) FLORIDA STANDARDS COMMUNICATIONS FUND - INCLUDES RESOURCES FOR USE IN INCREASING AWARENESS AND BASIC UNDERSTANDING OF ALL OF THE FLORIDA STANDARDS TO ALL EDUCATION STAKEHOLDERS.

4c (Code:) (Expenses \$ 142,851. including grants of \$ 5,232.) (Revenue \$) SUNSHINE STATE SCHOLARS FUND - INCLUDES RESOURCES FROM PUBLIC AND/OR PRIVATE DONATIONS TO RECOGNIZE EACH DISTRICT'S TOP 11TH GRADE SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) STUDENTS AND RECRUIT THEM TO PURSUE THEIR POST SECONDARY EDUCATION IN A FLORIDA COLLEGE OR UNIVERSITY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 390,687. including grants of \$ 113,440.) (Revenue \$ 119,305.)

4e Total program service expenses 1,080,499.

Part IV Checklist of Required Schedules

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

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with corresponding input fields and Yes/No columns.

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

Section 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.		
	1a 10		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

Section 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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12b			
c	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?		X
14	Did the organization have a written document retention and destruction policy?		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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		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?		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 exempt status with respect to such arrangements?		
16b			

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ORLANDO GOMEZ DIRECTOR	5.00	X					0.	0.	0.	
(2) PIYUSH PATEL DIRECTOR	5.00	X					0.	0.	0.	
(3) ALAN LEVY DIRECTOR	5.00	X					0.	0.	0.	
(4) CONNIE SMITH DIRECTOR	5.00	X					0.	0.	0.	
(5) MARY CHANCE EX-OFFICIO DIRECTOR	5.00	X					0.	0.	0.	
(6) JOE YORK DIRECTOR	5.00	X					0.	0.	0.	
(7) CHRISTIE BASSETT EX-OFFICIO DIRECTOR	5.00	X					0.	0.	0.	
(8) BRUCE O'DONOGHUE DIRECTOR	5.00	X					0.	0.	0.	
(9) MAUREEN WILT DIRECTOR	5.00	X					0.	0.	0.	
(10) STACY CARLSON CHAIRMAN	5.00			X			0.	0.	0.	
(11) JIM THOMPSON VICE-CHAIR	5.00			X			0.	0.	0.	
(12) NATHAN A. ADAMS, IV TREASURER	5.00			X			0.	0.	0.	
(13) JENNIFER GROVE SECRETARY	5.00			X			0.	0.	0.	
(14) MARY LEE KIRACOFE EXECUTIVE DIRECTOR	40.00			X			0.	72,000.	18,279.	

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 866,504.				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f	866,504.				
	Program Service Revenue	2 a CONFERENCE REGISTRATIO	Business Code 900099	416,890.	416,890.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		416,890.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		80,512.		80,512.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	67,629.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	0.			
		c Gain or (loss)	67,629.			
	d Net gain or (loss)		67,629.		67,629.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		1,431,535.	416,890.	0.	148,141.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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				
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):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g 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				
17 Travel	34,211.	25,174.	9,037.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
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 O.)				
a MISCELLANEOUS	2,987.		2,987.	
b				
c				
d				
e 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.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	97,197.	1	56,848.
	2 Savings and temporary cash investments	1,870,660.	2	2,235,935.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,472.	4	4,655.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	340.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,778,696.	12	2,678,308.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,748,025.	16	4,976,086.	
Liabilities	17 Accounts payable and accrued expenses	19,114.	17	15,445.
	18 Grants payable		18	
	19 Deferred revenue	169,767.	19	252,445.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	22,954.	25	22,956.
	26 Total liabilities. Add lines 17 through 25	211,835.	26	290,846.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,229,674.	27	3,181,845.
	28 Temporarily restricted net assets	1,306,516.	28	1,503,395.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,536,190.	33	4,685,240.	
34 Total liabilities and net assets/fund balances	4,748,025.	34	4,976,086.	

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	1,431,535.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,123,292.
3	Revenue less expenses. Subtract line 2 from line 1	3	308,243.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,536,190.
5	Net unrealized gains (losses) on investments	5	-159,193.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,685,240.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
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 the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2014)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	800,857.	1773924.	1991739.	608,176.	866,504.	6041200.
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 ...	152,493.	156,721.	148,456.	151,150.	115,642.	724,462.
4 Total. Add lines 1 through 3	953,350.	1930645.	2140195.	759,326.	982,146.	6765662.
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.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	953,350.	1930645.	2140195.	759,326.	982,146.	6765662.
8 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 activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						7221836.
12 Gross receipts from related activities, etc. (see instructions)					12	1,597,518.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	93.68 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	95.06 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section 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 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?		
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).		
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.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
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.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	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, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

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

FLORIDA EDUCATION FOUNDATION, INC.

