



RICK SCOTT  
GOVERNOR

STATE OF FLORIDA

# Office of the Governor

THE CAPITOL  
TALLAHASSEE, FLORIDA 32399-0001

www.flgov.com  
850-717-9418

August 15, 2017

The Honorable Joe Negron  
Senate President  
409 Capitol  
404 S. Monroe Street  
Tallahassee, Florida 32399

The Honorable Richard Corcoran  
Speaker of the House  
420 Capitol  
402 S. Monroe Street  
Tallahassee, Florida 32399

**Re: Direct Support Organization Reporting Requirements**

Dear Senator Negron and Speaker Corcoran:

Enclosed is the annual reporting information received by the Executive Office of the Governor ("EOG") from direct support organizations ("DSO") Volunteer Florida Foundation, Inc. and the Florida Intergovernmental Relations Foundation pursuant to Section 20.058, Florida Statutes.

The Volunteer Florida Foundation, Inc. is created pursuant to Section 14.29(9), Florida Statutes, and is organized and operated exclusively to receive, hold, invest, and administer property and funds and to make expenditures to or for the benefit of the Florida Commission on Community Service. Volunteer Florida supports EOG initiatives such as Black History Month, Hispanic Heritage Month, Governor's Veterans Service Award, and the Gubernatorial Fellows Program. The EOG is actively engaged with Volunteer Florida and recommends continuance of the EOG's association with this organization.

The Florida Intergovernmental Relations Foundation ("FIRF") is created pursuant to Section 288.809, Florida Statutes, and is organized and operated exclusively to solicit, receive, hold, invest, and administer property and to make expenditures to or for the promotion of intergovernmental relations programs. The FIRF facilitates and strengthens Florida's economic relationships with international partners. The EOG is actively engaged with the FIRF and recommends continuance of the EOG's association with this organization.

If you require any further information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dawn Hanson", with a long horizontal flourish extending to the right.

Dawn Hanson  
Director of Administration

Enclosures



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August 15, 2017

Mr. R. Philip Twogood  
Coordinator for the Office of Program Policy Analysis  
& Governmental Accountability  
111 W. Madison Street, Room 312  
Tallahassee, Florida 32399-1475

**Re: Direct Support Organization Reporting Requirements**

Dear Coordinator Twogood:

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Sincerely,

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Dawn Hanson  
Director of Administration

Enclosures

## The Florida Intergovernmental Relations Foundation, Inc

2017 Report for Compliance with Section 20.058, Florida Statutes, relating to Citizen Support and Direct Support Organizations

<b>Organization:</b>	Florida Intergovernmental Relations Foundation, Inc
<b>Organization Type:</b>	Direct Support Organization
<b>Authorization:</b>	Section 288.809, Florida Statutes
<b>Address:</b>	400 South Monroe Street The Capitol, Suite PL05 Tallahassee, Florida 32399
<b>Phone:</b>	850-717-9207
<b>Website:</b>	<a href="http://www.flgov.com">www.flgov.com</a>
<b>Mission, Results, and Plans:</b>	The Florida Intergovernmental Relations Foundation (FIRF) is organized exclusively to solicit, receive, hold, invest, and administer property, and subject to the approval of the State Protocol Officer, to make expenditures to or for the promotion of intergovernmental relations programs.
<b>Code of Ethics:</b>	The FIRF does not employ any personnel; however, Section 288.809, Florida Statutes, provides that the State Protocol Officer may permit the use of property, facilities, and personal services of the Executive Office of the Governor. All employees of the Executive Office of the Governor must adhere to the Executive Office of the Governor Code of Ethics.
<b>Attachments:</b>	As prescribed by Section 20.058, Florida Statutes, a copy of the Executive Office of the Governor Code of Ethics and the most recent Internal Revenue Service Form 990-N is attached.



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**Exempt Organizations Select Check**[Exempt Organizations Select Check Home](#)990-N (e-Postcard) filer Information

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**Tax Period:**

2016 (07/01/2016 - 06/30/2017)

**Employer Identification Number (EIN):**

59-3387410

**Legal Name:**

FLORIDA INTERGOVERNMENTAL RELATIONS FOUNDATION INC

**Mailing Address:**400 South Monroe Street LL-08  
Tallahassee, FL 32399  
United States**Doing Business As:****Gross receipts not greater than:**

\$50,000

**Organization has terminated:**

No

**Principal Officer's Name and Address:**Nancy Clemons  
400 South Monroe Street LL08  
Tallahassee, FL 32399  
United States**Website URL:**

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**Related 990-N (ePostcard) Filings:**

If the organization has filed additional Forms 990-N (e-Postcards), link(s) to additional e-Postcard filings are displayed below. Click on the link(s) to see the information included in those filing(s).

[Tax Year 2008](#)[Tax Year 2009](#)[Tax Year 2010](#)[Tax Year 2011](#)[Tax Year 2012](#)[Tax Year 2013](#)[Tax Year 2014](#)[Tax Year 2015](#)[Return to Search Results](#) [Return to Search Page](#)



STATE OF FLORIDA

**EXECUTIVE OFFICE OF THE GOVERNOR  
CODE OF ETHICS**

**EFFECTIVE JANUARY 4, 2011  
(as amended December 2011)**

**Policy Statement**

On January 4, 2011, Governor Scott issued Executive Order 11-03, directing the immediate adoption and implementation of a revised Code of Ethics by the Office of the Governor. This revised Code of Ethics imposes clear, enforceable standards that incorporate and exceed the current requirements of the statutory code of ethics set forth in Chapter 112, Part III, Florida Statutes. This Code of Ethics also applies to the secretaries, deputy secretaries, and chiefs of staff of all executive agencies under the purview of the Governor. Each agency secretary is directed to review and evaluate this revised Code of Ethics in light of the current policies adopted by his or her agency, with a view towards using this Code as the base standard for his or her agency to the extent practicable, and adjusted for those unique program requirements and variables for his or her agency.

Employees of the Office of the Governor and of the entire executive branch are agents of the people and hold their positions for the benefit of the public. We are therefore bound to uphold the Constitution of the United States and the State Constitution, and to perform efficiently and faithfully our duties under the laws of the federal, state and local governments. We are bound to observe, in all of our official acts, the highest standards of ethics consistent with this Code, and with the statutory Code of Ethics set forth in Chapter 112, Part III, Florida Statutes. We must at all times recognize that promoting the public interest and maintaining the respect of the people in their government must be our foremost concerns. While Florida has been recognized as a leader among the states in establishing ethics standards and public records laws, and in recognizing the right of Florida's citizens to protect the public trust against abuse, we can still do better.

## **Pledge on Behalf of the People of Florida**

1. I have been provided with a copy of Governor Scott's Code of Ethics.

2. I understand that, by holding a position within state government, I have taken on the mantle of public service.

3. I am committed to maintaining an honest, ethical, and open system of government for the people of Florida.

4. I therefore pledge to honestly and faithfully comply with both the letter and spirit of this Code of Ethics, as well as the requirements set forth in Chapter 112, Part III, Florida Statutes, in the discharge of my duties and responsibilities as a public servant. As part of this commitment, I pledge to be on guard against and to avoid the appearance of impropriety in conducting the people's business.

5. I further pledge that, should questions regarding appropriate behavior arise, I will seek guidance from the appropriate person within my agency or the Executive Office of the Governor on how to resolve the matter in question.

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Name:

Date:

## **I. General Provisions**

The term "employees" as used herein refers only to all employees in the Office of the Governor and to all secretaries, deputy secretaries and chiefs of staff of the executive agencies under the purview of the Governor.

As used in this Code, a "lobbyist" is any person who meets the definition of that term used in Chapter 112, Part III, Florida Statutes. Consistent with Section 112.3215, Florida Statutes, "lobbyist" does not include an employee of an agency or of a legislative or judicial branch entity acting in the normal course of his or her duties. Consistent with Chapter 112, Part III, Florida Statutes, a "principal" is anyone (other than an agency, legislative branch entity or judicial branch entity) who employs or retains a lobbyist, either as an employee or independent contractor. The Florida Legislature maintains a website of all registered principals and executive branch lobbyists and should be consulted by the employee (<http://www.leg.state.fl.us>).

