

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

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

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
<p>Florida College System Foundation P.O. Box 10503 Tallahassee, FL 32302 850-245-9494 www.fldoe.org/fcs/foundation</p>	<p>Section 1004.71, F.S.</p>	<p>The Florida College System Foundation is organized and shall be operated exclusively for charitable, cultural, scientific and educational purposes, and for the realization and attainment thereof for the following purposes:</p> <ul style="list-style-type: none"> • To support the development of economic services to business and industry. • To promote public involvement and awareness of state educational policy issues. • To provide scholarships and other kinds of support services to students in furtherance of their postsecondary education. • To publicize and promote activities in support of the Florida College System. • To support the development of innovative programs. • To support the advancement of sound educational policies and programs. • To support the activities and staff of the Chancellor of the Florida College System as they relate to the mission of the Florida College System. 	<p>Goal 1: Increase Student Support (Scholarships, Books, Technology and other Support Programs)</p> <p>Goal 2: Increase System Support (Grants, Programs, Marketing and support for Division, Chancellor, Institutions and Faculty)</p> <p>Goal 3: Organizational Growth to Reflect System Growth (Board Development and Growth; Staff Expansion)</p> <p>See the attached Strategic Plan Document under Tab 1.</p>	<p>See Tab 1.</p>	<p>The Florida College System is the primary access point to undergraduate education for Floridians, including recent high school graduates and returning adult students. The Florida College System (FCS) responds quickly and efficiently to meet the demand of employers by aligning certificate and degree programs with regional workforce needs. With an array of programs and services, The Florida College System's 28 institutions serve individuals, communities, and the state with low cost, high quality education opportunities. The FCS Foundation has been providing student scholarships to help these students succeed and enter the workforce since 1999.</p> <p>The Foundation has provided \$9,519,621 in scholarships to students enrolled in Florida's 28 colleges since its inception. The FCS Foundation will award \$1,032,177 in scholarships for the 2018-2019 academic year. The Foundation also acts as the fiscal agent for many private grants aimed at student success programs for the Division of Florida Colleges and the</p>

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Florida College System Foundation P.O. Box 10503 Tallahassee, FL 32302 850-245-9494 www.fldoe.org/fcs/foundation		<ul style="list-style-type: none"> • To solicit and receive by gift, devise or bequest, and to acquire by purchase, lease, exchange, or otherwise, or to dispose of by sale, exchange, transfer or otherwise, property, both real and personal, either as absolute owner of, as trustee thereof, and to manage and administer the same. • To receive contributions, grants, gifts, from and to transfer property, both real and personal, to other organizations identified and associated with The Florida College System Foundation , Inc., which are tax exempt organizations under the provisions of Section 501 (c) (3) of the Internal Revenue Code of the United States of America or acts amendatory thereof or supplementary thereto. • In furtherance of the above purposes, to conduct any and all activities permitted to an organization exempt under Section 501 (c) (3) of the Internal Revenue Code or acts amendatory thereof or supplementary thereto. 			<p>system. The Foundation is a 501(c)(3) non-profit organization and the official direct support organization for the FCS. The Foundation is organized and operated exclusively to receive, hold, invest and administer property and to make expenditures to, or for the benefit of, the FCS institutions in this state. The Foundation was the fiscal agent for the Higher Education Coordinating Council to reach an attainment goal for Florida of 55% by 2025. The Foundation acts as the fiscal agent for the Student Success Center (SSC) Grant. The SSC will create a robust, statewide framework for action to foster strategies grounded in developing student-centered pathways focusing on broad-scale change affecting the daily experience of Florida College System students. The SSC will unify college initiatives, programs and reform efforts to accelerate and scale best practices.</p> <p>The Florida College System Foundation supports the comprehensive mission of the Florida College System and its students to be the nation's leading</p>

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					<p>advocate for postsecondary educational opportunity, access and student success while respecting and protecting the autonomy and local support of Florida's 28 colleges. Our strategic plan includes goals to increase statewide partnerships for student scholarships, and continue to expand system wide support with our local colleges with federal and private grants to promote student success and increase graduation rates. The 23 member Board of Directors will continue to cultivate public private partnerships for scholarships and programs.</p>
<p>The Florida Education Foundation, Inc. 325 West Gaines Street, Room 1524 Tallahassee, FL 32399-0400 850-245-9692 www.floridaeducationfoundation.org</p>	<p>Section 1001.24, F.S.</p>	<p>As a valued partner in public education, the Florida Education Foundation invests in high achievement for every student to contribute to Florida's globally competitive workforce. The Foundation envisions a future in which every Florida student graduates from high school ready for post-secondary education and a career.</p>	<p>The Florida Education Foundation Board of Directors and the Foundation is focusing on initiatives that bring systemic change, and see three immediate paths to this vision:</p> <ol style="list-style-type: none"> 1. Standards and Accountability: The Continued evolution and strengthening of Florida's standards on school accountability systems. 2. Closing the Achievement Gap: Understanding the foundations of 	<p>See Tab 2.</p>	<p>The Foundation continues to directly support the Department of Education in alignment for the original purpose that was outlined in Section 1001.24, Florida Statutes. The Foundation exclusively receives, holds, invests, and administers property and makes expenditures to or for the benefit of public pre-kindergarten through 12-grade education in Florida. The Foundation:</p> <ul style="list-style-type: none"> • Remains true to its mission and is dedicated to continuing to

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			<p>– and the potential to close – racial and economic achievement gaps.</p> <p>3. Foundations for Achievement: Early Grades Reading: A relentless effort to ensure that every child reads on grad level by the end of 3rd grade.</p>		<p>encourage collaboration among parents, business people, community members and Florida's public schools to improve student achievement.</p> <ul style="list-style-type: none"> • Closely aligns its strategic plan with the FLDOE's priorities. • Serves as an efficient fiscal agent for statewide education-specific workshops, professional learning programs, and conferences. • Serves as an efficient and necessary fiscal agent for corporate and private grants that benefit PreK-12 education in Florida. • Exhibits sound fiscal management which is documented in its external audit. • Serve as a catalyst to promote excellence for Florida's public pre-kindergarten through twelfth grade education by fostering the development of community and private sector resources to be applied to

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					<p>Florida's Public Education System.</p> <ul style="list-style-type: none"> Continues to actively develop and execute innovative programs that encourages student achievement, such as the Commissioner's Business Roundtables, the Sunshine State Scholars program, the Commissioner's Business Recognition Awards, and the Florida Teacher of the Year program.
<p>Florida Endowment for Vocational Rehabilitation (dba The Able Trust) 3320 Thomasville Rd, Ste. 200 Tallahassee, FL 32308 850-224-4493 www.abletrust.org</p>	<p>Section 413.615, F.S.</p>	<p>The Able Trust's mission is to be a key leader in providing Floridians with disabilities opportunities for successful employment.</p>	<p>The Able Trust Board works with a three-year planning period, with the current planning period concluding on 12/31/2018. The Strategic Areas identified for the period of 1/1/2016 through 12/31/2018 are being reviewed for the next three-year period, 1/1/2019 - 12/31/2021, and generally will be included in the next full strategic plan. These key strategies are developed through an intensive planning process which includes input from Board, Staff, Ambassadors and Consultants, who review the environment, economy, and the operational expertise of the organization. The Strategic Areas are reviewed each year by the Board and</p>	<p>See Tab 3.</p>	<p>The Endowment:</p> <ul style="list-style-type: none"> Remains true to its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDOE Division of Vocational Rehabilitation (VR); Exhibits sound fiscal management which is documented in its annual outside audit and continuous oversight by its Board and Finance Committee; Is an effective vehicle for cultivating meaningful partnerships between the FDOE and VR and other stakeholders; and