Employer identification number

59-2718509

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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 FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number 59-2718509
-------------------------------------------------------------------	-----------------------------------------------------

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	AT&T 208 SOUTH ADARD, SUITE 100 DALLAS, TX 75202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BILL & MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HELIOS EDUCATION FOUNDATION 2415 EAST CAMELBACK ROAD, SUITE 500 PHOENIX, AZ 85016	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY 3 STATE FARM PLAZA BLOOMINGTON, IL 61791	\$ 25,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MACY'S FOUNDATION 7 W SEVENTH ST CINCINNATI, OH 45202	\$ 102,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FLORIDA LEAGUE OF CITIES TOTAL PO BOX 1757 TALLAHASSEE, FL 32302	\$ 20,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number 59-2718509
-------------------------------------------------------------------	-----------------------------------------------------

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
7	<u>FLORIDA LOTTERY TOTAL</u> <u>250 MARRIOTT DRIVE</u> <u>TALLAHASSEE, FL 32301</u>	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number 59-2718509
-------------------------------------------------------------------	-----------------------------------------------------

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

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

Name of organization FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number 59-2718509
-------------------------------------------------------------------	-----------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for 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. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE 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

2014

Open to Public Inspection

Name of the organization

FLORIDA EDUCATION FOUNDATION, INC.

Employer identification number

59-2718509

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

	(a) Donor advised funds	(b) Funds and other accounts
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 at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- 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 ▶ _____
- 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 requirements of section 170(h)(4)(B)(i) 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.

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.

- 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.
 - 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	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

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

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

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

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

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

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

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

Table with columns Yes, No and rows 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, b Buildings, c Leasehold improvements, 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.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS	2,678,308.	END-OF-YEAR MARKET 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" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RECIPIENT	22,956.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,457,259.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-159,193.
b	Donated services and use of facilities	2b	115,642.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	69,275.
e	Add lines 2a through 2d	2e	25,724.
3	Subtract line 2e from line 1	3	1,431,535.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,431,535.

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

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

1	Total expenses and losses per audited financial statements	1	1,308,207.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	115,642.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	69,273.
e	Add lines 2a through 2d	2e	184,915.
3	Subtract line 2e from line 1	3	1,123,292.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,123,292.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEES 69,273.

ROUNDING 2.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 69,275.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEES 69,273.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

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

Name of the organization

Employer identification number
59-2718509

FLORIDA EDUCATION FOUNDATION, INC.

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWARD COUNTY PUBLIC SCHOOLS 600 SOUTHEAST THIRD AVENUE FORT LAUDERDALE, FL 33301			6,000.	0.			GENERAL

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

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

Schedule I (Form 990) (2014)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TEACHER OF THE YEAR AWARD	143	101,000.	0.		
SERVICE AWARDS	5	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.

PART I, LINE 2:

THE RECIPIENT IS PROVIDED AN AWARD BASED ON THEIR SERVICE AND THERE ARE NO RESTRICTIONS ON WHAT THE FUNDS CAN BE USED FOR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

FLORIDA EDUCATION FOUNDATION, INC.

Employer identification number

59-2718509

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)

432211
08-27-14

Name of the organization FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number 59-2718509
----------------------------------------------------------------	----------------------------------------------

TOTAL EXPENSES 20,046.

PROG EXP PROF SVCS - CCSS COMM :

PROGRAM SERVICE EXPENSES 42,246.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 42,246.

PROF SVCS - NSC DATA PILOT :

PROGRAM SERVICE EXPENSES 4,800.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 4,800.

GRANT RELATED PROF SCVD-CHOICE :

PROGRAM SERVICE EXPENSES 34,757.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 34,757.

GRANT RELATED PROF SCVS - FLST :

PROGRAM SERVICE EXPENSES 141,842.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 141,842.

PROFESSIONAL FEES :

PROGRAM SERVICE EXPENSES 0.

Name of the organization FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number 59-2718509
-----------------------------------------------------------------------	-----------------------------------------------------

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.

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FLORIDA DEPARTMENT OF EDUCATION	0	115,642	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

FLORIDA EDUCATION FOUNDATION, INC.

59-2718509

Name and title of officer
TRACY PIERCE
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,431,535.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer


Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CARR, RIGGS & INGRAM, LLC to enter my PIN 02123
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature  Date ▶ 4/25/16

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59178096621
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CARR, RIGGS & INGRAM, LLC Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

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.

1. 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.

Accepted: _____ Date: _____

Print Name: _____

Form **990**

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

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 07/01/14 and ending 06/30/15

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.
Doing business as THE ABLE TRUST
Number and street (or P.O. box if mail is not delivered to street address) 3320 THOMASVILLE ROAD
City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE FL 32308-7906

D Employer identification number 59-3052307
E Telephone number 850-224-4493
G Gross receipts \$ 7,224,157

F Name and address of principal officer:
SUSANNE HOMANT
3320 THOMASVILLE ROAD SUITE 200
TALLAHASSEE FL 32308-7906

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.ABLETRUST.ORG

K Form of organization: Corporation Trust Association Other

H(c) Group exemption number 1991 **M** State of legal domicile: FL

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. <u>THE ABLE TRUST IS A 501(C)(3) NON-PROFIT PUBLIC-PRIVATE PARTNERSHIP WITH A MISSION TO BE A KEY LEADER IN PROVIDING FLORIDIANS WITH DISABILITIES OPPORTUNITIES FOR SUCCESSFUL EMPLOYMENT.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>9</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>9</u>
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<u>11</u>
	6 Total number of volunteers (estimate if necessary)	<u>34</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>0</u>
7b Net unrelated business taxable income from Form 990-T, line 34	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>2,193,099</u>
	9 Program service revenue (Part VIII, line 2g)	<u>94,358</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,057,883</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	<u>95,966</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>3,441,306</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>1,453,879</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>840,922</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25) <u>116,321</u>	<u>0</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>867,569</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>3,162,370</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>278,936</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>31,440,151</u>
	21 Total liabilities (Part X, line 26)	<u>4,390,241</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>27,049,910</u>

YOUR FILE COPY

Signature Block

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

Sign Here

Signature of officer: [Signature]

Date: 11/11/15

SUSANNE HOMANT

PRESIDENT

Type or print name and title

Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if PTIN

Richard P. Lamb, CPA

11/02/15

self-employed P00025470

Firm's name LAW, REDD, CRONA & MUNROE, P.A.