Unless otherwise noted, as used in this Code, "relative" follows the same definition found in Chapter 112, Part III, Florida Statutes: an individual who is related to an employee as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, grandparent, great grandparent, grandchild, great grandchild, step grandparent, step great grandparent, step grandchild, step great grandchild, person who is engaged to be married to the employee or who otherwise hold himself or herself out as or is generally known as the person whom the employee intends to marry or with whom the employee intends to form a household, or any other natural person having the same legal residence as the employee.

All employees will comply with the requirements of this revised Code of Ethics; Chapter 112, Part III, Florida Statutes (statutory Code of Ethics); Article I, Section 24 of the Florida Constitution (Open Meetings); and Chapter 119, Florida Statutes (Public Records).

Each secretary of an executive agency under the purview of the Governor will review this Code of Ethics and evaluate his/her agency's existing code of ethics, with a view towards using this Code as the base standard for his or her agency to the extent practicable, adjusted for those unique program requirements and variables of his or her agency.

Governor Scott has directed that this Code of Ethics be periodically reviewed and evaluated, and that further recommendations be developed as necessary or appropriate to assure that we maintain and effectively enforce the highest ethical standards for state officials and employees, and promote consistency of State agency policies on ethics, public records and open meeting issues.

## **II. Designation of an Ethics Officer**

Pursuant to Executive Order 11-03, Governor Scott has directed that his General Counsel serve as Chief Ethics Officer for the Office of the Governor and that the secretary of each executive state agency under his purview designate a Chief Ethics Officer for his/her respective agency. Among other things, the Chief Ethics Officer will make reasonable efforts to ensure that the employees responsible for adhering to this Code (or their respective agency's code) become familiar with relevant ethics, public records and open meeting requirements.

The Governor has also directed that each agency secretary attend training on the subjects of ethics, public records, open meetings, records retention, equal opportunity and proper personnel procedures and that thereafter each agency secretary arrange for similar training of his or her employees on an annual basis.

## **III. Avoiding the Appearance of impropriety**

Employees of the Office of the Governor and secretaries, deputy secretaries, and chiefs of staff of the executive agencies within the purview of the Governor will use the powers and resources of the Governor's Office and/or their respective agency to further the public interest and not for any financial or personal benefit other than salaried compensation and employer-provided benefits.

Employees are expected to safeguard their ability to make objective, fair and impartial decisions, and therefore may not accept benefits of any sort under circumstances in which it could be inferred by a reasonable observer that the benefit was intended to influence a pending or future decision of theirs, or to reward a past decision. Employees should avoid any conduct (whether in the context of business, financial or social relationships) that might undermine the public trust, whether that conduct is unethical or lends itself to the appearance of ethical impropriety.

The Governor has accepted as his duty the responsibility of setting the highest ethical standards for State government. To that end, and to avoid even the appearance of impropriety, the Governor is placing his personal assets in a modified trust, with all investment decisions relating to these assets outside his management control during his term as Governor. The Governor encourages his agency secretaries to review their own respective personal assets/investments to assure that any potential for conflict and/or the appearance of impropriety is avoided.

## **IV. Current Statutory Code of Ethics**

Florida's statutory Code of Ethics can be found in Chapter 112, Part III, Florida Statutes. This statutory Code of Ethics is the fallback standard of conduct for all employees. Thus, to the extent that a statutory provision is not enhanced by a more restrictive, express provision of this gubernatorial Code of Ethics, the statutory Code of Ethics shall apply.



As a result, all employees should familiarize themselves with the statutory Code of Ethics.

The statutory Code of Ethics covers a wide variety of subjects, including restrictions on doing business with one's agency, unauthorized compensation, the receipt and reporting of gifts, restrictions on post-employment activities, nepotism, financial disclosure requirements, and whistle-blower protections. All of these areas are important. The following discussion of the statutory Code is meant to be an overview and does not exempt or excuse any employee from reading and understanding the standards of conduct set forth in the statutory Code of Ethics.

Among other things, the statutory Code of Ethics contains two general prohibitions on the receipt of things of value. It is important to understand the statutory framework in order to understand how this gubernatorial Code of Ethics differs from and is more restrictive than it.

The first statutory restriction, found in Section 112.3148, Florida Statutes, relates to the receipt and reporting of gifts from non-relatives. Under this section, an individual who is either a:

- (1) "Reporting Individual" (*i.e.*, required to file a full or limited financial disclosure pursuant to Section 8, Article II of the Florida Constitution or Section 112.3145, Florida Statutes) or
- (2) "Procurement Employee" (*i.e.*, participates in procuring gifts or services in excess of \$1000 per year)

is prohibited from directly or indirectly receiving a gift the individual knows or reasonably believes has a value exceeding \$100 if the gift comes from certain entities and individuals, including lobbyists, identified in section 112.3148(4).

**Note:** "Reporting Individuals" and "Procurement Employees" are sometimes collectively referred to by the acronym "RIPEs."

RIPEs are not prohibited from accepting gifts in excess of \$100 if they do not come from the entities and individuals identified in that statutory subsection. However, any such gifts must be reported on a quarterly basis to the Commission on Ethics pursuant to section 112.3148(8). While there are a few exceptions to this statutory regime, the most significant of them is that gifts from relatives are excluded from the \$100 cap and the reporting requirement.

The second broad prohibition is found in Section 112.3215, Florida Statutes. This section provides that, notwithstanding any other provision of the law including the gift law discussed immediately above, no reporting individual shall accept, directly or indirectly, any expenditure from a lobbyist or a lobbyist's principal. The statute defines "expenditure" as any thing of value made "for the purpose of lobbying." There is no dollar-value threshold or exception for expenditures from family members who also are lobbyists or their principals.

Thus, for reporting individuals this prohibition on expenditures from lobbyists is in many cases broader than and supersedes the gift restrictions found in Section 112.3145.

As discussed in Section V below, for purposes of the gift/lobbyist expenditure restrictions, this Code of Ethics does away with the statutory distinction between employees who qualify as reporting individuals/procurement employees and those who do not. Thus, the gift restrictions in this Code apply to all employees. Additionally, this Code does away with the arguably subjective standard in the statutory definition of "expenditure," (*i.e.*, a payment made "for the purpose of lobbying") and prohibits the acceptance of any thing of value from a lobbyist.

Nonetheless, it is important for employees to understand the general definition of "Reporting Individual" and "Procurement Employee," as other sections of this Code and/or the statutory Code of Ethics may apply only to them.

Returning to the statutory Code of Ethics, including the gift/lobbyist restrictions discussed above, relevant provisions of Chapter 112, Part III, Florida Statutes, include the following:

- Reporting Individuals are prohibited from accepting any payment, distribution, loan advance, reimbursement, deposit or anything of value made by a lobbyist or a principal of a lobbyist made for the purpose of influencing or attempting to influence official action or in an attempt to obtain the goodwill of the employee. This prohibition applies regardless of any exceptions to the prohibition on the receipt of gifts that may be contained in any other provision of this Code or in law.
- Employees are prohibited from soliciting or accepting anything of value, such as a gift, loan, reward, promise of future employment, favor, or service, that is based on an understanding that their official action or judgment would be influenced by such gift. "Gift" means anything accepted by a person or on that person's behalf, whether directly or indirectly, for that person's benefit, and for which no payment is made. A "gift" can include real property or the use thereof; tangible or intangible personal property or the use thereof; a preferential rate or terms on a transaction not available to others similarly situated; forgiveness of a debt; transportation (unless provided by an agency in relation to officially approved governmental business), lodging, or parking; food or beverage; dues, fees and tickets; plants and flowers; personal services for which a fee is normally charged by the provider; and any other thing or service having an attributable value.
- A "gift" or "expenditure" does not include (1) salary, benefits, services, fees, commissions, gifts, or expenses associated primarily with the donee's employment; (2) contributions or expenditures reported pursuant to Chapter 106, Florida Statutes, campaign-related personal services provided without compensation by individuals volunteering their time or any other contribution or expenditure by a political party; (3) an honorarium or an expense related to an honorarium event paid to a person or the person's spouse by someone other than a lobbyist or principal of a lobbyist to a Reporting Individual; (4) an award, plaque, certificate or similar personalized item

given in recognition of the donee's public, civic, charitable or professional service, provided that such item has no separate commercial value; (5) an honorary membership in a service or fraternal organization presented merely as a courtesy by such organization; (6) the use of a public facility or public property, made available by a governmental agency, for a public purpose; (7) transportation provided to a public officer or employee by an agency in relation to officially approved governmental business; (8) anything of value provided directly or indirectly by a state, regional or national organization which promotes the exchange of ideas between, or the professional development of, governmental officials or employees, and whose membership is primarily composed of elected or appointed public officials or staff, to members of that organization, or officials or staff of a governmental agency that is a member of that organization.