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<p>Florida Endowment for Vocational Rehabilitation (dba The Able Trust) 3320 Thomasville Rd, Ste. 200 Tallahassee, FL 32308 850-224-4493 www.abletrust.org</p>			<p>refined, if needed. The Board began its planning process for the next three years at its meeting on June 21, 2018, and will continue the work at the September meeting of the Board.</p> <ul style="list-style-type: none"> • Grants- Grant awards are expected to continue at two levels, with more emphasis on larger, multi-year grants that are directly linked to advancement of the mission of The Able Trust. One-year grants will be considered for funding, with an emphasis on programs that provide work experiences and internships. The Able Trust is required, per statute, to award grants that address its mission, as funds are available. • Work Experiences – The Work Experiences program of The Able Trust continues, and includes a strong presence in promoting paid internships for job seekers with disabilities. The Able Trust is the statewide coordinator of the Disability Employment Awareness (DEAM) activities in Florida, which now spans a six-month time period, 		<ul style="list-style-type: none"> • Is actively engaged in developing and successfully executing innovative programs, such as its statewide High School High Tech program, and outcome-focused statewide employment activities conducted with a variety of partnering organizations. • The Able Trust works with CareerSource Florida and the Department of Economic Opportunity on issues connected to the employment of people with disabilities, and provides assistance as requested to employers who include or plan to include people with disabilities in their workforce. • In FY 2018, The Able Trust supported a number of community organizations with technical and staff assistance as well as funding. There were 75 grants awarded for a total of \$1,905,159.

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<p>Florida Endowment for Vocational Rehabilitation (dba The Able Trust) 3320 Thomasville Rd, Ste. 200 Tallahassee, FL 32308 850-224-4493 www.abletrust.org</p>			<p>growing from a one-day event in the past.</p> <ul style="list-style-type: none"> • Strategic Communications - The Able Trust will continue its efforts to address public misperceptions on the work skills and capabilities of people with disabilities. Communication plans are flexed to include evolving communications preferences, which currently means a stronger social media presence. The target audience is the business community. • Youth Programs- The Endowment's nationally recognized youth programs will continue into the foreseeable future, with growth contingent upon obtaining legislative funding to support the sustaining and expansion, especially of the High School High Tech program, now operated in 43 sites in Florida. Collecting outcome data that supports the resources dedicated to the programs and evidence that the programs continue to contribute to the mission is ongoing and will be used to calculate the economic 		

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			<p>impact of paid employment for students with disabilities.</p> <ul style="list-style-type: none"> • Data Analysis and Research - Data collection on the economic impact and quality of life that is connected to employment will continue, with internal data collection on people served by Able Trust programs and supported programs. Original research will be commissioned in FY 2018 to determine changes in employment of people with disabilities and to continue to assess barriers to employment. • Leadership Training - Formal leadership training programs for young adults with disabilities is in the final development process, with input from both young adults and businesses on the leadership skills training needed to begin a successful career. The training will be available to a general age group of 18 – 30, to help them begin their careers with extra leadership skills not learned elsewhere, with training beginning during the second half of FY 2019. 		

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Blind Services Foundation of Florida, Inc. 325 W. Gaines St. Room 1114, Turlington Building, Tallahassee, Florida 32399 1-800-342-1828 www.blindservicesfoundation.org	Section 413.0111, F.S.	The Blind Services Foundation of Florida, Inc., serves Florida's blind citizens with intensity. Our efforts are to use funds of the Foundation to support programs of the Florida Division of Blind Services; and to conduct programs and activities, and initiate developmental projects for the benefit of citizens of Florida who are blind and/or visually impaired.	For the 2018-19 FY the Blind Services Foundation will focus on <ul style="list-style-type: none"> • Internal controls developed and implemented during this year • The development and approval of a new approach to soliciting proposals • Distribution of funds • Marketing of the Bikers Care motorcycle tag 	See Tab 4.	The Florida Division of Blind Services, rationale to continue the Blind Services Foundation of Florida, Inc., is that the foundation: <ul style="list-style-type: none"> • Maintains its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDBS; • Serves as an efficient fiscal agent for statewide initiatives and developmental projects for the benefit of blind and/or visually impaired Floridians, through fundraising and advocacy groups for the blind and/or visually impaired Floridians; • Is an effective vehicle for cultivating meaningful partnerships between the FDBS and other stakeholders; and • Is actively engaged in developing and successfully executing innovative programs such as the Bikers Care Tag initiative and supports the efforts of the FDBS regarding services to support the blind and/or visually impaired

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Blind Services Foundation of Florida, Inc. 325 W. Gaines St. Room 1114, Turlington Building, Tallahassee, Florida 32399 1-800-342-1828 www.blindservicesfoundation.org					community. <ul style="list-style-type: none"> • The Foundation funded year one of the Vocational Evaluation Project that will create a draft vocational evaluation tool. • The Foundation will allocate all available funds this year to continue year two of the Vocational Evaluation Project that includes trialing the draft instrument with consumers in the State of Florida. • The Foundation will focus on marketing initiatives such as a new brochure, posters and an updated website that will showcase its projects and bring awareness to the efforts of the Foundation.

Florida College System – Strategic Plan 2018-2023

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

Goal 1 INCREASE STUDENT SUPPORT Scholarships, Books, Technology, and other support programs

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

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

Goal 2 INCREASE SYSTEM SUPPORT Grants, Programs, Marketing, and support for Division, Chancellor, Institutions and Faculty

Double system support through increased grants and programs

- Organize and prepare for additional grant writing
- Board members invite Chancellor and/or President to local industry to seek statewide partnership
- Pursue additional state settlement funds
- Pursue funds for startup or expansion of programs aligned with state workforce needs

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

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

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



Conflict of Interest Policy

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

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

In light of this, the following policy is established:

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

I acknowledge that I have received, read and understand this Florida College System Foundation, Inc., "Policy on Conflict of Interest."

Signature

Date

Print or type name

Code of Ethics Policy

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

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

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

(1) I have received a copy of the Conflicts of Interest Statement and that I will follow the Code of Ethics as defined by The Florida Statutes, Title X, and Chapter 112.

(2) I will formally and promptly communicate any potential conflict to the Foundation Board Chair, the Chancellor and the President of the Florida College System Foundation.

(3) I will act at all times with honesty, integrity and independence, avoiding actual or apparent conflicts of interest in personal and professional relationships and expect and encourage such conduct by other Directors.

