



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

Glenn W. Sutphin, Jr.
Executive Director

Rick Scott
Governor
Pam Bondi
Attorney General
Jimmy Patronis
Chief Financial Officer
Adam Putnam
Commissioner of Agriculture

July 25, 2018

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

Dear President Negron,

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

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

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

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

Sincerely,

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

cc: Direct Support Organization Report



State of Florida
DEPARTMENT OF VETERANS' AFFAIRS

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

Glenn W. Sutphin, Jr.
Executive Director

Rick Scott
Governor
Pam Bondi
Attorney General
Jimmy Patronis
Chief Financial Officer
Adam Putnam
Commissioner of Agriculture

July 25, 2018

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

Dear Speaker Corcoran,

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

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

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

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

Sincerely,

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

cc: Direct Support Organization Report



Glenn W. Sutphin, Jr.
Executive Director

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

Rick Scott
Governor
Pam Bondi
Attorney General
Jimmy Patronis
Chief Financial Officer
Adam Putnam
Commissioner of Agriculture

July 25, 2018

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

Dear Governor Scott,

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

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

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

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

Sincerely,

A handwritten signature in blue ink that reads "Glenn W. Sutphin, Jr.".

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

cc: Direct Support Organization Report



State of Florida
DEPARTMENT OF VETERANS' AFFAIRS

Office of the Executive Director

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

Phone: (850) 487-1533 Fax: (850) 488-4001

www.FloridaVets.org

Glenn W. Sutphin, Jr.
Executive Director

Rick Scott
Governor
Pam Bondi
Attorney General
Jimmy Patronis
Chief Financial Officer
Adam Putnam
Commissioner of Agriculture

July 25, 2018

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

Dear Dr. Twogood,

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

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

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

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

Sincerely,

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

cc: Direct Support Organization Report



FLORIDA VETERANS
— F O U N D A T I O N —

FLORIDA VETERANS FOUNDATION, INC.

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

July 25, 2018

Chairman Emeritus

John L. Haynes, USMC

Chairman

Mike K. Mason, USA

Vice-Chairman

Gary Clark, COL, USAF

Board of Directors

Dick Aquino, USN
Angel Figueroa, USA
Don Lanman, USA
Beatrice Love-Moore, USA

Members at Large

Rick Grant, RADM, USN
Representative Sam Killebrew, USN
Senator Bill Montford
Jack Mowell, USN
William L. Proctor, USA
Dr. Sharon Richie, USA
Senator W. Greg Steube, USA
Senator Victor Torres, USMC
William Webb, BGen, USAF

Secretary / Treasurer

Anne Weeks

Chief Financial Officer

Pete Ryan

President

Dennis O. Baker, CDR, USN

Contact:

Telephone: (850) 488-4181
Facsimile: (850) 488-4001
www.FloridaVeteransFoundation.org
FVF@fdva.state.fl.us

LTC Glenn W. Sutphin, Jr., USA (Ret.)
Executive Director
Florida Department of Veterans' Affairs
400 S. Monroe St. Suite 2105
Tallahassee, FL 32399

Direct Support Organization Report

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

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

Florida Veterans Foundation
The Capitol, Suite 2107
400 S. Monroe St.
Tallahassee, FL 32399-0001
(850) 488-4181
www.FloridaVeteransFoundation.org

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

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

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

- FVF is also a non-profit organization operating for charitable and educational purposes under Section 501(c)(3) of Internal Revenue Code to:
 - Educate the public about the needs of Veterans; and,
 - Promote and aid charitable activities for the support of the livelihood and general welfare of Florida-resident Veterans.

- The Foundation is governed by a voluntary Board of Directors appointed by the Executive Director of the Florida Department of Veterans' Affairs. Board members are Veterans, business owners and community leaders throughout the State of Florida and are highly knowledgeable about the United States military, its service personnel, Veterans and mission.

Chartered Functions of the Foundation:

- Continue to provide direct and indirect services to Veterans and their families through collaborating with the appropriate federal, state and local government agencies, veteran service organizations and education entities.
- Develop and facilitate best practices for programs to benefit the overall health, welfare, education, employment and housing for Florida Veterans. These best practices will be in collaboration with other agency initiatives to ensure the greatest impact on veteran assistance.
- Provide financial and administrative support to the Florida Veterans Hall of Fame Council and Florida Veterans Hall of Fame.
- Support financially the publication of the FDVA Benefits Guide and Governors.
- Support the veteran benefit information services pursuant to Chapter 322.08, Florida Statutes required by Florida Department of Veterans' Affairs and DHSMTVs.