- RIPLEs are prohibited from soliciting any gift, regardless of its value, if the gift is for personal benefit of themselves, other RIPLEs, or their respective families.
- Employees and their spouses and minor children are prohibited from accepting any compensation, payment, or thing of value when they know, or with the exercise of reasonable care should know that it is given to influence their official action.
- Employees are prohibited from corruptly using or attempting to use their official positions to obtain a special privilege for themselves or others.
- Employees are prohibited from disclosing or using information not available to the public and obtained by reason of their public positions for the personal benefit of themselves or others.
- RIPLEs are prohibited from soliciting an honorarium that is related to their public office or duties.
- Employees acting as purchasing agents or employees acting in their official capacity are prohibited from purchasing, renting, or leasing any realty, goods, or services for the Office from a business entity in which they, their spouse, or child own more than a 5% interest or serve as an officer or director. Also, employees acting in a private capacity are prohibited from renting, leasing, or selling any realty, goods, or services to the State.
- Employees are prohibited from holding any employment or contract with any business entity or agency regulated by or doing business with the Office. Employees are also prohibited from holding any employment or having a contractual relationship which will pose a conflict between their private interests and public duties or which will impede the full and faithful discharge of their public duties.
- An employee who participates in the decision-making process involving a purchase request, who influences the content of any specification or procurement standard, or who renders advice, investigation, or auditing, regarding the Office's contract for

services, is prohibited from being employed by a person holding such a contract with the Office.

- Employees are prohibited from seeking for a relative any appointment, employment, promotion or advancement in the unit in which he/she is serving or over which he/she exercises jurisdiction or control.
- Employees are prohibited from directly or indirectly procuring contractual services for the Office from a business entity of which a relative is an officer, partner, director, or proprietor, or in which they, their spouse, or children own more than a 5% interest.
- Senior Management Service and Selected Exempt Service employees are prohibited from personally representing another person or entity for compensation before the Office for a period of two years after leaving their positions, unless employed by another agency of state government.
- A former employee, following retirement or termination of employment, is prohibited from having employment or a contractual relationship with any business entity (other than a public agency) in connection with a contract in which the employee participated personally and substantially by recommendation or decision while a public employee.
- A former employee who retired or terminated employment is prohibited from having any employment or contractual relationship for two years with any business entity (other than a public agency) in connection with a contract for services which was within his responsibility while serving as a state employee.

For further discussion of these provisions refer to Chapter 112, Part III, Florida Statutes.

#### **V. Specific Gift Requirements of This Code of Ethics Above and Beyond The Requirements of Chapter 112. Part III. Florida Statutes**

The current law may give rise to questions regarding what employees may accept from entities and individuals outside of government. As noted above, current law (1) prohibits Reporting Individuals from accepting any expenditures from lobbyists; (2) restricts Reporting Individuals and Procurement Employees from accepting from lobbyists things of value that do not otherwise qualify as an expenditure; and (3) requires quarterly reporting of gifts from non-relatives that exceed \$100 in value.

Governor Scott is committed to restrictions that are broader than the current statutory law, yet are also clear, consistent, and simple to follow. The general rule on gifts, applicable to the Office of the Governor, and to all secretaries, deputy secretaries, and chiefs of staff of executive agencies under the purview of the Governor, will be as follows:

- **NO EMPLOYEE, REGARDLESS OF WHETHER HE OR SHE IS A "REPORTING INDIVIDUAL" OR A "PROCUREMENT EMPLOYEE," MAY SOLICIT ANY GIFT, REGARDLESS OF ITS VALUE, IF THE GIFT IS FOR THE PERSONAL BENEFIT OF HIMSELF OR HERSELF, HIS OR HER FAMILY, OR ANOTHER EMPLOYEE.**
- **NO EMPLOYEE, REGARDLESS OF WHETHER HE OR SHE IS A "REPORTING INDIVIDUAL" OR A "PROCUREMENT EMPLOYEE," MAY ACCEPT ANY THING OF ANY VALUE FROM A LOBBYIST OR A LOBBYIST'S PRINCIPAL, REGARDLESS OF WHETHER THE THING IS BEING OFFERED OR GIVEN FOR THE PURPOSE OF LOBBYING.**
- **NO EMPLOYEE, REGARDLESS OF WHETHER HE OR SHE IS A "REPORTING INDIVIDUAL" OR A "PROCUREMENT EMPLOYEE" MAY ACCEPT ANY GIFT FROM A NON-LOBBYIST.**

There are some limited exceptions to the prohibition on the acceptance of gifts from non-lobbyists.

- Gifts (regardless of value) from relatives (items received from relatives are excluded from the statutory definition of "gift") unless the relative is a lobbyist or the principal of a lobbyist, in which case the general prohibition on gifts from lobbyists applies. Employees who are married to or involved in a personal relationship with a lobbyist or the principal of a lobbyist should consult with the Chief Ethics Officer on how to address this situation.
- Gifts (regardless of value) received from personal friends in the ordinary course of friendship (including but not limited to birthday and/or anniversary gifts and gifts of hospitality), can be accepted, provided that any such personal friend is not:
  - (a) a lobbyist;
  - (b) the partner, firm, member, employer, employee or principal of a lobbyist;
  - (c) a person having a special pecuniary interest (either individually or through a corporation or organization) in a matter pending before a state agency and/or the Office of the Governor;
  - (d) a person who (either individually or through a corporation or organization) provides goods or services to the State under contract or agreement; or
  - (e) a person who (either individually or through a corporation or organization) is seeking such business from the State.
- On-site consumption of food and refreshment at receptions and/or other events, provided the employee's attendance at such event is an appropriate exercise of the employee's official duties, unless the food and refreshments at such event are paid for by a lobbyist or principal, in which case the Guidelines for Compliance with Section 112.32155 and this Code (below) apply.

- Gifts (regardless of value) accepted on behalf of a governmental entity or charitable organization, or for which a public purpose can be shown, provided the Chief Ethics Officer has approved such acceptance. However, if a lobbyist or the principal of a lobbyist is making the gift, the absolute prohibition on receiving such a gift applies.
- Gifts (regardless of value) made to the State or agency thereof may be accepted by an employee on behalf of the State or agency, provided the Chief Ethics Officer has approved such acceptance.
- Gifts (regardless of value) involving volunteer campaign-related travel, lodging, and/or food or beverage expenses, provided the Chief Ethics Officer has approved such acceptance.

Additionally, and consistent with the Interim Lobbying Guidelines for the House and Senate, an employee may accept from a lobbyist or a lobbyist's principal an award, plaque, certificate, or similar personalized item given in recognition of the donee's public, civic, charitable or professional service, provided that such item has no separate commercial value and the Chief Ethics Officer has approved such acceptance.