(4) I will comply with all applicable rules and regulations of federal, state, and local governments and other appropriate private and public regulatory agencies.

(5) I will comply with the Foundation's policies and procedures, and contribute constructively to their ongoing evaluation and reformulation.

(6) I will act in good faith, responsibly, with due care, competence, and diligence, and without knowingly misrepresenting material facts or allowing my independent judgment to be subordinated.

(7) I will protect and respect the confidentiality of information acquired in the course of my membership on the Board except when authorized or otherwise legally obligated to disclose. Confidential information acquired in the course of my membership on the Board shall not be used for personal advantage.

(8) I will responsibly use and control assets and other resources entrusted to me.

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

Signature

Printed Name

Title

Date

New Policy

PUBLIC INSPECTION COPY

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

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

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2016 calendar year, or tax year beginning **07/01/16**, and ending **06/30/17**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE FLORIDA COLLEGE SYSTEM FOUNDATION, INC.		D Employer identification number 65-0530384	
	Doing business as		E Telephone number 850-245-9494	
	Number and street (or P.O. box if mail is not delivered to street address) FL DEPT EDUCATION P.O. DRAWER 10503		Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE FL 32302-0503		G Gross receipts\$ 5,264,045	
	F Name and address of principal officer: JUDY GREEN FL DOE, P.O. DRAWER 10503 TALLAHASSEE FL 32302-0503		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)	

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

J Website: **FLORIDACOLLEGESYSTEM.COM/FOUNDATION**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1994** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	18		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18		
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	0		
	6	Total number of volunteers (estimate if necessary)	21		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0		
	7b	Net unrelated business taxable income from Form 990-T, line 34	0		
	Revenue			Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h)	124,001	160,900
9		Program service revenue (Part VIII, line 2g)	43,837	73,665	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-37,766	1,024,634	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,879	13,314	
12		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	147,951	1,272,513	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	980,140	894,830	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	577,324	451,431	
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,557,464	1,346,261		
19	Revenue less expenses. Subtract line 18 from line 12	-1,409,513	-73,748		
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	19,987,164	22,039,763	
	21	Total liabilities (Part X, line 26)	79,458	30,426	
22	Net assets or fund balances. Subtract line 21 from line 20	19,907,706	22,009,337		

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		
	JUDY GREEN Type or print name and title		PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KATHLEEN E. BROTHERS	<i>Kathleen E. Brothers, CPA</i>	04/02/18	<input checked="" type="checkbox"/>	P01256711
	Firm's name ▶ CARROLL AND COMPANY, CPAS	Firm's EIN ▶ 59-3038528		Phone no. 850-877-1099	
	Firm's address ▶ TALLAHASSEE, FL 32308				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

Yes No

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

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

Yes No

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

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

4a (Code:) (Expenses \$ **1,166,648** including grants of \$ **894,830**) (Revenue \$ **73,665**)

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

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

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

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

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

4e Total program service expenses **1,166,648**

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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, Parts II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No checkboxes. Includes sections for Form 1096, Form W-3, unrelated business gross income, foreign country interests, prohibited tax shelter transactions, and contributions under section 170(c).

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JUDY GREEN P.O. DRAWER 10503**

**JUDY GREEN
TALLAHASSEE**

P.O. DRAWER 10503

FL 32302

850-245-9494

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MICHAEL HIGHTOWER	3.00									
DIRECTOR	0.00	X					0	0	0	
(13) TAMI CULLENS	6.00									
CHAIR	0.00	X		X			0	0	0	
(14) DR. THOMAS E. FURLONG, JR.	3.00									
DIRECTOR	0.00	X					0	0	0	
(15) WILLIAM CRAMER	3.00									
DIRECTOR	0.00	X					0	0	0	
(16) LYN STANFIELD	3.00									
DIRECTOR	0.00	X					0	0	0	
(17) KAREN MOORE	6.00									
VICE CHAIR	0.00	X		X			0	0	0	
(18) CLAUDIA DAVANT	3.00									
DIRECTOR	0.00	X					0	0	0	
(19) JUDY GREEN	40.00									
PRESIDENT	0.00			X			81,000	0	29,512	
1b Sub-total							81,000		29,512	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							81,000		29,512	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	35,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	125,900				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		160,900				
	Program Service Revenue	2a SEMINAR REGISTRATION FEES	Busn. Code 900099	38,665	38,665		
b ADMINISTRATIVE FEES		900099	35,000	35,000			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			73,665				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		536,115			536,115
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)			488,519			488,519
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS INCOME	900099		13,314			13,314	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			13,314				
12 Total revenue. See instructions.			1,272,513	73,665	0	1,037,948	

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	893,480	893,480		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,350	1,350		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	150,136	150,030	106	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	98,074	350	97,724	
12 Advertising and promotion	5,511	2,038	3,473	
13 Office expenses	18,120	6,061	12,059	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	37,961	19,986	17,975	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	56,016	15,994	40,022	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,342	1,342		
23 Insurance	1,394		1,394	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNCOLLECTIBLE AR	67,967	67,967		
b HONORARIUMS	7,500	7,500		
c AWARDS & RECOGNITION	5,150		5,150	
d EDUCATION AND TRAINING	2,260	550	1,710	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,346,261	1,166,648	179,613	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	1,796,101	2	1,447,664
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	10,000
	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 23,679		
	b Less: accumulated depreciation	10b 21,424	3,596	10c 2,255
	11 Investments—publicly traded securities	18,170,834	11	20,553,690
	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	16,633	15	26,154
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,987,164	16	22,039,763	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	79,458	25	30,426
	26 Total liabilities. Add lines 17 through 25	79,458	26	30,426
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	137,237	27	17,214
	28 Temporarily restricted net assets	3,768,239	28	5,989,893
	29 Permanently restricted net assets	16,002,230	29	16,002,230
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	19,907,706	33	22,009,337	
34 Total liabilities and net assets/fund balances	19,987,164	34	22,039,763	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,272,513
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,346,261
3	Revenue less expenses. Subtract line 2 from line 1	3	-73,748
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,907,706
5	Net unrealized gains (losses) on investments	5	2,175,379
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	22,009,337

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

Name of the organization THE FLORIDA COLLEGE SYSTEM FOUNDATION, INC.	Employer identification number 65-0530384
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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.")	1,094,600	180,009	54,003	124,001	160,900	1,613,513
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	125,389	130,994	130,994	132,833	132,863	653,073
4 Total. Add lines 1 through 3	1,219,989	311,003	184,997	256,834	293,763	2,266,586
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)						442,005
6 Public support. Subtract line 5 from line 4.						1,824,581

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	1,219,989	311,003	184,997	256,834	293,763	2,266,586
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	907,424	735,654	519,214	448,498	536,115	3,146,905
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.)	45,385	52,426	53,082	61,716	73,665	286,274
11 Total support. Add lines 7 through 10						5,699,765
12 Gross receipts from related activities, etc. (see instructions)					12	267,538
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	32.01%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	39.51%
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 ▶		
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 ▶ X		
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 ▶		
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 ▶		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

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

(Complete only if you checked the box on line 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

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

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME	\$ 18,736
---------------------	------------------

SEMINAR REGISTRATION	\$ 232,538
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ADMINISTRATIVE FEES	\$ 35,000
----------------------------	------------------

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

Schedule of Contributors

OMB No. 1545-0047

2016

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

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

Employer identification number

65-0530384

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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).