Firm's EIN 59-2221664

Firm's address 2075 Centre Pointe Blvd Suite 200

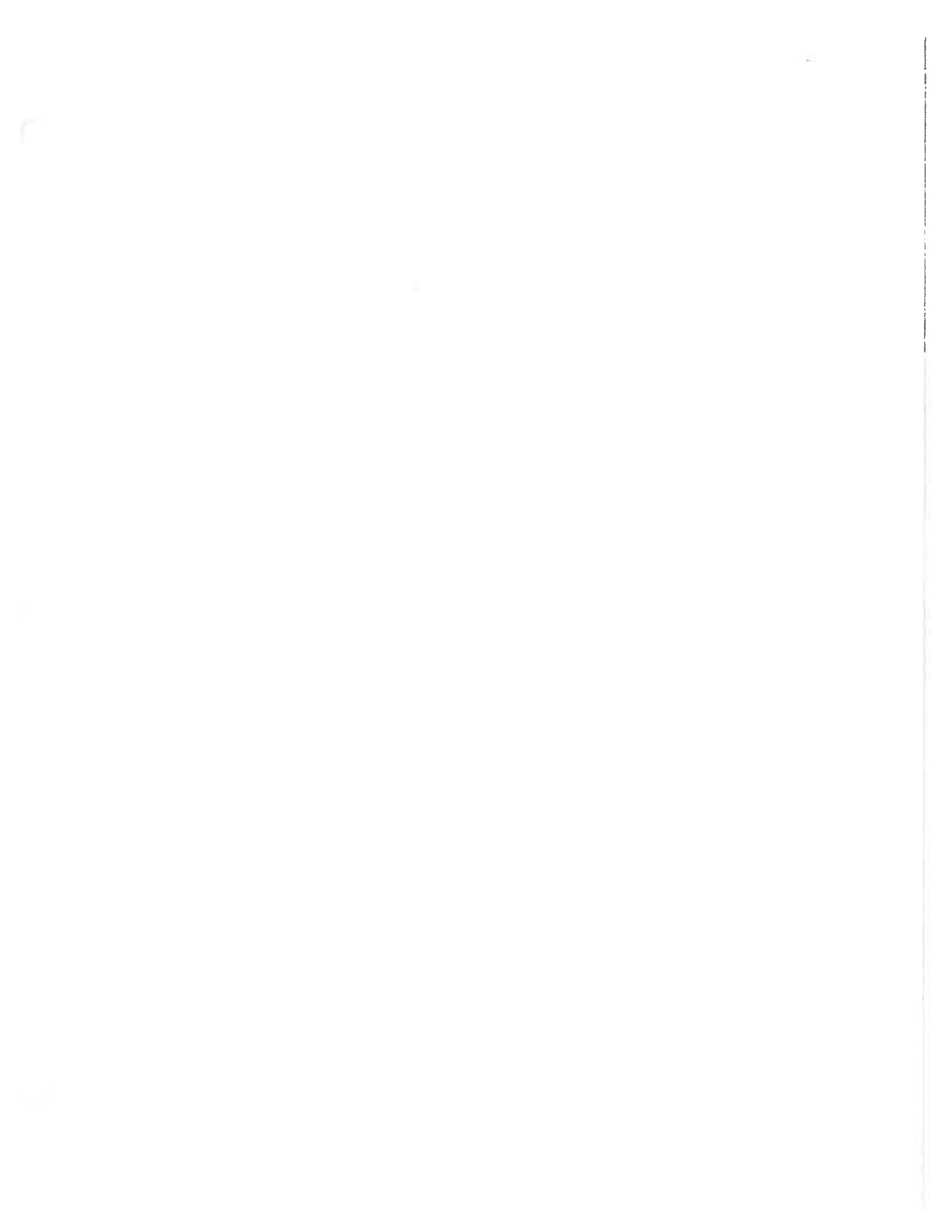
Tallahassee, FL 32308-4893

Phone no. 850-878-6189

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.



Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE ABLE TRUST IS A 501(C)(3) NON-PROFIT PUBLIC-PRIVATE PARTNERSHIP WITH A MISSION TO BE A KEY LEADER IN PROVIDING FLORIDIANS WITH DISABILITIES OPPORTUNITIES FOR SUCCESSFUL EMPLOYMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,494,929 including grants of \$ 2,051,384) (Revenue \$)

THE ORGANIZATION ASSISTS FLORIDIANS WITH DISABILITIES IN ACHIEVING EMPLOYMENT AND PROVIDES GRANTS TO SUPPORT VOCATIONAL REHABILITATION PROGRAMS AND SERVICES LEADING TO THE EMPLOYMENT OF FLORIDA CITIZENS WITH DISABILITIES.