**NOTE:** There is no gift or expenditure if the employee reimburses the other person for the cost of the item. Generally, this is measured as the cost of the item to the person providing it. In the case of lobbyists or principals, the cost is the actual value of the item (such as face value on admission ticket, etc.), even if the lobbyist or principal obtained it at no cost. While a membership fee required to use a golf course, tennis club, dining club or other private facility is not part of the reimbursable cost, the per ticket additional cost above the face value for seating at a skybox or other exclusive seating area at a sporting or theatrical venue is part of the reimbursable cost and must be included. Section 112.3148(7), Florida Statutes, and Rules 34-13.210 and 34.13.500, Florida Administrative Code, provide rules on how to value gifts and should be consulted when making payment for an event or item that otherwise would be prohibited absent payment of consideration. For purposes of this Code, the payment must be contemporaneous with or precede the receipt of the item or attendance at the event.

#### **A. Prerequisites to Accepting Any Gift**

No gift (regardless of its value) can be accepted until and unless the employee answers each of these questions:

1. Is this gift being given by a lobbyist or the principal of a lobbyist? If the answer to this question is "yes," the gift (regardless of value) **CANNOT BE ACCEPTED.**
2. Does the gift meet one of the exceptions listed in the prior section? If the answer is "no," the gift **CANNOT BE ACCEPTED.** If the answer to this question is "yes," the gift CAN BE accepted, unless the employee knows, or

with the exercise of reasonable care should know, that the gift is being given to influence his or her official action.

### **B. Honoraria and Honorarium Event Related Expenses; Award, Plaques and Related Forms of Recognition**

Although honoraria and expenses related to an honorarium event, as those terms are used in Chapter 112, Florida Statutes, are not considered "gifts" under the statutory Code of Ethics, employees are prohibited from accepting honoraria or any other thing of monetary value (unless of nominal value) for speaking appearances or for articles written. Employees may, however, accept payment of expenses related to an honorarium event reasonably incurred subject to the prohibitions on the receipt of such honorarium expenses from lobbyists or principals contained in this Code and any other restrictions contained in Section 112.3149, Florida Statutes. Employees receiving payment for honorarium event related expenses must receive prior approval from the chief ethics officer.

Awards, plaques, certificates or similar personalized items given in recognition of the recipient's public, civic, charitable or professional service are not considered "gifts" under this or the statutory Code of Ethics. However, in order to avoid the appearance of impropriety, prior to accepting any such item from a lobbyist or principal of a lobbyist, the employee will first receive prior approval from the Chief Ethics Officer.

### **C. Indirect Gifts and Expenditures Prohibited**

Any gift or expenditure that could not be received directly may not be received indirectly. Thus, a gift to or expenditure on behalf of an employee's spouse or minor child is considered a gift or expenditure to the employee and may not be accepted if either this Code of Ethics or Chapter 112, Florida Statutes, would prohibit the employee from receiving the gift or expenditure. Thus, if a non-employee spouse received a trip, restaurant certificate or anything else of commercial value from a lobbyist or principal of a lobbyist, the gift or expenditure may not be accepted unless it meets the restrictions of the Code of Ethics or Florida statutory law.

### **D. Travel in Private Aircraft Prohibited Without Prior Authorization**

Although not specifically prohibited by Chapter 112, Florida Statutes, employees are prohibited from traveling in a private aircraft unless they have obtained prior authorization from the Governor or Governor's Chief of Staff.

### **E. Guidelines for Compliance with Section 112.32155 and this Code**

Because this Code imposes an absolute prohibition on the receipt of expenditures from lobbyists and/or their principals, compliance in most situations should be straightforward. However, there are occasions (e.g., group events with multiple sponsorships or invitations from friends who are also lobbyists or their principals) that may not be as clear-cut, and the following guidelines are intended to assist employees comply with both the letter and the

spirit of this Code and Section 112.32155, Florida Statutes. Because not every possible situation can be anticipated in these guidelines, employees are to consult with the Chief Ethics Officer in the event of any doubt. Please remember that the requirements in this Code apply to all employees, regardless of whether they meet the statutory definitions of Reporting Individuals or Procurement Employees.

In general, employees may attend events sponsored by statutory direct-support organizations ("DSOs"). However, the employee is responsible for confirming that the individual DSO has observed the requirements of Section 112.32155 and this Code of Ethics with respect to event sponsorship.

Employees are not prohibited from attending a community event open to all persons or accepting any item or benefit generally available for free or below the customary rate if the terms or rate is a government rate available to all other similarly-situated government employees or officials or a rate which is available to similarly-situated members of the public by virtue of occupation, affiliation, age, religion, sex, or national origin.

Discounted pricing based on government employment may or may not be a prohibited expenditure. If the discounted price has been made possible as a result of sponsorship by a lobbyist or principal, the employee must first determine whether the discounted price is available equally to all government employees, or whether it is intended to benefit a particular class of employees. In the case of the former, no prohibited expenditure is involved. (Examples: reduced registration fees for government lawyers attending a legal seminar; reduced registration fees for government employees attending a chamber of commerce program). Otherwise, the employee may not accept discounted pricing.

The key question in each of these situations is whether the expenditure or the available discount is being made for the personal benefit of the employee, the employee's parent, spouse, child or sibling. If it is, accepting the expenditure or discount is prohibited. In determining whether an expenditure is a prohibited one, the following questions must be asked:

1. Is there *commercial value* involved?

The following items have commercial value and are examples of prohibited expenditures: food and beverages, tickets to entertainment events (golf tournament, sporting event, or theatre performance), transportation, lodging, and honorarium expenses.

2. Is the thing of commercial value primarily for the benefit of the agency's employees and not generally available to members of the public (or a large class of persons) on the same terms and conditions?
3. Does a lobbyist or principal control who receives the benefit of the thing of value?



4. If a third person (such as a non-profit) is distributing the thing of value, is it acting under the direction of the lobbyist or principal?
5. Did an agency official or employee solicit the lobbyist or principal for the sponsorship of the event?

If the answer to **any** of the foregoing questions 1-5 is "yes", then the employee may not attend the event or accept the thing of value without giving appropriate and contemporaneous consideration. If the answer to **all** of the foregoing questions 1-5 is "no," then the employee may attend the event or accept the thing of value unless he or she knows or has reason to believe that the arrangement is a subterfuge for an otherwise prohibited expenditure.

**AT ALL TIMES, EMPLOYEES HAVE A DUTY TO INQUIRE WHETHER THE THING OF VALUE IS FROM A LOBBYIST OR PRINCIPAL. IGNORANCE OF THE FACTS IS NO EXCUSE.** As noted in Section I of this Code, the Florida Legislature maintains a website of all principals and executive branch lobbyists and should be consulted by the employee (<http://www.leg.state.fl.us>). If the circumstances do not permit access to the database, the employee should ask the offeror of the thing or event whether a principal or lobbyist is involved.

These guidelines do not mean that employees may not attend events or accept invitations that are otherwise prohibited. An employee may attend an event or accept a thing of value that is otherwise prohibited IF the employee pays or provides equivalent consideration. As noted above, Section 112.3148(7), Florida Statutes and Rules 34-13.210 and 34-13.500, Florida Administrative Code, dictate how to value gifts and should be consulted when making payment to for an event or item that otherwise would be prohibited absent payment of consideration. For purposes of this Code, the payment must be contemporaneous with or precede the receipt of the item or attendance at the event. In situations in which it is difficult to place a value (such as a dinner at someone's home), equivalent consideration in the form of a house gift, appropriately priced bottle of wine or spirits, floral arrangement or plant, or other appropriately valued item may substitute for monetary consideration. Attendance at weddings, showers, birthdays and other special occasions where guests usually bring gifts and the feted person or others on his behalf provide food and entertainment also fall into this category. However, *until the Ethics Commission rules otherwise*, the prohibition on gifts and expenditures shall apply to employees as recipients of such special occasion gifts.

Even when it is permissible to attend such occasions, employees at all times should strive to avoid the appearance of impropriety and give due consideration to the impression caused by frequent private dinners in the homes of lobbyists or principals or attendance at special occasions hosted by them. In keeping with the Governor's policy that all constituents have fair and equal opportunity to express their concerns and ideas regarding State programs and policies without regard to their political affiliation, sophistication, or affluence, employees at all times should refrain from discussing any State business during these social occasions.