Name of organization

THE FLORIDA COLLEGE SYSTEM

Employer identification number

65-0530384

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

THE FLORIDA COLLEGE SYSTEM FOUNDATION, INC.

Employer identification number

65-0530384

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b 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.

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

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		23,679	21,424	2,255
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,255

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO BENEFICIARIES	30,426
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	30,426

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	3,430,619
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,175,379	
b	Donated services and use of facilities	2b	132,863	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,308,242
3	Subtract line 2e from line 1		3	1,122,377
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150,136	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	150,136
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,272,513

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	1,328,988
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	132,863	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	132,863
3	Subtract line 2e from line 1		3	1,196,125
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150,136	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	150,136
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,346,261

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - FIN 48 FOOTNOTE

MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE FOUNDATION'S TAX-EXEMPT STATUS, AND BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2017 AND 2016. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY TAX PERIODS. THE FOUNDATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS

Part XIII Supplemental Information *(continued)*

FOR FISCAL YEARS ENDING PRIOR TO JUNE 30, 2014.

Area with horizontal dotted lines for supplemental information.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **THE FLORIDA COLLEGE SYSTEM
FOUNDATION, INC.**

Employer identification number
65-0530384

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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)	BROWARD COLLEGE 225 EAST LAS OLAS BLVD. FORT LAUDERDALE FL 33301	23-7181959	3	68,955				VARIOUS AWARDS
(2)	CHIPOLA COLLEGE 3094 INDIAN CIRCLE MARIANNA FL 32446	59-2074070	3	16,227				VARIOUS AWARDS
(3)	COLLEGE OF CENTRAL FLORIDA P.O. BOX 1388 OCALA FL 34478	59-6139037	3	26,858				VARIOUS AWARDS
(4)	DAYTONA STATE COLLEGE P.O. BOX 2811 DAYTONA BEACH FL 32120	59-1581805	3	32,983				VARIOUS AWARDS
(5)	EASTERN FLORIDA STATE COLLEGE 1519 CLEARLAKE ROAD, BLDG 2, RM 225 COCOA FL 32922	59-1747177	3	29,112				VARIOUS AWARDS
(6)	FLORIDA GATEWAY COLLEGE 149 SE COLLEGE PLACE LAKE CITY FL 32025	59-1627997	3	18,837				VARIOUS AWARDS
(7)	FLORIDA KEYS COMMUNITY COLLEGE 5901 COLLEGE ROAD KEY WEST FL 33040	59-6173174	3	16,157				VARIOUS AWARDS
(8)	FLORIDA SOUTHWESTERN STATE COLLEGE P.O. BOX 60210 FORT MYERS FL 33906	59-6173638	3	29,904				VARIOUS AWARDS
(9)	FLORIDA STATE COLLEGE AT JACKSONVILLE 501 WEST STATE ST JACKSONVILLE FL 32202	23-7168438	3	42,637				VARIOUS AWARDS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **28**
- 3 Enter total number of other organizations listed in the line 1 table ▶ **0**

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

Employer identification number
65-0530384

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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)	GULF COAST STATE COLLEGE 5230 W HIGHWAY 98 PANAMA CITY FL 32401	59-1682455	3	21,798				VARIOUS AWARDS
(2)	HILLSBOROUGH COMMUNITY COLLEGE P.O. BOX 31127 TAMPA FL 33631	59-1810717	3	41,358				VARIOUS AWARDS
(3)	INDIAN RIVER STATE COLLEGE 3209 VIRIGINA AVE FORT PIERCE FL 34981	59-1105591	3	29,501				VARIOUS AWARDS
(4)	LAKE-SUMTER STATE COLLEGE 9501 US HIGHWAY 441 LEESBURG FL 34788	59-1990323	3	17,964				VARIOUS AWARDS
(5)	MIAMI DADE COLLEGE 300 NE SECOND AVE #4102 MIAMI FL 33132	59-6169745	3	81,550				VARIOUS AWARDS
(6)	NORTH FLORIDA COMMUNITY COLLEGE 325 NW TURNER DAVIS DRIVE MADISON FL 32340	59-6179948	3	16,236				VARIOUS AWARDS
(7)	NORTHWEST FLORIDA STATE COLLEGE 100 COLLEGE BLVD NICEVILLE FL 32578	59-2865698	3	22,511				VARIOUS AWARDS
(8)	PALM BEACH STATE COLLEGE 4200 CONGRESS AVE LAKE WORTH FL 33461	59-1818556	3	38,390				VARIOUS AWARDS
(9)	PASCO-HERNANDO STATE COLLEGE 10230 RIDGE ROAD NEW PORT RICHEY FL 34654	59-1731676	3	28,705				VARIOUS AWARDS

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization **THE FLORIDA COLLEGE SYSTEM
FOUNDATION, INC.**

Employer identification number
65-0530384

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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)	PENSACOLA STATE COLLEGE 1000 COLLEGE BLVD PENSACOLA FL 32504	59-6173057	3	24,755				VARIOUS AWARDS
(2)	POLK STATE COLLEGE 999 AVE H, NE WINTER HAVEN FL 33881	59-1819213	3	27,850				VARIOUS AWARDS
(3)	SANTA FE COLLEGE 3000 NORTHWEST 83RD ST GAINESVILLE FL 32606	51-0240884	3	28,155				VARIOUS AWARDS
(4)	SEMINOLE STATE COLLEGE OF FLORIDA 100 WELDON BLVD SANFORD FL 32773	23-7033822	3	38,983				VARIOUS AWARDS
(5)	SOUTH FLORIDA STATE COLLEGE 13 EAST MAIN ST AVON PARK FL 33825	59-3050497	3	18,212				VARIOUS AWARDS
(6)	ST. JOHNS RIVER STATE COLLEGE 5001 ST. JOHNS AVE PALATKA FL 32077	23-7336585	3	21,084				VARIOUS AWARDS
(7)	ST. PETERSBURG COLLEGE P.O. BOX 13489 ST. PETERSBURG FL 33733	59-1954362	3	46,332				VARIOUS AWARDS
(8)	STATE COLLEGE OF FLORIDA, MANATEE-S P.O. BOX 1849 BRADENTON FL 34206	59-1843274	3	26,289				VARIOUS AWARDS
(9)	TALLAHASSEE COMMUNITY COLLEGE 444 APPELYARD DRIVE TALLAHASSEE FL 32304	59-2091480	3	27,387				VARIOUS AWARDS