COPY

4b (Code:) (Expenses \$ 96,794 including grants of \$) (Revenue \$ 122,925)

THE FLORIDA YOUTH LEADERSHIP FORUM (YLF) IS AN ANNUAL CAREER AND LEADERSHIP TRAINING PROGRAM THAT IS BOTH EDUCATIONAL AND MOTIVATIONAL. HIGH SCHOOL JUNIORS AND SENIORS WITH DISABILITIES ARE SELECTED EACH SUMMER TO SPEND A WEEK IN TALLAHASSEE, FLORIDA LEARNING ABOUT COMMUNITY AND ACADEMIC LEADERSHIP. THEY ALSO TAKE PART IN SOCIAL ACTIVITIES WHICH ENABLES THEM TO NETWORK, LEARN FROM EACH OTHER, AND BUILD FRIENDSHIPS THAT WILL LAST A LIFETIME. THE YLF IS SUPPORTED BY THE FLORIDA DEVELOPMENTAL DISABILITIES COUNCIL AND OTHER MAJOR SPONSORS.

4c (Code:) (Expenses \$ 460 including grants of \$) (Revenue \$ 23,000)

DISABILITY EMPLOYMENT AWARENESS MONTH/DISABILITY MENTORING DAY (DEAM/DMD) IS COMMEMORATED EACH OCTOBER AND PAIRS STUDENTS WITH DISABILITIES WITH EMPLOYERS FOR A ONE-ON-ONE JOB SHADOWING EXPERIENCE. DEAM/DMD IS DESIGNED TO EXPOSE YOUNG ADULTS TO A VARIETY OF CAREER OPTIONS AND PROVIDE THEM WITH A BETTER UNDERSTANDING OF THE WORKPLACE ENVIRONMENT. PARTICIPANTS ARE GIVEN A CHANCE TO LEARN ABOUT A TYPICAL WORK DAY AS WELL AS THE SKILLS AND EDUCATION NEEDED FOR THE SPECIFIC CAREER. EMPLOYERS BENEFIT FROM DEAM/DMD BY UNDERSTANDING WHAT PEOPLE WITH DISABILITIES HAVE TO OFFER TO THE WORKPLACE.

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 3,592,183

Part IV Checklist of Required Schedules

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

Form 990 (2014) THE FLORIDA ENDOWMENT FOUNDATION 59-3052307

Page 4

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
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 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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 the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4986?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
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		
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		
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		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

COPY

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

Section 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.	9	
1b	Enter the number of voting members included in line 1a, above, who are independent	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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

Section 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?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **SUSANNE HOMANT**
3320 THOMASVILLE ROAD
TALLAHASSEE

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARCY BENTON TREASURER	1.00 0.00	X		X				0	0	0
(2) RICHARD L. COLE JR. CHAIR	5.00 0.00	X		X				0	0	0
(3) LESLIE D. GOLDMAN, MBA DIRECTOR	1.00 0.00	X						0	0	0
(4) JEFFREY HURST, MBA DIRECTOR	1.00 0.00	X						0	0	0
(5) SCOT M. LAFERTE DIRECTOR	1.00 0.00	X						0	0	0
(6) KAREN MOORE SECRETARY	1.00 0.00	X		X				0	0	0
(7) BRIDGET R. PALLANGO VICE CHAIR	1.00 0.00	X		X				0	0	0
(8) ARLENE STATEN SHACKELFORD DIRECTOR	1.00 0.00	X						0	0	0
(9) ANN MARIE TAGLIANTI DIRECTOR	1.00 0.00	X						0	0	0
(10) SUSANNE HOMANT PRESIDENT	60.00 0.00			X				192,558	0	14,722
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
(18)									
(19)									
1b Sub-total						192,558		14,722	
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						192,558		14,722	

COPY

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,175,596			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	653,726			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		3,829,322			
Program Service Revenue	2a YOUTH LEADERSHIP FORUM	Busn. Code 900099	122,925	122,925		
	b DISABILITY MENTORING DAY	900099	23,000	23,000		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		145,925			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,000,239			1,000,239
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal	COPY			
	b Less: rental exps.					
	c Rental inc or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)		262,522			262,522
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming 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 returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue						
11a ADMIN FEES	Busn. Code 900099	39,542			39,542	
b MOTORCYCLE PLATES	900099	30,630	30,630			
c PERSONAL CARE ATTENDANT	900099	25,637	25,637			
d All other revenue	900099	1,140	1,140			
e Total. Add lines 11a-11d		96,949				
12 Total revenue. See instructions.		5,334,957	203,332	0	1,302,303	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,051,384	2,051,384		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	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)				
7 Other salaries and wages	523,457	439,704	36,642	47,111
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,653	23,228	1,936	2,489
9 Other employee benefits	43,745	36,746	3,062	3,937
10 Payroll taxes	44,134	37,073	3,089	3,972
11 Fees for services (non-employees):				
a Management				
b Legal	55,714	46,800	3,900	5,014
c Accounting	32,934	27,665	2,305	2,964
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	4,089	3,360	280	360
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	729	613	51	65
12 Advertising and promotion	217,654	217,654		
13 Office expenses	16,638	13,976	1,165	1,497
14 Information technology	19,158	16,093	1,341	1,724
15 Royalties				
16 Occupancy	109,137	91,675	7,640	9,822
17 Travel	4,320	3,629	302	389
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	48,032	40,347	3,362	4,323
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,465	9,630	803	1,032
23 Insurance	9,476	7,960	663	853
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HIGH SCHOOL/HIGH TECH	116,673	116,673		
b YOUTH LEADERSHIP FORUM	96,794	96,794		
c CEO PROGRAM MANAGEMENT EX	95,107	79,890	6,657	8,560
d DVR STAFF EVENTS	40,000	40,000		
e All other expenses	26,068	21,387	676	4,005
25 Total functional expenses. Add lines 1 through 24e	3,796,536	3,592,183	88,032	116,321
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	1,626,470	2	2,129,985
	3 Pledges and grants receivable, net		3	
	4 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	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,190	9	8,283
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 397,858		
	b Less: accumulated depreciation	10b 249,083	10c 160,241	148,775
	11 Investments—publicly traded securities	21,104,959	11	20,811,590
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,499,971	15	9,055,269
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,440,151	16	32,572,052	
Liabilities	17 Accounts payable and accrued expenses	4,390,241	17	5,108,690
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,390,241	26	5,108,690
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	23,140,367	27	23,703,982
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	3,909,543	29	3,759,380
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	27,049,910	33	27,463,362	
34 Total liabilities and net assets/fund balances	31,440,151	34	32,572,052	