## **F. Reporting / Disclosure Requirements**

This Code permits the acceptance of gifts from non-lobbyists only in certain specified circumstances set forth above. For such gifts, the employee must report and disclose any permissible gift unless the gift is from a relative **or**

(a) is given by a personal friend for a special occasion (*e.g.*, holidays, birthdays, weddings, showers, anniversaries, graduation, Valentine's Day, etc.); or

(b) is a meal (whether at a restaurant or at a home) with a friend or lodging at a friend's home.

**Note:** Any gift that falls into either (a) or (b) above must be reported and disclosed if it is valued at over \$100.

Reportable disclosure of gifts will include a description of the gift and its approximate value, the name and address of the donor (if possible), the date of the gift, and a copy of any receipt for the gift provided by the donor.

In addition, certain employees are required to make public disclosure of their financial interests. Conflicts of interest may occur when public officials are in a position to make decisions that affect their personal financial interest. This is why public officers and employees are required to publicly disclose their financial interests. The disclosure process serves to remind officials of their obligation to put the public interest above personal considerations. It also helps citizens monitor the considerations of those who spend their tax dollars and participate in public policy decisions.

Pursuant to Section 112.3 I 45(b), Florida Statutes, all non-clerical/secretarial employees are required to file with the Commission on Ethics, Form 1, Statement of Financial Interests, and Form 10, Annual Disclosure of Gifts from Governmental Entities and Direct Support Organizations and Honorarium Event Related Expenses forms within thirty (30) days of appointment and by July 1 of each year thereafter. Each person required to file Form 1 or Form 6 must file Form 9, quarterly Gift Disclosure, with the Secretary of State on the last day of any calendar quarter following the calendar quarter in which he or she received a reportable gift. Form 9 need not be filed if no such gift was received during the calendar quarter.

## **VI. Additional Requirements of this Code**

### **A. Frequent-Flyer Miles Earned Through State-Reimbursed Travel**

Employees may sometimes be required to travel on State business, requiring them to spend evenings and weekends away from their homes and families. Per diem reimbursements often do not fully reimburse the employee for out-of-pocket travel expenses. As a matter of general policy, any frequent-flyer miles and/or bonus miles

awarded to an employee as a result of State-reimbursed travel may be used for personal use by the employee.

## **B. Serving As Officers/Directors Of Governmental and Non-Governmental Entities**

Employees may serve on the boards or commissions of governmental entities, subject to the approval of the Governor's general counsel.

Except as set forth below, no employee shall serve as an officer or director of any non-governmental corporation, company, partnership or other entity, regardless of its private or public ownership or its for-profit or not-for-profit status. The following are exceptions to this restriction:

(1) subject to approval from the Governor's general counsel, an employee may serve as an officer or director of a non-governmental, non-profit corporation, company, partnership or other entity that does not seek funding from the State;

(2) subject to approval from the Governor's general counsel, an employee may serve as an officer or director of a non-governmental, non-profit corporation, company, partnership or other entity that seeks funding from the State if (a) serving in that capacity is directly related to the employee's employment and (b) the employee has been requested to do so by the Office of the Governor (or, in the case of employees at the executive agencies, by his or her agency) or is required to serve in that capacity by statute, rule, executive order, or other applicable law; and

(3) subject to approval from the Governor's general counsel, an employee may serve as an officer or director of a non-governmental, for-profit corporation, company, partnership or other entity that does not seek or receive funding from or do business with the State and that is closely-held or family-owned or operated. For example, an employee who, along with other family members, is an officer or director of an entity that owns rental property could seek approval under this exception.

Voluntary, pro bono services on behalf of non-profit organizations may be permitted, so long as services to such organizations would not have the potential to create a conflict and do not impair the employee's ability to discharge his or her public duties fully and faithfully. The prohibitions relating to soliciting gifts do not restrict employees from soliciting charitable contributions from lobbyists or principals, so long as the employee or any relative does not control or work for the non-profit organization.

## **C. Dual Employment**

No employee may have any on-going dual employment or dual compensation without prior approval from the Chief Ethics Officer.

#### **D. Lobbyists**

The use of lobbyists will not be required or preferred as a way to obtain access to public employees.

#### **E. Conflicts of Interest and Avoiding the Appearance of Impropriety**

Employees whose immediate relatives (spouse, siblings, parents, children) are lobbyists will, at least quarterly, disclose to the Chief Ethics Officer the names of all clients of such lobbyists. These employees will not participate in any matter that would inure to their relative's special gain or loss, and will recuse themselves from discussions/meetings/etc. involving clients of their immediate relatives. Any such matters will be reassigned to another employee of the Office of the Governor or respective agency. Where confidentiality requirements prohibit the public disclosure of any such names of clients, the Office of the Governor will take the measures necessary and appropriate to assure effective recusal by affected employees.

No employee shall participate in an official capacity in any matter that would inure to his or her special private gain or loss, or which the employee knows will inure to the special private gain or loss of any relative or business associate. To further avoid any appearance of impropriety, employees will be subject to an appropriate screening procedure. This procedure applies to meetings between and/or decisions directly involving an employee and his or her former employer or clients/business entities for which he or she has had substantial, direct responsibility during the two years prior to entering public service. To the extent an employee seeks to participate in any such meeting or decision, he or she will first notify the Chief Ethics Officer who will prescribe an appropriate screen depending on the particular circumstances. In no event, however, will a procedure limit the employee's ability to fulfill the core functions of his or her job. Moreover, nothing in this Code is meant to prohibit an employee from addressing or making decisions relating to issues that may generally affect an industry or business sector with which the employee may have had a prior relationship.

#### **F. Application for Exemptions**

There may be unique and/or compelling circumstances warranting exceptions to and/or waivers from these requirements in certain individual cases. In those instances, prior approval of the Chief Ethics Officer is required.

#### **G. Reporting Violations of this Ethics Code**

All ethics violations should be reported to the General Counsel at: 488-3494.

## **VII. Policy Administration**

- Personnel Office  
The Personnel Office is responsible for notifying employees appointed to designated positions of the requirement to file financial and gift disclosure.
- Legal Affairs Office  
The Legal Affairs Office is responsible for providing clarification to employees on the specific ethics policies outlined herein.
- Commission on Ethics  
Questions about the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, and Tallahassee, Florida 32317-5709; telephone (850) 488-7864.
- Public Records/Sunshine Laws  
Questions about the public records and/or sunshine laws may be addressed to the Office of Open Government within the Office of the Governor.

July 21, 2017



3800 Esplanade Way  
Suite 180  
Tallahassee, FL 32311

Phone: 850.414.7400  
Fax: 850.921.5146

[VolunteerFlorida.org](http://VolunteerFlorida.org)

The Honorable Rick Scott  
Governor of Florida  
PL-05, The Capitol  
400 South Monroe Street  
Tallahassee, Florida  
32399

Dear Governor Scott:

In accordance with section 20.058, Florida Statutes relating to Citizen Support and Direct Support Organizations, please find the attached annual report regarding the Volunteer Florida Foundation (Foundation). The Foundation is a Direct Support Organization (DSO) established by Section 14.29, Florida Statutes, to support the Florida Commission on Community Service (Volunteer Florida).

The Foundation raises funds to support Volunteer Florida's work to deliver high-impact national service and volunteer programs across the state. The Foundation also supports special Governor's initiatives, including Florida's Black History Month and Hispanic Heritage Month essay, art, and educator contests, as well as honoring our state's outstanding volunteers, veterans, and educators.

Volunteer Florida administers over \$32 million in national service programs to serve Florida students and families. Volunteer Florida also serves as the state's lead agency for volunteers and donations before, during, and after disasters.

The Volunteer Florida Foundation provides significant financial assistance to Volunteer Florida, raising over \$538,000 in new funding during the 2016-2017 fiscal year. These funds support Volunteer Florida programs, and allow Volunteer Florida to continue to support special Governor's initiatives.

In addition to supporting Volunteer Florida's primary programs, the Foundation is the sole entity responsible for fiscal support, administration and oversight of the Florida Disaster Fund. The fund, which was established in 2004, is designated exclusively for use in assisting disaster survivors in Florida with unmet needs related to response and long-term recovery. The Florida Disaster Fund is the State of Florida's official private fund to assist those impacted by emergencies and disasters.