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

**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

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

Employer identification number

65-0530384

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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)	VALENCIA COLLEGE P.O. BOX 3028 ORLANDO FL 32802	23-7442785	3	54,750				VARIOUS AWARDS
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE FOUNDATION MAKES SCHOLARSHIP AWARDS TO ALL COLLEGES IN THE FLORIDA COLLEGE SYSTEM. THE COLLEGES DISTRIBUTE THE SCHOLARSHIPS TO STUDENTS ENROLLED IN THEIR COLLEGES BASED ON PREDETERMINED CRITERIA AND SUBMIT A LISTING OF ALL SCHOLARSHIP RECIPIENTS AND AMOUNTS OF AWARDS TO THE FOUNDATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization	THE FLORIDA COLLEGE SYSTEM FOUNDATION, INC.	Employer identification number	65-0530384
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FORM 990 - ORGANIZATION'S MISSION

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

FORM 990, PART I, LINE 6

THE FOUNDATION RECEIVED DONATED SERVICES FROM THE FLORIDA DEPARTMENT OF
EDUCATION TOTALING \$132,863. THIS INCLUDES THE COMPENSATION REPORTED FOR
THE PRESIDENT ON FORM 990, PART VII, SECTION A. IN ADDITION, THE FOUNDATION
RECEIVED OFFICE SPACE AND THE USE OF OFFICE EQUIPMENT AT NO CHARGE FROM THE
FLORIDA DEPARTMENT OF EDUCATION.

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

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE DRAFT FORM 990 IS REVIEWED BY THE FINANCE AND INVESTMENT COMMITTEE AND
PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

DURING THE ANNUAL NOMINATING COMMITTEE, THE CONFLICT OF INTEREST STATEMENT
AND REQUIRED DISCLOSURES ARE INCLUDED IN THE BOARD PACKET FOR EACH BOARD
MEMBER TO REVIEW AND UPDATE AS NEEDED.

Name of the organization

Employer identification number

THE FLORIDA COLLEGE SYSTEM

65-0530384

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

**THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE.**

FORM 990, PART VII - ADDITIONAL INFORMATION

**THE PRESIDENT OF THE FOUNDATION IS AN EMPLOYEE OF THE FLORIDA DEPARTMENT
OF EDUCATION. HER COMPENSATION IS AN IN-KIND CONTRIBUTION TO THE
FOUNDATION.**

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2016

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment Sequence No. **179**

Name(s) shown on return **THE FLORIDA COLLEGE SYSTEM
FOUNDATION, INC.**

Identifying number
65-0530384

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but 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	1,342

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	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 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
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,342
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

The Florida Education Foundation DSO Report

325 West Gaines Street, Room 1524

Tallahassee, FL 32399-0400

850-245-9655

www.floridaeducationfoundation.org



Florida
Education
Foundation



Statutory Authority – Education is Our Business

The Florida Education Foundation is a 501(c)(3) not for profit charitable corporation established by Florida Statute 1001.24 to be the Direct Support Organization of the Florida Department of Education. The Foundation, established in 1985, was organized exclusively to receive, hold, invest and administer property and to make expenditures to or for the benefit of public pre-kindergarten through 12th grade education in Florida. The primary purpose of the Foundation is the enhancement of educational excellence in the public schools of Florida.

Mission

As a valued partner in public education and a direct support organization for the Florida Department of Education, the Florida Education Foundation invests in high achievement for every student to contribute to Florida's globally competitive workforce.

Vision

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

Goals

The Florida Education Foundation fosters meaningful business involvement in schools by:

- Providing resources for innovative and effective instruction and for scientifically based reading research
- Increasing direct participation of the business community in pre-kindergarten through 12th grade education
- Increasing the number of successful local programs and projects dedicated to improving student achievement
- Encouraging every student to be prepared to make informed, appropriate educational and vocational choices



Summary Strategic Plan

The Florida Education Foundation Board of Directors and the Foundation is focusing on initiatives that bring systemic change, and see three immediate paths to this vision:

1. **Standards and Accountability:** The Continued evolution and strengthening of Florida's standards on school accountability systems.
2. **Closing the Achievement Gap:** Understanding the foundations of – and the potential to close – racial and economic achievement gaps.
3. **Foundations for Achievement: Early Grades Reading:** A relentless effort to ensure that every child reads on grad level by the end of 3rd grade.

Strategic Plan

Adopted by the FED Board of Directors in 2016

OUR BELIEFS

We believe high standards and school accountability inspire an educational environment in which the talents and capabilities of all learners are valued and respected.

We believe that successful educational outcomes for all students and student groups are vitally important to the future of our communities, our state, and our nation.

We believe in the importance of reading as the fundamental basis for learning.

WHERE WE WILL WORK

Standards and Accountability

Increasingly progressive standards and transparent accountability among schools, educators and students have been vital in the improvement of educational outcomes in Florida. Economic and technological factors demand more globally comparative educational outcomes for all students. Because standards and transparent accountability continue to inspire an environment in which the talents and capabilities of all learners are valued and respected, ***the Foundation will seek to strengthen the systems of standards and accountability in Florida and to lead in the advancement and evolution of these systems.***

Closing the Achievement Gap

Florida's highest performing students depart public schools with myriad options for college and career. Our collective quality of life will improve, however, as we enable all learners to fulfill their talents and reach their full potential. The academic performance gap in Florida, like the nation, is pronounced in groupings of students by both race and by family income factors. Because successful educational outcomes for all students and student groups are vitally important to the future of our communities, our state, and our nation, ***the Foundation will endeavor to raise the academic performance of Florida's lower performing student groups and close the achievement gap.***

Foundations for Achievement: Early Grades Reading

Studies often show a clear correlation between early reading preparation and long-term academic attainment. Based on standards of the National Assessment of Educational Progress (NAEP), more than 60 percent of Florida students in fourth grade are below proficient in reading, a vital skill for continued success in primary, secondary and postsecondary education. Other research indicates that reading deficiencies are higher in the United States comparative to other nations even before traditional public schooling age. Because of the importance of reading as a basis for all other learning, ***the Foundation will pursue systemic changes in improving the reading capabilities of Florida children through grade three.***

THREE STRATEGIC INITIATIVES***For Standards and Accountability***

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

For Closing the Achievement Gap

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

For Early Grades Reading

While there has been steady improvement in Florida's reading outcomes, we believe there are systemic improvements that can accelerate reading achievement even further. The Foundation has recently embarked on an exploratory project with the Department of Education to evaluate the systemic elements driving Florida's reading performance through grade 3. Research indicates that 80 percent of high school dropouts were struggling readers in 3rd grade. In Florida, only about 35 percent of readers in fourth grade are considered proficient. About 39 percent of fourth grade readers are below satisfactory. A research study on reading in Connecticut schools concluded that 95 percent of students could learn to read at grade level. Given the correlations between early reading and long-term outcomes, success in this sector presents a significant opportunity to enhance Florida's workforce profile.