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	5,334,957
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,796,536
3	Revenue less expenses. Subtract line 2 from line 1	3	1,538,421
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,049,910
5	Net unrealized gains (losses) on investments	5	-1,124,969
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,463,362

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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
2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.** Employer identification number **59-3052307**

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) FL. DEPT OF EDUC. DIV. OF VOCATIONAL REHABILITATION		6	X		3,592,183	0
(B)						
(C)						
(D)						
(E)						
Total					3,592,183	

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on		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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	X	
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).		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		X
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.		X
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).		X
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.		X
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).		X
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)		X
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.		X
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.		X
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.		X
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.		X
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
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.		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
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.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
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.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	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, 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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

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

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

COPY

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

COPY

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

Schedule of Contributors

OMB No. 1545-0047

2014

▶ 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 THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.	Employer identification number 59-3052307
------------------------------------------------------------------------------------------------------------	-----------------------------------------------------

Organization type (check one):

- | | |
|--------------------|----------------------------------------------------------------------------------------------------|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1a, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1a</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1a, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1a	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1a, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1a														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing 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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		18,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			18,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 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).

	Yes	No
1 Were substantially all (90% 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 agree to carry over lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-B, Line 1
 DIRECT CONTACT WITH LEGISLATORS AND GOVERNMENT OFFICIALS TO MONITOR
 LEGISLATION THAT AFFECTS VOCATIONAL REHABILITATION.

Part IV Supplemental Information (continued)

COPY

**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 8, 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

2014

Open to Public Inspection

Name of the organization THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.	Employer identification number 59-3052307
-------------------------------------------------------------------------------------------------------------	-----------------------------------------------------

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate value of contributions to (during year)	50,000	
3 Aggregate value of grants from (during year)	100,000	
4 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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 impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 1/1/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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) 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 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Schedule D (Form 990) 2014 **THE FLORIDA ENDOWMENT FOUNDATION** 59-3052307 Page 2
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,271,291	21,900,287	19,928,857	19,275,690	16,451,455
b Contributions	98,430	84,523	50,000	99,167	164,500
c Net investment earnings, gains, and losses	-289,983	2,343,191	1,983,992	634,422	2,705,043
d Grants or scholarships	218,250	56,710	62,562	80,422	45,308
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	23,861,488	24,271,291	21,900,287	19,928,857	19,275,690

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

- a Board designated or quasi-endowment ▶ 87.82 %
 - b Permanent endowment ▶ 12.18 %
 - c Temporarily restricted endowment ▶ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold Improvements		164,921	26,638	138,283
d Equipment		87,554	81,275	6,279
e Other		145,383	141,170	4,213
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				148,775

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RESTRICTED INVESTMENTS	5,100,137
(2) RESTRICTED CASH	2,847,538
(3) CONTRIBUTIONS RECEIVABLE (DEFERRED)	703,250
(4) ANNUITY RECEIVABLE	150,586
(5) DUE FROM DIVISION OF REHABILITATION	137,756
(6) INSURANCE RECEIVABLE	97,750
(7) PFG STOCK	14,002
(8) DEPOSITS	4,000
(9) GIFT CARDS	250
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 9,055,269	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
 Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,209,988
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
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	2e	-1,124,969	
3	Subtract line 2e from line 1	3	5,334,957	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,334,957	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,796,536
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
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	2e		
3	Subtract line 2e from line 1	3	3,796,536	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,796,536	

COPY

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

PERMANENT ENDOWMENTS RECEIVED FROM DONORS ARE INVESTED IN PERPETUITY WITH DISTRIBUTIONS DESIGNATED MOSTLY FOR THE ABLE TRUST'S GENERAL PURPOSES, WITH A FEW OF THE PERMANENT ENDOWMENT FUNDS DESIGNATED FOR HIGH SCHOOL/HIGH TECH PROGRAMS OR HIV RELATED PROGRAMS. THE BOARD DESIGNATED ENDOWMENTS REPRESENT RESOURCES CONTRIBUTED BY THE FOUNDATION TO INCREASE INVESTMENT PRINCIPAL.