The Florida Disaster Fund balance at the end of FY 2016-2017 was \$377,086. During the 2016-2017 fiscal year the Disaster Fund supported three separate disaster events. In February, \$50,000.00 was made available to six non-profit organizations supporting tornado response activities in Escambia, Santa Rosa, and Charlotte Counties. Following the tragic Pulse Nightclub attack, the fund supported eleven Volunteer Florida partners with grants totaling \$100,000.00. The Disaster Fund released \$50,000.00 to three non-profit partner agencies responding to Hurricane Matthew and an additional \$100,000 will be distributed to six nonprofit organizations engaged in Hurricane Matthew long-term recovery efforts.

Disaster Fund recipients are required to match award amounts at 100%. Consequently, the \$300,000.00 FY 2016-2017 distribution has a local impact of \$600,000.00. For the first time, during FY 2016-2017, Volunteer Florida established a mechanism for accepting online credit card donations to supplement corporate donations secured through traditional fundraising. Following the Pulse Nightclub attack, Volunteer Florida instituted a method to receive "text to give" donations.

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New funds raised by the Foundation support the following programs:

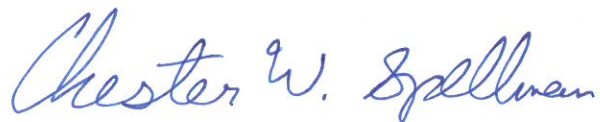
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- Other medals as established by the Executive Office of the Governor

The Volunteer Florida Foundation is supported by an engaged and diverse Board of Directors under the guidance of the Volunteer Florida Commission. Volunteer Florida's CEO serves as Executive Director of the Foundation. This shared leadership ensures the goals and priorities of Volunteer Florida and the Foundation remain aligned and operating in a manner consistent with the goals and purpose of the Volunteer Florida Commission and in the best interest of the state. Both the CEO and the Foundation Board are accountable to the Governor-appointed Commissioners.

I recommend the Volunteer Florida Foundation, as established under the authority of section 14.29(12), F.S. and 270-1, F.A.C., be permitted to continue as established. For questions or additional information, please contact me at (850) 414-0092.

Sincerely,



Chester W. Spellman  
Chief Executive Officer  
Volunteer Florida

CWS/bh Attachments:

Volunteer Florida Foundation 2017 SB 1194 Report  
Volunteer Florida Foundation 2016 IRS Form 990



Cc: The Honorable Joe Negron, President of the Florida Senate  
The Honorable Richard Corcoran, Speaker of the Florida House of  
Representatives  
Mr. R. Philip Twogood, Coordinator, Florida Office of Program Policy  
Analysis and Government Accountability

July 21, 2017



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Suite 180  
Tallahassee, FL 32311

Phone: 850.414.7400  
Fax: 850.921.5146

[VolunteerFlorida.org](http://VolunteerFlorida.org)

The Honorable Joe Negron  
President, The Florida Senate  
409 The Capitol  
404 South Monroe Street  
Tallahassee, Florida  
32399

Dear President Negron:

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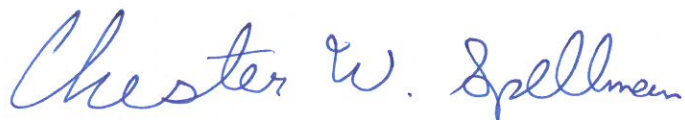
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Chief Executive Officer  
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Cc: The Honorable Rick Scott, Governor of Florida  
The Honorable Richard Corcoran, Speaker of the Florida House of  
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Mr. R. Philip Twogood, Coordinator, Florida Office of Program Policy  
Analysis and Government Accountability



3800 Esplanade Way  
Suite 180  
Tallahassee, FL 32311

Phone: 850.414.7400  
Fax: 850.921.5146

**VolunteerFlorida.org**

July 21, 2017

The Honorable Richard Corcoran  
Speaker, The Florida House of  
Representatives  
420 The Capitol  
402 South Monroe Street  
Tallahassee, Florida  
32399

Dear Speaker Corcoran:

In accordance with section 20.058, Florida Statutes relating to Citizen Support and Direct Support Organizations, please find the attached annual report regarding the Volunteer Florida Foundation (Foundation). The Foundation is a Direct Support Organization (DSO) established by Section 14.29, Florida Statutes, to support the Florida Commission on Community Service (Volunteer Florida).

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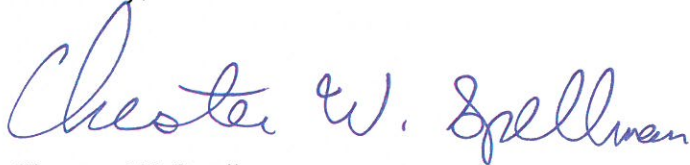
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**VolunteerFlorida.org**

Mr. R. Philip Twogood  
Coordinator  
Florida Office of Program Policy Analysis and Government  
Accountability  
111 West Madison Street, Room 312  
Tallahassee, Florida  
32399

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Representatives

## The Volunteer Florida Foundation

### 2017 Report for Compliance with Senate Bill 1194 relating to Citizen Support and Direct-Support Organizations

**Organization:** Volunteer Florida Foundation, Inc. Organization

**Type:** Direct Support Organization

**Authorizations:** Florida Statutes 14.29 (12) and Florida  
Administrative Code 27O-1

**Address:** 3800 Esplanade Way, Suite 180  
Tallahassee, FL 32311  
(Co-located with Volunteer Florida)

**Phone:** (850) 414-7400

**Website:** <http://www.volunteerflorida.org/foundation/>

**Mission:** The Volunteer Florida Foundation (Foundation) is a non-profit charity established, organized and operated exclusively as a Direct Support Organization to assist the Florida Commission on Community Service (Volunteer Florida). The Foundation raises funds to aid Volunteer Florida in accomplishing its goals of meeting important human needs in Florida as well as supporting special Governor's initiatives that honor outstanding Floridians. The Foundation's activities are guided by a voluntary board of directors.

The Foundation supports Volunteer Florida's AmeriCorps, emergency management and volunteer programs. In addition to supporting Volunteer Florida's primary programs, the Foundation also raises funds for statewide Governor's initiatives that honor outstanding Floridians for their service and promote volunteerism statewide. Funds raised by the Foundation support the following programs:

- Black History Month
- Champion of Service Award
- Florida Disaster Fund
- Florida Gubernatorial Fellows Program
- The Governor's Excellence in Nursing Award
- The Governor's Excellence in Service Award
- The Governor's Medal of Freedom
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The Foundation was re-established as a non-profit corporation in 2010, but did not become a fundraising organization until August 2013. In its first year of operation, the Foundation raised \$359,958; since that time it has continued to raise significant funds to support current initiatives.

**Plans for the Next Three Fiscal Years:** The Foundation will continue to raise funds for the aforementioned programs supported by Volunteer Florida. Additional programs may be added subject to approval by the Volunteer Florida Commission.

The 2017-2018 proposed fundraising revenue for the Foundation is \$253,509.

Tentative plans for 2018-2019 are to raise approximately \$300,000 in support of Volunteer Florida Foundation programs. Additional fundraising may occur in response to future disaster needs or as additional programs are added.

Tentative plans for 2019-2020 are to raise approximately \$350,000 in support of Volunteer Florida Foundation programs. Additional fundraising may occur in response to future disaster needs or as additional programs are added.

## **Code of Ethics**

Foundation Employees are required to act in accordance with the Volunteer Florida Personnel Policies and the shared services contract entered into between the Volunteer Florida Foundation and the Volunteer Florida Commission.

It is the policy of Volunteer Florida that no employee will have any interest, financial or otherwise, direct or indirect; or engage in any business transaction or professional activity; or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties in the public interest. To implement this code of ethics, there is an enacted policy setting forth standards of conduct required of all employees in the performance of their official duties. This code serves not only as a guide for official conduct, but also as a basis for discipline of those who violate its provisions.