Florida Education Foundation Board of Directors Code of Ethics

Adopted by Board vote on July 10, 2014

FEF Code of Ethics per f.s. 112.312(2) 2014

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

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

Code of Ethics Agreement

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

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

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

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

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



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blog.CRIcpa.com

MAY 3, 2018

FLORIDA EDUCATION FOUNDATION, INC.
325 W. GAINES ST., STE. 1524
TALLAHASSEE, FL 32399

FLORIDA EDUCATION FOUNDATION, INC.:

ENCLOSED IS THE ORGANIZATION'S 2016 EXEMPT ORGANIZATION
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU
HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY,
PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE
WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO
FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY
15, 2018.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

MARK JONES

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2017

Prepared for	FLORIDA EDUCATION FOUNDATION, INC. 325 W. GAINES ST., STE. 1524 TALLAHASSEE, FL 32399
Prepared by	CARR, RIGGS & INGRAM, LLC 2633 CENTENNIAL BLVD., SUITE 200 TALLAHASSEE, FL 32308
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2018.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 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 FLORIDA EDUCATION FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 325 W. GAINES ST., STE. 1524 City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE, FL 32399 F Name and address of principal officer: CONNIE E.W. SMITH SAME AS C ABOVE	D Employer identification number 59-2718509 E Telephone number (850) 245-9671 G Gross receipts \$ 3,037,499. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FLORIDAEDUCATIONFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1985 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RECEIVE, HOLD, INVEST AND ADMINISTER PROPERTY AND TO MAKE EXPENDITURES TO OR FOR THE BENEFIT 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 11 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,358,479. Prior Year 9 Program service revenue (Part VIII, line 2g) 403,352. Current Year 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 22,081. 2,568,774. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 373,820. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,783,912. 94,905.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 133,694. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,724,584. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,858,278. 19 Revenue less expenses. Subtract line 18 from line 12 -74,366. 1,744,065.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 4,734,617. Beginning of Current Year 21 Total liabilities (Part X, line 26) 170,374. End of Year 22 Net assets or fund balances. Subtract line 21 from line 20 4,564,243. 6,302,128.	

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. My preparation (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CONNIE E.W. SMITH, CHAIRMAN Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MARK JONES	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00280681
	Firm's name ▶ CARR, RIGGS & INGRAM, LLC Firm's address ▶ 2633 CENTENNIAL BLVD., SUITE 200 TALLAHASSEE, FL 32308	Firm's EIN ▶ 72-1396621 Phone no. (850) 878-8777

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 319,158. including grants of \$ 0.) (Revenue \$ 275,650.) CHOICE FUND ALLOCATES RESOURCES FROM PUBLIC CONTRIBUTIONS TO PROVIDE TECHNICAL ASSISTANCE TO CHARTER SCHOOL CONSTITUENTS

4b (Code:) (Expenses \$ 840,457. including grants of \$) (Revenue \$) TEACHER ENGAGEMENT FUND - INCLUDES RESOURCES FROM GRANTS PROVIDED BY THE BILL & MELINDA GATES FOUNDATION TO FACILITATE AND COORDINATE TEACHER LEADERS THROUGH A HIGH IMPACT TEACHER CORPS, TO DEVELOP CULTURE/MINDSET IN THE FLORIDA DEPARTMENT OF EDUCATION, AND TO REDESIGN PROFESSIONAL DEVELOPMENT POLICY.

4c (Code:) (Expenses \$ 131,039. including grants of \$ 1,500.) (Revenue \$) SUNSHINE STATE SCHOLARS FUND - INCLUDES RESOURCES RESTRICTED TO RECOGNIZE EACH DISTRICT'S TOP 11TH GRADE STEM STUDENTS AND RECRUIT THEM TO PURSUE THEIR POST-SECONDARY EDUCATION IN A FLORIDA COLLEGE OR UNIVERSITY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 528,150. including grants of \$ 142,308.) (Revenue \$ 98,170.)

4e Total program service expenses 1,818,804.

Part IV Checklist of Required Schedules

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

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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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: LAURIE LEVINE - (850) 245-9671 325 W. GAINES ST., STE 1524, TALLAHASSEE, FL 32399

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS LOFTUS DIRECTOR	5.00	X					0.	0.	0.	
(2) CONNIE E.W. SMITH CHAIRMAN	5.00	X		X			0.	0.	0.	
(3) ALAN J. LEVY DIRECTOR	5.00	X					0.	0.	0.	
(4) MAUREEN WILT TREASURER	5.00	X		X			0.	0.	0.	
(5) PIYUSH PATEL DIRECTOR	5.00	X					0.	0.	0.	
(6) JOHN MERLINO DIRECTOR	5.00	X					0.	0.	0.	
(7) STACY CARLSON DIRECTOR	5.00	X					0.	0.	0.	
(8) JENNIFER GROVE SECRETARY	5.00	X		X			0.	0.	0.	
(9) DIANE MCKEE EX-OFFICIO DIRECTOR	5.00	X					0.	0.	0.	
(10) MARY CHANCE EX-OFFICIO DIRECTOR	5.00	X					0.	0.	0.	
(11) JESSICA SOLANO EX-OFFICIO DIRECTOR	5.00	X					0.	0.	0.	
(12) CHARLES HOKANSON DIRECTOR	5.00	X					0.	0.	0.	
(13) TRACY PIERCE EXECUTIVE DIRECTOR	40.00			X			0.	76,000.	19,581.	

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							0.	76,000.	19,581.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	76,000.	19,581.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <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
NONE		

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,568,774.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f		2,568,774.					
Program Service Revenue	2 a CONFERENCE REGISTRATIO	Business Code	900099	373,820.	373,820.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			373,820.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			81,489.			81,489.	
	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		0.				
		c Gain or (loss)		13,416.				
		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.			3,037,499.	373,820.	0.	94,905.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26,500.	26,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	117,308.	117,308.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,014,449.	973,408.	41,041.	
12 Advertising and promotion	8,500.		8,500.	
13 Office expenses	20,398.	16,926.	3,472.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	78,817.	74,206.	4,611.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	621,161.	610,455.	10,706.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____	740.	1.	739.	
25 Total functional expenses. Add lines 1 through 24e	1,887,873.	1,818,804.	69,069.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	584,949.	1	1,112,249.
	2 Savings and temporary cash investments	1,046,084.	2	1,565,054.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	7,498.	4	33,028.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	23,693.	9	150.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	3,072,393.	12	3,591,647.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,734,617.	16	6,302,128.	
Liabilities	17 Accounts payable and accrued expenses	18,552.	17	26,161.
	18 Grants payable		18	
	19 Deferred revenue	143,861.	19	212,375.
	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	7,961.	25	0.
	26 Total liabilities. Add lines 17 through 25	170,374.	26	238,536.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,100,547.	27	3,583,058.
	28 Temporarily restricted net assets	1,463,696.	28	2,480,534.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,564,243.	33	6,063,592.	
34 Total liabilities and net assets/fund balances	4,734,617.	34	6,302,128.	

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	3,037,499.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,887,873.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,149,626.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,564,243.
5	Net unrealized gains (losses) on investments	5	349,722.
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	1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,063,592.

Part XII Financial Statements and Reporting

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

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

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

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		
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.")	1991739.	608,176.	866,504.	1358479.	2568774.	7393672.
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 ...	148,456.	151,150.	115,642.	157,291.	174,250.	746,789.
4 Total. Add lines 1 through 3	2140195.	759,326.	982,146.	1515770.	2743024.	8140461.
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.						8140461.