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

Mission:

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

Results Fiscal Year – 2017/18:

- As its core mission, FVF engaged in providing financial assistance to Veterans throughout Florida and then refocused to provide statewide leadership on best practices to enhance lives of Florida Veterans in every element of a Veteran's life from cradle to grave. This was to become relevant to the current needs of Veterans that would be most impactful to Florida Veterans.
- FVF funded the 2017 Florida Veterans Hall of Fame Induction in November 2017.
- The FVF successfully completed the 10th and final quarter of their \$1.25 million grant as of June 30, 2018. The grant was extended into the third year of expenditure to ensure quality disbursement to meet the emergency financial need of Veterans.
- Overall the HELP Grant exceeded its original contracted numbers to reach 329,050 Florida Veterans to almost 1.6 million reached.
- FVF touts a 5% or \$62,500 in administrative expense in the execution of the grant, and 95% or \$1,187,500 of grant dollars was in direct support of the veteran.
- As the number of veteran's claims for emergency financial need rose it became apparent that over 80% of all claims were not genuine. As a result FVF outsourced emergency financial assistance to the Florida American Legion for two reasons; one being that there are 291 posts throughout the state and the opportunity for bogus claims were quickly challenged; and secondly that it would save a salary of \$41,000 by having the process done for free. It was imperative that FVF find innovatively cheaper ways of operation due to the lack of legislative funding.
- Additionally, FVF maintained a VA work-study Student Veterans for the Foundation, who have assisted with the increased workload.
- FVF secured a position from the AARP Senior Worker Program to assist in fundraising and grant writing. This position is paid for by AARP and helps the Senior Worker with employment skills making them more competitive for the job market. The Senior Worker for FVF has sought assistance for a wounded Veteran through a Home Depot grant. The Senior Worker has also become part of the aging Veteran Outreach program in addition to Rotary International Tallahassee to build a model for replication throughout the state.

- FVF has increased its statewide presence in social media through the great work of FSU Interns and has contracted again with FSU to employ more interns for the work of the FVF. We extended our reach through Facebook, new webpage and Twitter to an audience in excess of 350,000. FVF's success of the new veteran-friendly website made it easier for Veterans to navigate and has exponentially increased the following to over 6,000 followers and likes.
- FVF sponsored the Florida Women's Veterans Conference - 2017.
- FVF continues support of Star Metro in Tallahassee to get volunteer Veterans to provide free rides for Veterans using two of their handicapped equipped vans.
- FVF has worked to bring cohesiveness to the Florida Veterans Council in order to gain greater influence in the legislative process, presenting a "Top Three" priority push to gain support through the legislative leadership 2017-2018 legislative session.
- FVF has sponsored Caregiver, Vietnam Veteran, Military Officers Association of America, Military Order of the Purple Heart, Veteran of Foreign Wars, and many other conferences and meetings to connect and educate Veterans and their families on benefits and assistance.

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

1. FVF will continue to provide collaborative support throughout the state for suicide prevention and opioid addiction, working with Get Help Now phone application, Crisis Centers for Veteran peer to peer support, to referral into mental health and wellness programs for successful treatment. This model, after successful execution, will be replicated throughout the nation.
2. In support of FDVA, FVF is working to register aging Veterans and provide earned benefits. This effort will be a model created under the leadership of FVF to bring American Patriot Services Corporation, FVF, FDVA, Rotary International, and AARP under one model to be further replicated throughout the nation. This initiative will bring over \$1.2 Billion dollars to Florida in Federal VA Funds, freeing up same amount in state Medicaid funds.
3. FVF will continue to work to gain a greater network of donors and initiate programs to fund best practices as directed by the sponsor, FDVA.
4. FVF will develop best practices for Stand Down events for homeless and at-risk Veterans throughout the state for effectiveness and efficiency.
5. FVF will seek to obtain support staff funding through a legislative action.
6. FVF will work with statewide Veterans Treatment Courts to develop a standard of practices in support of Veterans in Crisis to be productive vs. incarceration.