## **Conflict of Interest**

Employees may not engage in activities that represent a conflict of interest with Volunteer Florida's mission or purpose, or with their job responsibilities. This includes, but is not limited to, the solicitation or acceptance of money, gifts, gratuities or favors for personal benefit from current or prospective vendors, contractors or funding sources, or partner agencies of Volunteer Florida in exchange for special preferential treatment by the employee or Volunteer Florida.

## **Employee Relationships with Regulated Entities**

Volunteer Florida's written personnel policy requires that employees disclose potential or actual relationships with entities (i.e., individuals, partnerships, corporations, and other entities) subject to regulation by or doing business with the employee's agency.

An employee may be considered to have "regulatory responsibility" if he or she is directly responsible for determining if a regulated entity is in compliance with federal or state statutes/regulations.

Employees who exercise "regulatory responsibilities" must disclose within five working days if they:

- Make application for employment with a regulated entity; or receive an offer of employment or for a contractual relationship for compensation from a regulated



- entity; or
- Obtain a financial interest in a regulated entity.

### **Nepotism/Employment of Relatives**

A Volunteer Florida manager may not employ, promote, advance or advocate the employment, promotion, or advancement of an individual who is a relative, to a position in the area over which he or she exercises supervision or control. Relatives include: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister or domestic partner.

### **Political Activities**

Employees are free to act as individuals in political activities outside of regular work hours and off the premises of Volunteer Florida and its affiliated programs. Employees may not use their position at Volunteer Florida to influence or affect the outcome of any election, to coerce or attempt to advise other employees to contribute to any political party or organization, or to engage in any voter registration or transportation activity.

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](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2015**  
 Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning** , and ending

<b>B</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	<b>C</b> Name of organization <b>VOLUNTEER FLORIDA FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>01-0973168</b>
	Doing business as		<b>E</b> Telephone number <b>850-414-7400</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3800 ESPLANDE WAY STE 180</b>		<b>G</b> Gross receipts \$ <b>314,930</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>TALLAHASSEE FL 32311</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>CHESTER SPELLMAN</b> <b>3800 ESPLANDE WAY</b> <b>TALLAHASSEE FL 32311</b>			
<b>I</b> 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			
<b>J</b> Website: <b>WWW.VOLUNTEERFLORIDA.ORG</b> <b>H(c)</b> Group exemption number ▶			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>M</b> State of legal domicile:			

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>DIRECT SUPPORT ORGANIZATION OF THE FLORIDA COMMISSION ON COMMUNITY SERVICE</b>			
	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)	<b>11</b>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>11</b>	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>0</b>	
	6	Total number of volunteers (estimate if necessary)	<b>0</b>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>	
	7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>	
	<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: <b>387,251</b> Current Year: <b>314,875</b>
		9	Program service revenue (Part VIII, line 2g)	<b>0</b>
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>23</b> <b>55</b>	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>387,274</b> <b>314,930</b>	
<b>Expenses</b>		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>167,388</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>37,596</b> <b>25,748</b>	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>66,000</b> <b>66,000</b>	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>509,632</b> <b>172,046</b>	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>547,228</b> <b>431,182</b>	
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12	<b>-159,954</b> <b>-116,252</b>	
	20	Total assets (Part X, line 16)	Beginning of Current Year: <b>625,623</b> End of Year: <b>485,137</b>	
	21	Total liabilities (Part X, line 26)	<b>50,708</b> <b>26,474</b>	
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>574,915</b> <b>458,663</b>	

**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.

<b>Sign Here</b>	Signature of officer <b>RICHARD E. SWARTTZ</b>	Date			
	Type or print name and title <b>CFO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MATTHEW R. HANSARD</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00273516</b>
	Firm's name <b>THOMSON BROCK LUGER &amp; COMPANY</b>	Firm's EIN ▶ <b>20-2259573</b>			
	Firm's address <b>3375G CAPITAL CIR NE TALLAHASSEE, FL 32308-3736</b>	Phone no. <b>850-385-7444</b>			

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

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:

DIRECT SUPPORT ORGANIZATION OF THE FLORIDA COMMISSION ON COMMUNITY SERVICE

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 \$ 365,182 including grants of \$ 28,000 ) (Revenue \$ )

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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 ▶ 365,182

**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	<b>Section 501(c)(3) organizations.</b> 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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
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?		
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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?		
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? <b>Note.</b> 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
b	If "Yes," enter the name of the foreign country: <b>▶</b> 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?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> 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		
<b>11 Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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		

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		X
<b>b</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
<b>16a</b>	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>b</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**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <b>FL</b>
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b>	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.
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records: <b>RICHARD SWARTTZ, CFO</b> <b>TALLAHASSEE</b> <b>3800 ESPLANDE WAY</b> <b>FL 32311</b> <b>850-414-7400</b>

**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) CHUCHA BARBER	1.00									
CHAIR	0.00	X		X			0	0	0	
(2) MONESIA BROWN	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) DEREK COOPER	1.00									
VICE-CHAIR	0.00	X		X			0	0	0	
(4) JAMES CROTEAU	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) JUAN G. FLORES	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) WENDY HEDRICK	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) MIKE JENNINGS	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) DEBRA KERR	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) ROBERT MILLIGAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) MARITZA ROVIRA-FORINO	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) STEVEN UHLFELDER	1.00									
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) <b>BONNIE HAZLETON</b>	4.00									
COO	0.00			X			8,526	74,412	24,463	
(13) <b>CHESTER SPELLMAN</b>	3.00									
CEO	0.00			X			9,309	132,553	27,622	
<b>1b Sub-total</b>							17,835	206,965	52,085	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							17,835	206,965	52,085	

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 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a 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	314,875			
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		314,875			
<b>Program Service Revenue</b>	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		55		55	
	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				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	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						
b						
c						
d All other revenue						
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions		314,930	0	0	55	

**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	139,388	139,388		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	28,000	28,000		
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	17,835	17,835		
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	2,298	2,298		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,169	4,169		
10	Payroll taxes	1,446	1,446		
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	18,925	18,925		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	66,000			66,000
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,000	1,000		
12	Advertising and promotion	168	168		
13	Office expenses	4,884	4,884		
14	Information technology	77	77		
15	Royalties				
16	Occupancy				
17	Travel	57,926	57,926		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7	7		
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	<b>OTHER EXPENSES</b>	31,250	31,250		
b	<b>AWARDS &amp; RECOGNITION</b>	29,926	29,926		
c	<b>CONTRACT SERVICES</b>	19,089	19,089		
d	<b>DUES &amp; SUBSCRIPTIONS</b>	3,467	3,467		
e	All other expenses	5,327	5,327		
25	<b>Total functional expenses.</b> Add lines 1 through 24e	431,182	365,182	0	66,000
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
<b>Assets</b>	1 Cash—non-interest bearing	609,479	1	485,137
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	16,144	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		625,623	16	485,137
<b>Liabilities</b>	17 Accounts payable and accrued expenses	50,708	17	26,474
	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 <b>Total liabilities.</b> Add lines 17 through 25		50,708	26
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	5,708	27	6,859
	28 Temporarily restricted net assets	569,207	28	451,804
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	574,915	33	458,663	
34 <b>Total liabilities and net assets/fund balances</b>	625,623	34	485,137	

**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	314,930
2	Total expenses (must equal Part IX, column (A), line 25)	2	431,182
3	Revenue less expenses. Subtract line 2 from line 1	3	-116,252
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	574,915
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	458,663

**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
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 <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	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
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**

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**VOLUNTEER FLORIDA FOUNDATION, INC.**

Employer identification number

**01-0973168**

**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 (Form 990 or 990-EZ).)
- 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 (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) FLORIDA COMMISSION ON COMMUNITY SERVICE	61-1596268	6	X		89,383	0
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					<b>89,383</b>	<b>0</b>

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> 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** ▶

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2014 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2015.** 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 ▶

b **33 1/3% support test—2014.** 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—2015.** 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—2014.** 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 <b>First five years.</b> 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 <b>stop here</b> <span style="float: right;"><input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2015.** 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—2014.** 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 in line 11 on 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		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 or 990-EZ).		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 <b>Part VI</b> .		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		X
c	Did a disqualified person (as defined in line 9a) 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 <b>Part VI</b> .		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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).		