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	2140195.	759,326.	982,146.	1515770.	2743024.	8140461.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	104,820.	141,836.	148,141.	77,915.	81,489.	554,201.
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						8694662.
12 Gross receipts from related activities, etc. (see instructions)					12	1,940,065.
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	93.63 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	93.52 %
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 checked="" 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Name of the organization

FLORIDA EDUCATION FOUNDATION, INC.

Employer identification number

59-2718509

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number 59-2718509
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BILL & MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102	\$ 2,013,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MACY'S FOUNDATION 7 W SEVENTH ST CINCINNATI, OH 45202	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BAYER WEIGHTSMART SETTLEMENT 1801 MARKET STREET, STE 660 PHILADELPHIA, PA 19103	\$ 80,633.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FLORIDA ATLANTIC UNIVERSITY PO BOX 3091 BOCA RATON, FL 33431	\$ 82,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number 59-2718509
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" 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

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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)?

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.

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

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

(i) Revenue included 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

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

Schedule D (Form 990) 2016

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

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) MUTUAL FUNDS	3,591,647.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,591,647.	

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,695,526.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	349,722.	
b	Donated services and use of facilities	2b	174,250.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	134,055.	
e	Add lines 2a through 2d	2e		658,027.
3	Subtract line 2e from line 1		3	3,037,499.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,037,499.

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	2,204,140.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	174,250.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	142,017.	
e	Add lines 2a through 2d	2e		316,267.
3	Subtract line 2e from line 1		3	1,887,873.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,887,873.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEES 134,055.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEES 134,055.

PROGRAM MATERIALS 7,963.

ROUNDING -1.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 142,017.

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

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
LEADERSHIP FLORIDA 215 S MONROE ST, SUITE 710 TALLAHASSEE, FL 32301	59-3201445	501(C)(3)	25,000.	0.			GENERAL

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

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

Schedule I (Form 990) (2016)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TEACHER OF THE YEAR AWARD	145	102,000.	0.		
SERVICE AWARDS	6	9,138.	0.		
JUST READ, FLORIDA!	8	5,000.	0.		

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

PART I, LINE 2:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

FLORIDA EDUCATION FOUNDATION, INC.

Employer identification number

59-2718509

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF PUBLIC PRE-KINDERGARTEN THROUGH 12TH GRADE EDUCATION IN FLORIDA FOR
THE PURPOSE OF ENHANCING EDUCATION EXCELLENCE IN THE PUBLIC SCHOOLS OF
FLORIDA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATIONS AND ADVANCES STATEWIDE EDUCATIONAL INITIATIVES

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VARIOUS MISCELLANEOUS PROGRAM FUNDS.

EXPENSES \$ 528,150. INCLUDING GRANTS OF \$ 142,308. REVENUE \$ 98,170.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE TREASURER BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION ANNUALLY DISTRIBUTES CONFLICT OF INTEREST DISCLOSURE FORMS
TO OFFICERS, DIRECTORS AND KEY EMPLOYEES. COMPLETED FORMS ARE COMPILED AND
REVIEWED BY THE BOARD FOR ANY POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION C, LINE 19:

ORGANIZATION PROVIDES GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS UPON
REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROG EXP PROF SVCS - MURDOCK :

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

Schedule O (Form 990 or 990-EZ) (2016)

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

PROGRAM SERVICE EXPENSES	20,626.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,626.

PROG EXP PROF SVCS - CCSS COMM :

PROGRAM SERVICE EXPENSES	30,260.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	30,260.

PROF SVCS - FAM INVOLVEMENT :

PROGRAM SERVICE EXPENSES	345.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	345.

GRANT RELATED PROF SCVD-CHOICE :

PROGRAM SERVICE EXPENSES	23,809.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	23,809.

GRANT RELATED EXP - ED QUALITY :

PROGRAM SERVICE EXPENSES	7,920.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,920.

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

GRANT RELATED TRVL - FRB SF :

PROGRAM SERVICE EXPENSES	28,143.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	28,143.

GRANT RELATED MTGS - TCH ENGAGE :

PROGRAM SERVICE EXPENSES	27,683.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	27,683.

GRANT RELATED PRF SVCS - TCH ENG :

PROGRAM SERVICE EXPENSES	803,803.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	803,803.

GRANT RELATED - FAU PPL :

PROGRAM SERVICE EXPENSES	26,091.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,091.

GRANT RELATED - CLA :

PROGRAM SERVICE EXPENSES	228.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number 59-2718509
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 228.

GRANT RELATED - CTE :

PROGRAM SERVICE EXPENSES 4,500.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 4,500.

PROFESSIONAL FEES :

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 41,041.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 41,041.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,014,449.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING 1.

FORM 990, PART XII, LINE 2C

THERE HAVE BEEN NO CHANGES.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (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 EDUCATION FOUNDATION, INC.** Employer identification number **59-2718509**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FLORIDA DEPARTMENT OF EDUCATION 325 WEST GAINES STREET TALLAHASSEE, FL 32399	GOVERNMENT ENTITY	FLORIDA			FLORIDA DEPARTMENT OF EDUCATION		X

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

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

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FLORIDA DEPARTMENT OF EDUCATION	O	95,581.	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number (EIN) or 59-2718509
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O 2633 CENTENNIAL BLVD., SUITE 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE, FL 32308	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LAURIE LEVINE

• The books are in the care of ▶ **325 W. GAINES ST., STE 1524 - TALLAHASSEE, FL 32399**
Telephone No. ▶ **(850) 245-9671** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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 EDUCATION FOUNDATION, INC.

59-2718509

Name and title of officer

**CONNIE E.W. SMITH
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.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,037,499.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 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 CARR, RIGGS & INGRAM, LLC to enter my PIN 02123
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 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 ▶ _____

Part III Certification and Authentication

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

59178096621

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 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 ▶ CARR, RIGGS & INGRAM, LLC Date ▶ _____

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

Rational for Continuation of Foundation

The Foundation continues to directly support the Department of Education in alignment for the original purpose that was outlined in Section 1001.24, Florida Statutes. The Foundation exclusively receives, holds, invests, and administers property and makes expenditures to or for the benefit of public pre-kindergarten through 12-grade education in Florida. The Foundation:

- Remains true to its mission and is dedicated to continuing to encourage collaboration among parents, business people, community members and Florida's public schools to improve student achievement.
- Closely aligns its strategic plan with the FLDOE's priorities.
- Serves as an efficient fiscal agent for statewide education-specific workshops, professional learning programs, and conferences.
- Serves as an efficient and necessary fiscal agent for corporate and private grants that benefit PreK-12 education in Florida.
- Exhibits sound fiscal management which is documented in its external audit.
- Serves as a catalyst to promote excellence for Florida's public pre- kindergarten through twelfth grade education by fostering the development of community and private sector resources to be applied to Florida's Public Education System.
- Continues to actively develop and execute innovative programs that encourages student achievement, such as the Commissioner's Business Roundtables, the Sunshine State Scholars program, the Commissioner's Business Recognition Awards, and the Florida Teacher of the Year program.