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

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

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

H. Additional Supporting Actions of the Florida Veterans Foundation. (Exhibit D)

Sincerely,


Dennis O. Baker, USN (Ret), Ph.D.
President

The Florida Veterans Foundation Code of Ethics

Personal and Professional Integrity

The Florida Veterans Foundation staff, board members, and volunteers shall act with honesty, integrity and openness in all their dealings as representatives of the organization. The Florida Veterans Foundation promotes a working environment that values respect, fairness and integrity.

Pursuant to FSS 112.3251, all members of the Board shall abide by the following standards of conduct stated in FSS 112.313 and 112.3143(2):

- A. SOLICITATION OR ACCEPTANCE OF GIFTS —No member of the Florida Veterans Foundation Board shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the member of the Florida Veterans Foundation Board would be influenced thereby.
- B. UNAUTHORIZED COMPENSATION —No member of the Florida Veterans Foundation Board or his or her spouse or minor child shall, at any time, accept any compensation, payment, or thing of value when such member of the Florida Veterans Foundation Board knows, or, with the exercise of reasonable care, should know, that it was given to influence a vote or other action in which the member of the Florida Veterans Foundation Board was expected to participate in his or her official capacity.
- C. SALARY AND EXPENSES —No member of the Florida Veterans Foundation Board shall be prohibited from considering or voting on a matter affecting his or her salary, expenses, or other compensation as a member of the Florida Veterans Foundation Board, as provided by law.
- D. MISUSE OF PUBLIC POSITION —No member of the Florida Veterans Foundation Board shall corruptly use or attempt to use his or her official position or any property or resource which may be within his or her trust, or perform his or her official duties, to secure a special privilege, benefit, or exemption for himself, herself, or others. This section shall not be construed to conflict with FSS 104.31.
- E. DISCLOSURE OR USE OF CERTAIN INFORMATION —A current or former member of the Florida Veterans Foundation Board may not disclose or use information not available to members of the general public and gained by reason of his or her official position, except for information relating exclusively to governmental practices, for his or her personal gain or benefit or for the personal gain or benefit of any other person or business entity.
- F. EMPLOYEES HOLDING OFFICE —
 - (1) No employee of the Florida Veterans Foundation shall hold office as a member of the Florida Veterans Foundation Board while, at the same time, continuing as an employee of the Florida Veterans Foundation.

- (2) The provisions of this subsection shall not apply to any person holding office on the Florida Veterans Foundation Board in violation of such provisions on the effective date of this Code of Ethics. However, such a person shall surrender his or her conflicting employment prior to accepting reappointment to the Florida Veterans Foundation Board.

G. VOTING CONFLICTS

A member of the Florida Veterans Foundation Board may not vote on any matter that the member knows would inure to his or her special private gain or loss. Any member of the Florida Veterans Foundation Board who abstains from voting in an official capacity upon any measure that the member knows would inure to the member's special private gain or loss, or who votes in an official capacity on a measure that he or she knows would inure to the special private gain or loss of any principal by whom the member is retained or to the parent organization or subsidiary of a corporate principal by which the member is retained other than an agency as defined in FSS 112.312(2); or which the member knows would inure to the special private gain or loss of a relative or business associate of the member, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the member of the Florida Veterans Foundation Board to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

Mission

Florida Veterans Foundation shall have a clearly stated mission and purpose, approved by the Board, in pursuit of the good for the members of the Florida Veterans. The Florida Veterans Foundation's mission is to provide support to the men and women of the Florida Veterans in times of emergencies and deployments. To honor and assist those Soldiers and Airmen who have sacrificed their health and wellbeing for the security of our great State and Nation, and to preserve our rich history so the sacrifices of our Soldiers and Airmen are not forgotten. All Florida Veterans Foundation programs and operations shall support that mission and all who work for or on behalf of the organization will understand and be loyal to that mission and purpose. The mission shall be responsive to the needs of the Florida Veterans and their families.

By signing this document, the individual agrees to abide by the Standards of Conduct and to always represent the Florida Veterans Foundation in the best manner.