COPY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

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

Name of the organization: **THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.**
Employer identification number: **59-3052307**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ABILITY FIRST 1823 BUFORD CT TALLAHASSEE FL 32308	59-2091522	501c3	66,000				VOCATIONAL PROGRAMS
(2)	ARC BROWARD, INC. 10250 NORTHWEST 53RD ST SUNRISE FL 33351	59-0809623	501c3	41,666				VOCATIONAL PROGRAMS
(3)	ARC GATEWAY, INC. 3932 N. 10TH AVENUE PENSACOLA FL 32503-2807	59-0940528	501c3	COPY 071				VOCATIONAL PROGRAMS
(4)	ARC NATURE COAST 5283 NEFF LAKE RD BROOKSVILLE FL 34601	23-7305830	501c3	24,000				VOCATIONAL PROGRAMS
(5)	BAPTIST HEALTH OF S. FLORIDA, INC. 6855 SW 57TH AVENUE CORAL GABLES FL 33143-3647	65-0267668	501c3	60,000				VOCATIONAL PROGRAMS
(6)	BASCOM PALMER EYE INSTITUTE PO BOX 0160880 MIAMI FL 33101-6880	23-7404880	501c3	10,000				VOCATIONAL PROGRAMS
(7)	BEACON COLLEGE 105 EAST MAIN STREET LEESBURG FL 34748	59-2961536	501c3	22,000				VOCATIONAL PROGRAMS
(8)	BREVARD SCHOOLS FOUNDATION 2700 JUDGE FRAN JAMIESON WAY VIERA FL 32940	59-2895155	501c3	44,000				VOCATIONAL PROGRAMS
(9)	BROOKS HEALTH FOUNDATION (GENESIS) 3599 UNIVERSITY BLVD S. JACKSONVILLE FL 32216	59-2249340	501C3	64,841				VOCATIONAL PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: **37**
3 Enter total number of other organizations listed in the line 1 table: **37**

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

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

Name of the organization: **THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.**
Employer identification number: **59-3052307**

Part I General information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CAREER SOURCE FLORIDA CROWN WKFRG 1389 US HIGHWAY 90 W LAKE CITY FL 32055	59-3531927	501c3	88,000				VOCATIONAL PROGRAMS
(2)	CENTER FOR INDEPENDENT LIVING OF 4800 N STATE RD 7 BLDG F SUITE 102 FT LAUDERDALE FL 33319	65-0292125	501c3	22,000				VOCATIONAL PROGRAMS
(3)	CENTER FOR INDEPENDENT LIVING OF 720 NORTH DENNING DR WINTER PARK FL 32789	59-1828770	501c3	COPIED				VOCATIONAL PROGRAMS
(4)	CENTER FOR INDEPENDENT LIVING OF 222 SW 36TH TERRACE GAINESVILLE FL 32607	59-2177488	501c3	132,000				VOCATIONAL PROGRAMS
(5)	COMMUNITY HAVEN FOR CH/AD WITH DISA 4405 DESOTO ROAD SARASOTA FL 34235	59-1305522	501c3	44,000				VOCATIONAL PROGRAMS
(6)	COMMUNITY INITIATIVES, INC. 4001 PELEE STREET, SUITE 200 ORLANDO FL 32817	45-2843994	501c3	22,000				VOCATIONAL PROGRAMS
(7)	THE DAN MARINO FOUNDATION 400 NORTH ANDREWS AVENUE FT LAUDERDALE FL 33301	65-0320556	501c3	150,100				VOCATIONAL PROGRAMS
(8)	DYSLEXIA RESEARCH INSTITUTE 5746 CENTERVILLE RD TALLAHASSEE FL 32309	59-1820902	501c3	22,000				VOCATIONAL PROGRAMS
(9)	EASTER SEALS SOUTHWEST FLORIDA INC. 350 BRADEN AVENUE SARASOTA FL 34243	59-0638490	501c3	30,000				VOCATIONAL PROGRAMS

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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**

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

Name of the organization: **THE FLORIDA ENDOWMENT FOUNDATION
FOR VOCATIONAL REHABILITATION, INC.**
Employer identification number: **59-3052307**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FLORIDA CHAMBER FOUNDATION PO BOX 11309 TALLAHASSEE FL 32302	59-6209605	501C3	55,000				VOCATIONAL PROGRAMS
(2)	FLORIDA PUBLIC BROADCASTING SERVICE PO BOX 1691 ST PETERSBURG FL 33731	59-2085219	501C3	61,800				VOCATIONAL PROGRAMS
(3)	FOUNDATION FOR ORANGE CITY PUB. SCH 445 W AMELIA STREET ORLANDO FL 32801	59-2788435	501C3	COPY 000				VOCATIONAL PROGRAMS
(4)	GOODWILL EASTER SEALS OF 2448 GORDON SMITH DR MOBILE AL 36617	63-0363472	501C3	52,000				VOCATIONAL PROGRAMS
(5)	GOODWILL INDUSTRIES OF SOUTHWEST FL 5100 TICE ST FORT MYERS FL 33905	59-6196141	501C3	88,000				VOCATIONAL PROGRAMS
(6)	GULFSTREAM GOODWILL INDUSTRIES 1715 TIFFANY DRIVE EAST WEST PALM BEACH FL 33407	59-1197040	501C3	22,000				VOCATIONAL PROGRAMS
(7)	ILRC/ NORTHEAST FL 2709 ART MUSEUM DRIVE JACKSONVILLE FL 32207	59-1842440	501C3	110,000				VOCATIONAL PROGRAMS
(8)	LIGHTHOUSE CENTRAL FLORIDA 215 EAST NEW HAMPSHIRE ST ORLANDO FL 32804	59-2418228	501C3	24,000				VOCATIONAL PROGRAMS
(9)	MADISON COUNTY SCHOOL BOARD DEPT ESE 312 NE DUVAL ST MADISON FL 32340	85-8013854	501C3	22,000				VOCATIONAL PROGRAMS