**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	<b>Total annual distributions.</b> 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 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	<b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

Employer identification number

**VOLUNTEER FLORIDA FOUNDATION, INC.**

**01-0973168**

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<sup>1</sup>/<sub>3</sub> % 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

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

01-0973168

**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	FLORIDA POWER AND LIGHT 215 S. MONROE STREET #810 TALLAHASSEE FL 32301	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SUNSHINE HEALTH 1301 INTERNATIONAL PARKWAY SUNRISE FL 33323	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HCA NORTH FLORIDA 101 NORTH MONROE STREET, SUITE 801 TALLAHASSEE FL 32301	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WALMART 1700 N MONROE STREET, SUITE 11-119 TALLAHASSEE FL 32303	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOSE CANCIO FAMILY 1395 BRICKWELL AVENUE, SUITE 800 MIAMI FL 32413	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE HOFFMAN FOUNDATION 12530 SEMINOLE BEACH RD. NORTH PALM BEACH FL 33408	\$ 26,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>VOLUNTEER FLORIDA FOUNDATION, INC.</b>	Employer identification number <b>01-0973168</b>
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**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	PUBLIX P.O. BOX 407  LAKELAND FL 32802-0407	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	AT&T 150 FLAGLER ST., SUITE 1901  MIAMI FL 33130	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MARITZA ROVIRA-FORINO 9296 BELLA VITA CIRCLE  LAND O LAKES FL 34637	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE FLORIDA LOTTERY 250 MARRIOTT DRIVE  TALLAHASSEE FL 32301	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	AETNA 1100 ABERNATHY RD., SUITE 375  ATLANTA GA 30328	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	FLORIDA BLUE 4800 DEERWOOD CAMPUS PARKWAY, DCC3-4  JACKSONVILLE FL 32246-8273	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>VOLUNTEER FLORIDA FOUNDATION, INC.</b>	Employer identification number <b>01-0973168</b>
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**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
13	COMCAST 1100 NORTHPOINT PARKWAY, SUITE 100 WEST PALM BEACH FL 33407	\$ 27,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	MOSAIC 215 S. MONROE STREET, SUITE 730 TALLAHASSEE FL 32301	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	HOFFMAN PARTNERS 8695 COLLEGE PARKWAY, SUITE 2480 FORT MEYERS FL 33919	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	MAGELLAN CARES 14100 MAGELLAN PLAZA MARYLAND HGTS MO 63043	\$ 10,000	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization

Employer identification number

VOLUNTEER FLORIDA FOUNDATION, INC.

01-0973168

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes/No, 6. Did the organization inform all grantees... Yes/No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1. Purpose(s) of conservation easements, 2. Complete lines 2a through 2d, 3. Number of conservation easements modified, 4. Number of states where property is located, 5. Does the organization have a written policy..., 6. Staff and volunteer hours..., 7. Amount of expenses..., 8. Does each conservation easement..., 9. In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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" on 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 on Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on 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 .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

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

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

The percentages on 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:

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

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" on 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 .....				
e Other .....				
<b>Total.</b> 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" on 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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





**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization

**VOLUNTEER FLORIDA FOUNDATION, INC.**

Employer identification number

**01-0973168**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DEBORAH ALEKSANDER 1 4208 GROVE PARK DR. TALLAHASSEE FL 32311	SOLICITOR		X	150,000	66,000	84,000
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				<b>150,000</b>	<b>66,000</b>	<b>84,000</b>

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**FLORIDA**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_





**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" on 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

**VOLUNTEER FLORIDA FOUNDATION, INC.**

Employer identification number

**01-0973168**

**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" on 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)	BRACE LLC 1301 WEST GOVERNMENT STREET PENSACOLA FL 32502	20-4815891		93,388				
(2)	UNITED WAY OF ESCAMBIA COUNTY 1301 WEST GOVERNMENT STREET PENSACOLA FL 32502	59-0651076		46,000				
(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) (2015) **VOLUNTEER FLORIDA FOUNDATION, INC. 01-0973168**

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 BLACK HISTORY CONTEST	3	4,500			
2 HISPANIC HERITAGE CONTEST	3	4,500			
3 JEB BUSH AWARD	1	5,000			
4 HOFFMAN PUBLIC SRV. AWARD	7	14,000			
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  
 VOLUNTEER FLORIDA STAFF AND THE VOLUNTEER FLORIDA FOUNDATION BOARD OF  
 DIRECTORS PROVIDE FISCAL OVERSIGHT OF ALL EXPENDITURES TO ENSURE  
 TRANSPARENCY AND ACCOUNTABILITY.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**VOLUNTEER FLORIDA FOUNDATION, INC.**

Employer identification number

**01-0973168**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <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) |

**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

**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?

**3** Indicate which, if any, of the following the filing organization used 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.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on 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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Schedule J (Form 990) 2015 **VOLUNTEER FLORIDA FOUNDATION, INC. 01-0973168**

**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 on 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	(B) 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	CHESTER SPELLMAN CEO	9,309	0	0	27,622	0	9,309	0
2		132,553	0	0	0	0	160,175	0
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dotted lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

**VOLUNTEER FLORIDA FOUNDATION, INC.**

Employer identification number

**01-0973168**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
FORM 990 IS REVIEWED BY THE CFO PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
A CERTIFICATION OF COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY ALL  
DIRECTORS, OFFICERS, AND TRUSTEES, MUST BE SUBMITTED TO THE STATE,  
ANNUALLY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number  
01-0973168

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	FL. COMMISSION ON COMMUNITY SRV. 3800 ESPLANDE WAY TALLAHASSEE FL 32311 61-1596268	VOLUNTEER	FL			N/A		X
(2)								
(3)								
(4)								
(5)								



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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate alloc.? <small>Yes No</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? <small>Yes No</small>		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? <small>Yes No</small>	
									Yes	No
(1)										
(2)										
(3)										
(4)										

**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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

**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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													



Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2014 &amp; 2015</b>
For calendar year 2015, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**VOLUNTEER FLORIDA FOUNDATION, INC.****01-0973168**

		2014	2015	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 387,251	314,875	-72,376
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5. 23	55	32
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 387,274	314,930	-72,344
<b>Expenses</b>	13. Grants and similar amounts paid	13.	167,388	167,388
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.	17,835	17,835
	16. Salaries, other compensation, and employee benefits	16. 37,596	7,913	-29,683
	17. Professional fundraising fees	17.	66,000	66,000
	18. Other professional fees	18.	19,925	19,925
	19. Occupancy, rent, utilities, and maintenance	19.		
	20. Depreciation and Depletion	20.		
	21. Other expenses	21. 509,632	152,121	-357,511
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 547,228	431,182	-116,046
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. -159,954	-116,252	43,702
<b>Other Information</b>	24. Total exempt revenue	24.	314,930	314,930
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26.	55	55
	27. Total assets	27. 625,623	485,137	-140,486
	28. Total liabilities	28. 50,708	26,474	-24,234
	29. Retained earnings	29. 574,915	458,663	-116,252
	30. Number of voting members of governing body	30.	11	
	31. Number of independent voting members of governing body	31.	11	
	32. Number of employees	32.	0	
	33. Number of volunteers	33.		

**Federal Statements**

**Taxable Interest on Investments**

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT	INCOME	\$ 55		14			
TOTAL		\$ <u>55</u>					

**Federal Statements**

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 1,000	\$ 1,000	\$	\$
TOTAL	\$ 1,000	\$ 1,000	\$ 0	\$ 0

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
SUBGRANTEE EXPENSES	\$ 1,877	\$ 1,877	\$	\$
INTERNET SERVICES	1,363	1,363		
BANK CHARGES	1,087	1,087		
STAFF DEVELOPMENT	1,000	1,000		
TOTAL	\$ 5,327	\$ 5,327	\$ 0	\$ 0