2016 Exempt Organization Business Tax Return
prepared for:

Florida Veterans Foundation, Inc
400 S. Monroe Street, #2105-D
Tallahassee, FL 32399-0001

Richards, Mitchell, & Cross, P.A.
2123 Centre Pointe Blvd.
Tallahassee, FL 32308

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning Jul 1 , 2016, **and ending** Jun 30 , 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Florida Veterans Foundation, Inc</u>		D Employer identification number <u>26-2748811</u>	
	Doing business as		E Telephone number <u>(850) 488-4181</u>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>400 S. Monroe Street</u> <u>2105-D</u>			
	City or town, state or province, country, and ZIP or foreign postal code <u>Tallahassee FL 32399-0001</u>		G Gross receipts \$ <u>589,481.</u>	
	F Name and address of principal officer: <u>Washington Sanchez 400 S. Monroe St. Tallahassee FL 32399-0001</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ <u>www.floridaveteransfoundation.org</u>		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>2008</u>		M State of legal domicile: <u>FL</u>

Part I Summary			Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To support the Florida Dept. of Veterans' Affairs, the veterans of the state, and congressionally chartered veteran service organizations.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)		3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	11
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	1
	6 Total number of volunteers (estimate if necessary)		6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
b Net unrelated business taxable income from Form 990-T, line 34		7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)		810,530.	570,161.
	9 Program service revenue (Part VIII, line 2g)		25,745.	17,586.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-3,998.	1,734.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		578.	
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)		832,855.	589,481.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		456,071.	632,460.
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		108,544.	3,421.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		1,789.	15,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>15,000.</u>			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		83,639.	98,978.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		650,043.	749,859.
19 Revenue less expenses. Subtract line 18 from line 12		182,812.	-160,378.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year 1,159,240.	End of Year
	21 Total liabilities (Part X, line 26)		643,293.	
	22 Net assets or fund balances. Subtract line 21 from line 20		515,947.	

Part II Signature Block

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

Sign Here	Signature of officer	Date
	<u>Dennis Baker</u> Type or print name and title	<u>10/15/17</u> Date
	Co-Chairman	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P01254476</u>
	Firm's name ▶ <u>Richards, Mitchell, & Cross, P.A.</u>			Firm's EIN ▶ <u>46-4063801</u>	
	Firm's address ▶ <u>2123 Centre Pointe Blvd.</u> <u>Tallahassee FL 32308</u>			Phone no. <u>(850) 425-1040</u>	
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

4 a (Code:) (Expenses \$ 718,612. including grants of \$ 0.) (Revenue \$ 587,747.) Costs incurred to assist and support Florida's Veterans, especially those in need of emergency assistance.

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

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

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

4 e Total program service expenses 718,612.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2016)

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1 a	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.		
	1 a 11		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1 b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ Florida
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 Molly Papania 400 S Monroe St, 2107 Tallahassee FL 32399-0001 (850) 488-4181

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Washington Sanchez Chairman	40.00	X		X			0.	0.	0.
(2) Gary Clark Vice Chirman	5.00	X		X			0.	0.	0.
(3) Stephen Marchbanks Treasurer	5.00	X		X			0.	0.	0.
(4) Donna Baron Secretary	5.00	X		X			24,212.	0.	0.
(5) Dick Aquino Director	5.00	X					0.	0.	0.
(6) Craig Blume Director	5.00	X					0.	0.	0.
(7) Mike Mason Director	5.00	X					0.	0.	0.
(8) Robert Doyle Director	5.00	X					0.	0.	0.
(9) Don Lanham Director	5.00	X					0.	0.	0.
(10) Susan Carabello Director	5.00	X					0.	0.	0.
(11) John L Haynes Chairman Emeritus	2.00	X					0.	0.	0.
(12) A Perry Hubbs Director	5.00	X					0.	0.	0.
(13) Darren Schull Director	5.00	X					0.	0.	0.
(14) Sharon Richie Director	5.00	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			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

1 b Sub-total 24,212 . 0 . 0 .
c Total from continuation sheets to Part VII, Section A
d Total (add lines 1b and 1c) 24,212 . 0 . 0 .