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2014

**Open to Public
Inspection**

Name of the organization **THE FLORIDA ENDOWMENT FOUNDATION
FOR VOCATIONAL REHABILITATION, INC.** Employer identification number
59-3052307

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section number, 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)	MIAMI LIGHTHOUSE FOR THE BLIND 601 SW 8TH AVE MIAMI FL 33130	59-0637847	501C3	135,500				VOCATIONAL PROGRAMS
(2)	NORTH FLORIDA SCHOOL 223 MILL CREEK ROAD JACKSONVILLE FL 32211	59-3126545	501C3	35,000				VOCATIONAL PROGRAMS
(3)	QUEST, INC. PO BOX 531125 ORLANDO FL 32853	59-2013160	501C3	COPY 000				VOCATIONAL PROGRAMS
(4)	SCHOOL DISTRICT OF HILLSBOROUGH CITY 5410 NORTH 20TH STREET TAMPA FL 33610	59-6000660	501C3	22,000				VOCATIONAL PROGRAMS
(5)	SERVICE SOURCE 2735 WHITNEY ROAD CLEARWATER FL 33760	59-0874493	501C3	112,000				VOCATIONAL PROGRAMS
(6)	ST PETERSBURG COLLEGE FOUNDATION PO BOX 13489 ST PETERSBURG FL 33733	59-1954362	501C3	60,000				VOCATIONAL PROGRAMS
(7)	STAND AMONG FRIENDS 777 GLADES ROAD BOCA RATON FL 33431	65-0357736	501C3	30,000				VOCATIONAL PROGRAMS
(8)	SUSAN B ANTHONY RECOVERY CENTER 1633 POINCIANA DR PEMBROKE PINES FL 33025	65-0583089	501C3	46,200				VOCATIONAL PROGRAMS
(9)	TALLAHASSEE COMM. COLLEGE FOUNDATIO 444 APPELLEARD DRIVE TALLAHASSEE FL 32304	59-2091480	501C3	41,666				VOCATIONAL PROGRAMS

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

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

DAI

Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2014

**Open to Public
Inspection**

Name of the organization

**THE FLORIDA ENDOWMENT FOUNDATION
FOR VOCATIONAL REHABILITATION, INC.**

Employer identification number

59-3052307

Part I General information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WFSU 1600 RED BARBER PLAZA TALLAHASSEE FL 32310	59-6152180	501C3	22,960				VOCATIONAL PROGRAMS
(2)								
(3)								
(4)								
(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

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

Schedule I (Form 990) (2014) THE FLORIDA ENDOWMENT FOUNDATION 59-3052307

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

COPY

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **THE FLORIDA ENDOWMENT FOUNDATION
FOR VOCATIONAL REHABILITATION, INC.**

Employer identification number
59-3052307

Part I Questions Regarding Compensation

	Yes	No								
<p>1a 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If 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 explain</p>	1b									
<p>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 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–8.</p>										
<p>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:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 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</p>	7	X								
<p>8 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</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

COPY

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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	(E) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUSANNE HOMANT PRESIDENT	192,558	0	0	9,780	4,942	207,280	0
2							0
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

COPY

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

2014**Open to Public
Inspection**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.

Name of the organization

**THE FLORIDA ENDOWMENT FOUNDATION
FOR VOCATIONAL REHABILITATION, INC.**

Employer identification number

59-3052307**Form 990, Part III, Line 4d - All Other Accomplishment**

THROUGH THE HIGH SCHOOL/HIGH TECH PROGRAM, STUDENTS WITH ALL TYPES OF
DISABILITIES ARE ENCOURAGED TO SET THEIR SIGHTS ON COLLEGE AND A CAREER IN
THE FIELDS OF SCIENCE, TECHNOLOGY, ENGINEERING, OR MATH. MORE THAN 1,000
STUDENTS PARTICIPATE IN HIGH SCHOOL/HIGH TECH EACH YEAR, WHERE THEY HAVE AN
OPPORTUNITY TO TAKE FIELD TRIPS TO COLLEGE CAMPUSES, BUSINESSES, AND
TECHNOLOGY-RELATED ATTRACTIONS. THEY ARE OFFERED WORKPLACE EXPERIENCES
THROUGH JOB SHADOWING ACTIVITIES AND INTERNSHIPS DURING THEIR INVOLVEMENT
IN THE PROGRAM.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE FORM 990 TO REVIEW PRIOR
TO FILING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MONITORS THE POLICY
ANNUALLY AND PERIODICALLY AS APPROPRIATE.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS AND
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

Employer identification number

THE FLORIDA ENDOWMENT FOUNDATION

59-3052307

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

ALL GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC. SOME DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THE REMAINDER ARE AVAILABLE UPON REQUEST.