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions) . .	1 e	85,500.				
	f All other contributions, gifts, grants, and similar amounts not included above . .	1 f	484,661.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		570,161.				
Program Service Revenue	2 a <u>Stand Down Events</u>		Business Code 624100	17,586.	17,586.	0.	0.
	b						
	c						
	d						
	e						
	f All other program service revenue . . .						
	g Total. Add lines 2a-2f			17,586.			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)			1,734.	0.	0.	1,734.
	4 Income from investment of tax-exempt bond proceeds . .						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss) . .					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including . . \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19.	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			589,481.	17,586.	0.	1,734.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	632,460.	632,460.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	3,083.	3,083.	0.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits				
10 Payroll taxes	338.	338.	0.	0.
11 Fees for services (non-employees):				
a Management	30,630.	15,315.	15,315.	0.
b Legal				
c Accounting	2,074.	2,074.	0.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	15,000.			15,000.
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.)	44,912.	44,912.	0.	0.
12 Advertising and promotion	0.	0.	0.	0.
13 Office expenses	1,319.	1,055.	264.	0.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	4,779.	4,779.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization	2,372.	2,372.	0.	0.
23 Insurance	505.	505.	0.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Bank & Merchant Fees</u>	668.	0.	668.	0.
b <u>Parking</u>	447.	447.	0.	0.
c <u>Miscellaneous</u>	269.	269.	0.	0.
d <u>Fundraising</u>	11,003.	11,003.	0.	0.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	749,859.	718,612.	16,247.	15,000.
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	
Assets	1 Cash — non-interest-bearing	48,123.	1		
	2 Savings and temporary cash investments	1,093,959.	2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation	10b	17,158.	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 Total assets. Add lines 1 through 15 (must equal line 34)		1,159,240.	16	0.	
Liabilities	17 Accounts payable and accrued expenses.	18,293.	17		
	18 Grants payable		18		
	19 Deferred revenue	625,000.	19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25		643,293.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		506,633.	27	
	28 Temporarily restricted net assets		9,314.	28	
	29 Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds			32	
	33 Total net assets or fund balances.		515,947.	33	0.
	34 Total liabilities and net assets/fund balances		1,159,240.	34	0.

BAA

Form 990 (2016)

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	589,481.
2	Total expenses (must equal Part IX, column (A), line 25)	2	749,859.
3	Revenue less expenses. Subtract line 2 from line 1	3	-160,378.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	515,947.
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	355,569.

Part XII Financial Statements and Reporting

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

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

BAA

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Florida Veterans Foundation, Inc

Employer identification number

26-2748811

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 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)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	379,490.	257,226.	335,262.	836,275.	587,747.	2,396,000.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5	379,490.	257,226.	335,262.	836,275.	587,747.	2,396,000.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						2,396,000.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	379,490.	257,226.	335,262.	836,275.	587,747.	2,396,000.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	414.	107.	145.	595.	1,734.	2,995.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	414.	107.	145.	595.	1,734.	2,995.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	379,904.	257,333.	335,407.	836,870.	589,481.	2,398,995.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.88 %
16 Public support percentage from 2015 Schedule A, Part III, line 15.	16	99.93 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.12 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.07 %

19a 33-1/3% support tests—2016. 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—2015. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 Part VI.		
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).		
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).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.		
c Did a disqualified person (as defined in line 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 Part VI.		
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.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

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

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b	

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

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

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

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

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

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

BAA

Schedule A (Form 990 or 990-EZ) 2016

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

BAA

Schedule A (Form 990 or 990-EZ) 2016

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Name of the organization

Florida Veterans Foundation, Inc

Employer identification number

26-2748811

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JP Morgan Chase Bank 712 Main Street, 4E Houston TX 77002	\$ 416,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Military Order of the Purple Heart Independence Ave Melbourne FL 32940	\$ 10,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Leon County Commissioners 301 S. Monroe Street Tallahassee FL 32301	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	City of Tallahassee 300 South Adams St. Tallahassee FL 32301	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Tallahassee Community College 444 Appleyard Drive Tallahassee FL 32304	\$ 5,000.	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.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2016

Open to Public Inspection

Florida Veterans Foundation, Inc

Employer identification number

26-2748811

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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

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

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

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

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

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

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

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
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input type="checkbox"/>
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' 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) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . ▶		

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' 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) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, column (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) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, column (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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

**SCHEDULE I
(Form 990)**

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.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Florida Veterans Foundation, Inc

Employer identification number

26-2748811

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' 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 noncash assistance	(h) Purpose of grant or assistance
(1) ----- -----							
(2) ----- -----							
(3) ----- -----							
(4) ----- -----							
(5) ----- -----							
(6) ----- -----							
(7) ----- -----							
(8) ----- -----							

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Cash Assistance	149	87,022.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

Florida Veterans Foundation, Inc

Employer identification number

26-2748811

Pt VI, Line 12c

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

Pt VI, Line 11b

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

Depreciation and Amortization
(Including Information on Listed Property)
 ▶ Attach to your tax return.

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Florida Veterans Foundation, Inc
Business or activity to which this form relates

Identifying number
26-2748811

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

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

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016.	17	2,372.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B — Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

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

Section C — Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	2,372.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? Yes No **24b** If 'Yes,' is the evidence written? . . . Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--------------------------------------------------	----------------------------------	-----------------------------------------------------	-------------------------------	--------------------------------------------------------------------	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

26 Property used more than 50% in a qualified business use:

27 Property used 50% or less in a qualified business use:

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles).												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	------------------------------------------------	--------------------------------------

42 Amortization of costs that begins during your 2016 tax year (see instructions):

43 Amortization of costs that began before your 2016 tax year. **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning Jul 1, 2016, and ending Jun 30, 2017

2016

Department of the Treasury
Internal Revenue Service

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

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

Name of exempt organization

Employer identification number

Florida Veterans Foundation, Inc

26-2748811

Name and title of officer

Dennis Baker

Co-Chairman

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

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

1 a Form 990 check here . . . ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	589,481.
2 a Form 990-EZ check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b	
3 a Form 1120-POL check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here . . . ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here . . . ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 10/15/2017

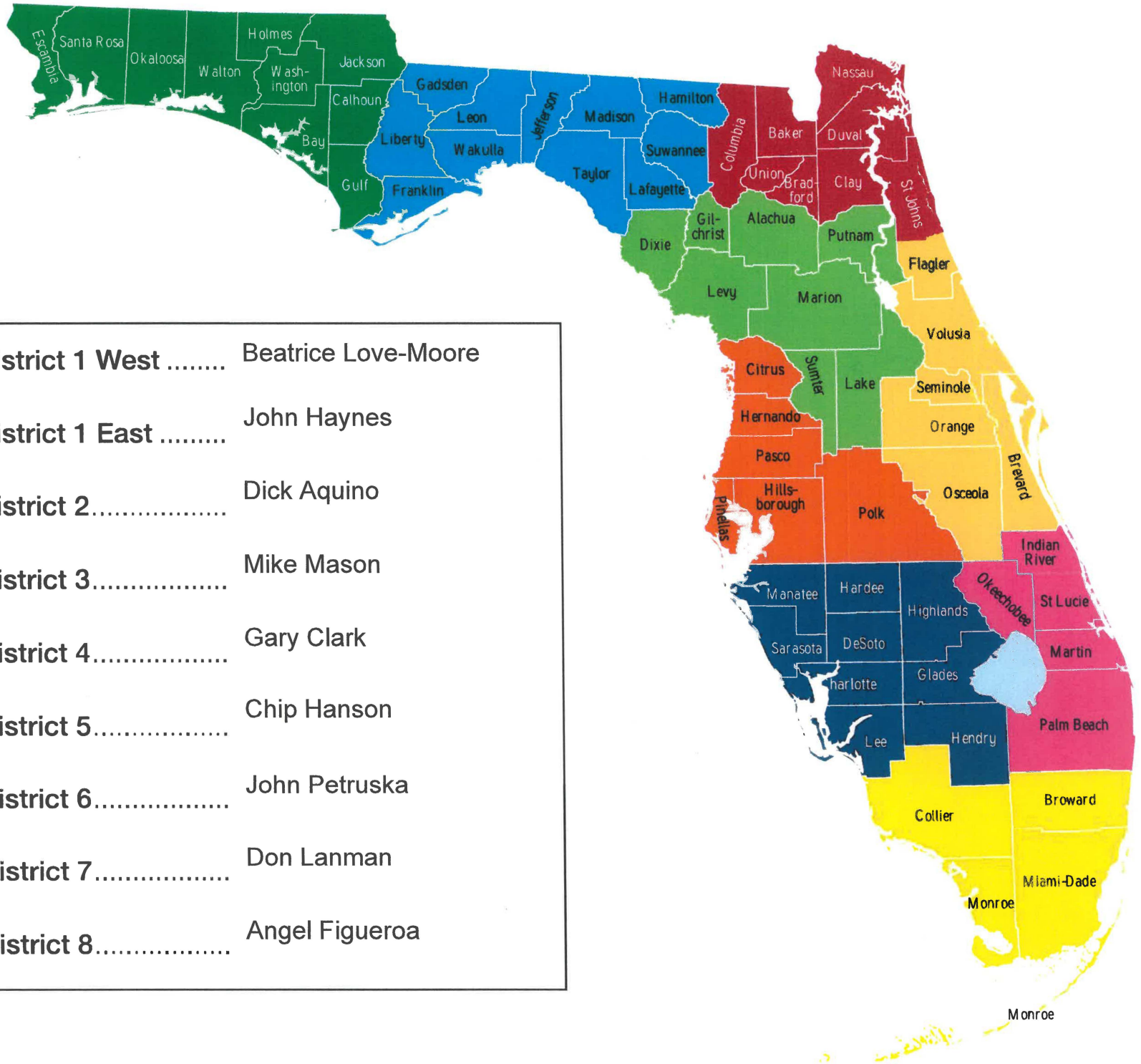
Part III Certification and Authentication










ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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



	District 1 West	Beatrice Love-Moore
	District 1 East	John Haynes
	District 2	Dick Aquino
	District 3	Mike Mason
	District 4	Gary Clark
	District 5	Chip Hanson
	District 6	John Petruska
	District 7	Don Lanman
	District 8	Angel Figueroa

Supporting Actions and amplifying remarks of the Florida Veterans Foundation. (Exhibit D)

- FVF matched a \$60,000 mental health /wellness grant, transitioning homeless Veterans for reintegration to productive life.
- FVF funded \$50,000 for new vans for Disabled American Veterans in Florida, to provide Veterans transportation to appointments to medical clinics and hospitals, and engaged Transportation Disadvantaged for transportation. This action produced over 300,000 miles driven for over 10,000 Veterans.
- FVF entered into an agreement to educate the over 3,100 Florida Assisted Living Facility and In-Home Healthcare Administrators to provide education to elderly, resident, and in-home Veterans regarding their earned benefits, pensions, and Aid and Attendance opportunities.
- FVF has educated 128,701 Veterans through the Department of Highway Safety and Motor Vehicles (DHSMV) when Veterans request additional direction on earned entitlements.
- FVF demonstrated a serious positive impact on Florida Veteran's lives through the execution a \$1.25 million grant, which distributed over \$363,000 to over 500 Veterans and their families for housing and utilities. Additional resources were awarded for hurricanes Hermine and Irma.
- The FVF purchased and helped disseminate 100,000 Veterans Benefits Guides throughout the state to educate Veterans on earned benefits and access through the system for assistance needs.
- In partnership with Bay Area Legal Services FVF sponsored a Veterans Legal Helpline.
- Delivered services to 56 homeless Veterans.
- FVF weighted performance score is 5 for all four quarters.
- Teamed with Northeast Florida Women Veterans Program in support of wellness program.
- FVF contacted the 900 Florida Independent Funeral Directors to offer those families of deceased Veterans to make donations to the FVF in lieu of flowers as a way to honor their veteran.
- The FVF met with Florida State Lottery Secretary to ask that the FVF image be placed on lottery scratch-off tickets as an incentive to sell more "patriotic" or "veteran-friendly" ticket images. This would potentially realize approximately two and a half percent of sales as revenue.

While many of Florida's almost 1.6M Veterans, successfully transition to a post-military career, some encounter challenges that impede their progress. Veterans reported priority services needed during this transition were employment, transportation, housing, mental health, wellness, and financial assistance.

Serving All Florida Veterans: FVF has taken charge of representing over 4.0 million FL Veterans and families through Congressionally Mandated Florida Veterans Service Organizations (VSO's). FVF currently works to create a prioritized list of initiatives to the legislative menu for the 2019 session. This dynamic with support of County Veteran Service Officers brings education of earned benefits for Veteran's success.

During this year FVF has continued transforming its mission to support of the FDVA in a more collaborative manner to ensure greater impact for Veterans through development of best practices. The following four initiatives will affect Veterans in a positive, productive manner:

1. Suicide Prevention, Opioid, Mental Health Services:

Flexibility to provide full-on, targeted campaign statewide that will connect the pilot veteran population to service providers at all levels and by issues such as Suicide Prevention, Opioid Abuse, PTSD, and Mental Health Treatment.