COPY

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 (FDDBS). 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 FDDBS 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 FDDBS 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 FDDBS 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 FDDBS. 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 McDonnell, 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 FDDBS 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 FDDBS 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=cOjHjolMkhY>

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>

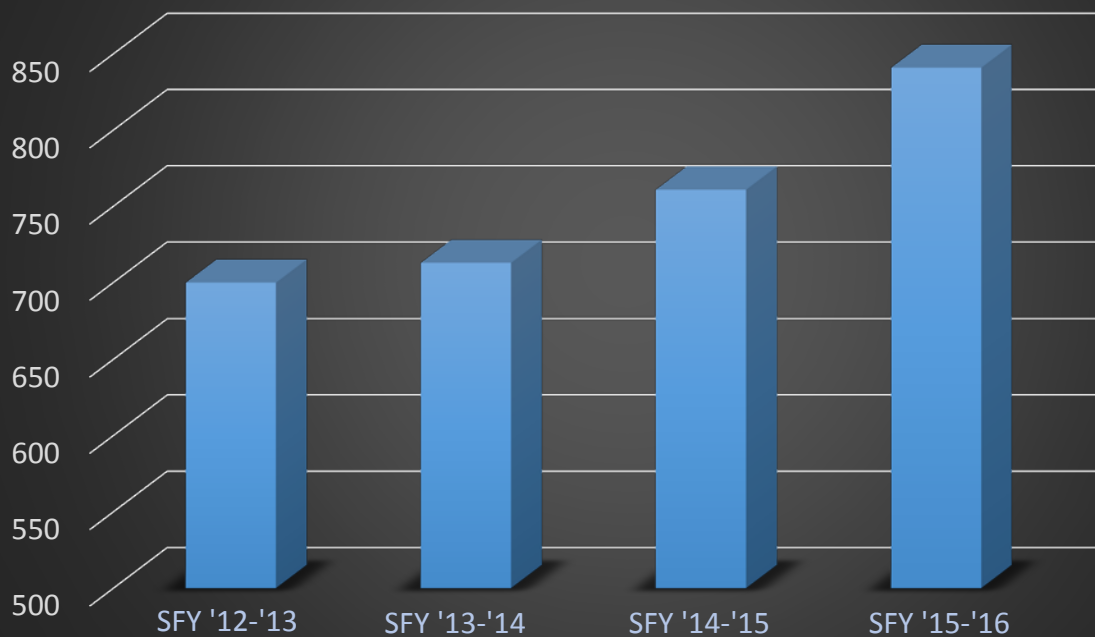
15 second: <https://www.youtube.com/watch?v=hm28AjYVxXo>

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 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)

OMB No. 1545-1150

2014

Open to Public Inspection

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.

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

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Blind Services Foundation of Florida, Inc. D Employer identification number: 55-0888147. E Telephone number: (850) 245-0392. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual Other (specify) H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.floridablindservices.org. J Tax-exempt status (check only one) - [X] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527.

K Form of organization: [X] Corporation [] Trust [] Association [] Other. L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 56,210.

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

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (55,134); 2 Program service revenue; 3 Membership dues and assessments; 4 Investment income (1,026); 5a Gross amount from sale of assets other than inventory (50); 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory (50); 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events; 6c Less: direct expenses from gaming and fundraising events; 6d Net income or (loss) from gaming and fundraising events; 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue; 9 Total revenue (56,210); 10 Grants and similar amounts paid (53,408); 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors; 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping; 16 Other expenses (1,726); 17 Total expenses (55,134); 18 Excess or (deficit) for the year (1,076); 19 Net assets or fund balances at beginning of year (90,060); 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year (91,136).

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2014)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	90,060.	91,136.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O)	0.	0.
25 Total assets	90,060.	91,136.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	90,060.	91,136.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Organization's Primary Exempt Purpose

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	Quality services and programs to the blind which will enable them to gain or sustain independence. Endowment investment fund established to fund future program expenses from income generated from the fund. (Grants \$ 53,408.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	53,408.
29	----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (describe in Schedule O). (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	53,408.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Paul Edwards Chair	10.00	0.	0.	0.
Ted Hull Vice Chair	10.00	0.	0.	0.
Robert Kelley Board Member	10.00	0.	0.	0.
Jesus Garcia Board Member	10.00	0.	0.	0.
Bruce Miles Treasurer	10.00	0.	0.	0.
Sheryl K Brown Secretary	10.00	0.	0.	0.
Dwight Sayer Board Member	10.00	0.	0.	0.
Joe Minichiello Board Member	10.00	0.	0.	0.
Robert Doyle Ex Officio	10.00	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
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 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		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		X
37 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?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39 a	
b Gross receipts, included on line 9, for public use of club facilities	39 b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 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	X
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	X
41 List the states with which a copy of this return is filed ▶		

42 a The organization's books are in care of ▶ Sharon Scurry Telephone no. ▶ (850) 245-0392
 Located at ▶ 325 W Gaines St. - Room 1114 Turlington Bldg Tallahassee FL ZIP +4 ▶ 32399

	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).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c	X
If 'Yes,' enter the name of the foreign country: ▶		

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

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No
46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No
47

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

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

b If 'Yes,' was the related organization a section 527 organization? 49 b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000. ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

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

Sign Here
 Signature of officer: Sheryl K. Brown Date: 10/30/15
 Type or print name and title: Sheryl K Brown Secretary

Paid Preparer Use Only
 Print/Type preparer's name: Gloria Mills Preparer's signature: Gloria Mills Date: 11/06/15
 Firm's name: Irescue Tax Planning and Consulting Check if self-employed PTIN: P00256501
 Firm's address: 3708 W BAY TO BAY TAMPA FL 33629-6912 Firm's EIN: 59-3376509
 Phone no.: (813) 837-1100

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