Utilizing a “Get Help Now” phone app that connects all Veterans to immediate relief and follow up when they are in crisis. Florida’s commitment and aggressive approach to opioid abuse and treatment leading Veterans to productive lives would be the preeminent program in the nation. Through our Crisis Center Pilot Program over 10,000 Veterans and/or their families reached out for help - 30% of the callers expressed suicidal thoughts or concerns - 2,500 Veterans still receiving ongoing care. Our approach is very simple:

- Build personal relationships for agency/service partnerships to expand services and improve outcomes.
- Provide full-on, targeted campaign to connect Veterans to service providers
- Educate access to care by linking resources, support groups and partners outside the system such as law enforcement and community advisory boards and families.
- Expand services through unmet social service/community needs that create barriers to service delivery.
- Aggressively work with AG/DCF/FDLE/DOH/DOEA/AHCA for Opioids Resources to execute program.

2. **Aging Veterans Benefits Application:**

There are approximately 60,000 aging Veterans in the 3,100 Assisted Living Facilities and In-Home Healthcare programs. This demographic desperately needs the benefit of Aid and Attendance, Pension, and Disability Claims. This effort is to honor those Veterans. FVF informed all Florida Legislators and Community leadership. FVF’s collaboration with the AHCA, DCF, DOH, and DOEA can potentially bring in over \$1.2 Billion in federal VA Funding to Florida Veterans and Florida’s economy. Most importantly, this effort will free up State Medicaid resources!

FVF has teamed with the American Patriot Service Corp and In Home Healthcare Companies, with support of Florida Veteran Attorneys to and trusted Elder Care Attorneys to keep elder Veterans in their homes. The program has employed two Veterans to work full time with FVF to educate ALF’s and Aging Veteran Caregivers. The expectation is to have this model replicated statewide with set-in-stone, successful programs. A video describing certain VA benefits has been produced by FVF, and distributed to all 3,100 ALF’s, Florida Veterans Service Organizations, Florida State Agencies, Legislators, trained Volunteers, and Elder Care Affiliates.

3. **Veteran Treatment Court Statewide Leadership and Standards:**

Statewide Veterans Treatment Court – Create a Veterans Treatment Court statewide committee; Rehabilitation vs. incarceration. Over 700,000 Veterans are in some phase of the US criminal court process. One out of six Veterans have a substance abuse problem, and one out of five Veterans have been diagnosed with some type of mental illness or cognitive impairment, such as Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) from roadside bombs and suicide bombers (IEDs). In many cases, upon returning stateside, these Veterans commit a criminal offense, which can be directly attributed to a service or combat related injury. Sadly, in many cases these Veterans are not properly identified, and they become lost, in the criminal justice system without the necessary help, medical treatment and therapies. This encourages a vicious cycle of hopelessness, non-recovery and ultimately serious injury or death.

The Response: The Veterans Treatment Court, or VTC, is a hybrid court, blending aspects of the traditional Drug, Criminal, Mental Health, and Diversionary Court processes. Its primary focus is on the effective identification, treatment, and successful reintegration of every enrolled veteran back into his or

her local community. There are currently over 30 VTCs in Florida, of which is the largest in the Nation in terms of docket size (over 225 veteran defendants located in Tampa). The key ingredient that directly accounts for Tampa VTC's over 83% success in terms of non-returning graduates, and local county tax cost savings of over \$6.6 Million per annum lies within the ranks of its effective Volunteer Veteran Mentor Program.

FVF is working with FDVA in creating a statewide committee to serve Florida Veterans with consistent standards and structure throughout the state. The statewide committee will provide "best practices" and an infrastructure of proven Veteran Treatment Court operations in Florida. A statewide conference will meet in the First Quarter of 2018/2019 to determine the way forward.

4. Homeless Veterans Stand Down Best Practices:

FVF is currently in development of best practices of Homeless and At-Risk Veteran Stand Downs. The best practices will provide the functional models throughout the state to serve struggling Veterans in the most effective and efficient way, capitalizing on the most successful counties in the state. FVF is working to build County models to serve Homeless and At-Risk Veterans to develop a "Day of Service" program for effective, meaningful support and direct resources to serve the homeless population in a more efficient way.

"Transition for Success"