3320 THOMASVILLE ROAD, SUITE 200 ♦ TALLAHASSEE, FLORIDA 32308 ♦ (850) 224-4493 VOICE OR TDD ♦ (850) 224-4496 FAX ♦ WWW.ABLETRUST.ORG

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Moore Communications Group

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Attorney

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Goodwill Industries of South Florida

Leslie D. Goldman, MBA
Syniverse

Scot Laferté, MSA
Universal Orlando

Arlene S. Shackelford, MA
NextEra Energy, Inc.

Memo to: Allison Flanagan
Director, Florida Division of Vocational Rehabilitation

From: Sue Homant *Sue*
President/CEO, The Able Trust

Re: August reports

Date: July 16, 2018

Attached please find a binder of information submitted in compliance with s. 20.058, F.S. as required for Citizen Support and Direct Support Organizations. The attached contains information for FY 2018 for the Florida Endowment for Vocational Rehabilitation (dba The Able Trust).

Please contact me if you need any additional materials or data.

AMBASSADORS

Eladio Amores, MS
Consultant

Joseph G. Blanton
Raymond James & Associates, Inc.

Bob Bromberg
Bromberg & Associates

Robert A. Butterworth, Esq.
Buchanan Ingersoll & Rooney PC

Dwayne E. Ingram
Morgan Hill Partners

Nancy Kline
Morgan Stanley Smith Barney

Neil Romano
The Romano Group

PRESIDENT/CEO

Susanne F. Homant, MBA DPA



State Board of Education

Marva Johnson, *Chair*
Andy Tuck, *Vice Chair*
Members
Gary Chartrand
Ben Gibson
Tom Grady
Michael Olenick
Joe York

Pam Stewart
Commissioner of Education

July 16, 2018

Susanne F. Homant, MBA, DPA
President & CEO
The Able Trust
3320 Thomasville Road, Suite 200
Tallahassee, FL 32312

Dear Dr. Homant:

As specified in Section 413.615(6)(c), Florida Statutes, I formally hereby approve the Florida Endowment Foundation for Vocational Rehabilitation's (dba The Able Trust) Operating Budget, as approved by their Board of Directors on June 22, 2018, for July 1, 2018 – June 30, 2019.

As required by section 413.615 (6)(d), Florida Statutes, the division has engaged in a financial and performance review of The Able Trust for state fiscal year July 1, 2017 – June 30, 2018, through participation in and review of all materials prepared for Board meetings, review of the most recent audit report (through June 30, 2017), and review of the annual report. This letter verifies that The Able Trust is operating in compliance with the terms of the contract and the rules of the division, and in a manner consistent with the goals of the Legislature in providing assistance to citizens with disabilities. The Able Trust has been consistent in providing the Division of Vocational Rehabilitation with regular quarterly updates on its operations and finances. You have also been diligent in providing easy access to Able Trust Board of Director meetings and all materials distributed to the members of the Board.

We appreciate our ongoing partnership and the work of The Able Trust. The goals of the foundation are in tune with the division's mission to help people with disabilities find and maintain employment and enhance their independence, and the Board's orientation towards the needs of Florida's workforce tomorrow, as well as today, is exemplary. Thank you for the opportunity to provide this assessment.

Our common interests and mission clearly benefit from this mutually positive relationship and I look forward to the future and continued cooperation on behalf of Floridians with disabilities who want to work.

Sincerely,

Allison Flanagan, MRC, CRC

cc: Cathy McEachron, Chief, Vendor and Contracted Services
Wayarne Tolliver, Special Contracts
Monica Edwards, MOU

ALLISON FLANAGAN

Director, Division of Vocational Rehabilitation

THE ABLE TRUST™

EMPOWERMENT EDUCATION EMPLOYMENT

Annual Report to DOE/DVR

Per FS 20.058

July 16, 2018

1. Contact Information

2. Annual Report/Results

3. Strategic Plan

4. Ethics Documents

5. IRS 990

6. Cessation Plan

Section 1



3320 THOMASVILLE ROAD, SUITE 200 ♦ TALLAHASSEE, FLORIDA 32308 ♦ (850) 224-4493 VOICE OR TDD ♦ (850) 224-4496 FAX ♦ WWW.ABLETRUST.ORG

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Morgan Hill Partners

Nancy Kline
Morgan Stanley Smith Barney

Neil Romano
The Romano Group

PRESIDENT/CEO

Susanne F. Homant, MBA, DPA

Contact Information

Florida Endowment for Vocational Rehabilitation (dba The Able Trust)
Submitted July 16, 2018

Primary Contact: Susanne F. Homant
President & CEO
susanne@abletrust.org

Address: 3320 Thomasville Road, Suite 200
Tallahassee, Florida 32308

Phone: (850)225-4493

Fax: (850)224-4496

Website: www.abletrust.org

Statutory Authority: FS 413.615

Mission (per bylaws): To be a key provider in providing Floridians with disabilities opportunity for successful employment.

Results obtained: Summarized in Annual Report

Section 2



THE ABLE TRUST™

EMPOWERMENT EDUCATION EMPLOYMENT

2017
Annual
Report
22 to 24
Florida

BOARD OF DIRECTORS



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Moore Communications Group



Leslie D. Goldman, MBA
Syniverse



Vice-Chair
Richard L. Cole, Jr., Esq.
Attorney



Scot LaFerté, MBA
Universal Orlando



Secretary
Bridget R. Pallango, MBA
Goodwill Industries of South Florida



Arlene Shackelford, MA
NextEra Energy, Inc.



Treasurer
Marcy Benton, MBA
Publix Supermarkets, Inc.



President & CEO
Dr. Susanne F. Homant, MBA
The Able Trust

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Joseph G. Blanton ● *Raymond James & Associates, Inc.*
Bob Bromberg ● *Bromberg & Associates*

Robert A. Butterworth, Esq. ● *Fowler White Boggs*
Dwayne Ingram ● *Crimson Consulting*
Nancy Kline ● *Morgan Stanley Smith Barney*
Neil Romano ● *The Romano Group*

STAFF

Dr. Susanne Homant, MBA ● *President & CEO*
Guenevere Crum ● *Senior Vice President*
Allison Chase, MS ● *Vice President, Youth Programs*
Joseph D'Souza, MA ● *Assistant Vice President, Workforce Programs*
Ray Ford, Jr. ● *Director of Communications & YLF*
Michelle Young ● *Director, Finance*
Mary Jo Hatala-Sellers, MA ● *Director, Donor Services*
Antoinette Barber, MBA ● *Administrative Assistant, Grants Program*
Rachael Moulton ● *Executive Assistant to the President & CEO*

Anthony LaCava ● *Alumni Association Chair*

CONSULTANTS

Mike Cusick ● *Legislative Consultant*
Bruce Hagan ● *Financial Consultant*
Donna Mundy ● *High School High Tech Consultant*

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- 2... *Message from the President & CEO and Chair of the Board*
- 3... *Summary of Performance*
- 4... *More About Our Mission*
- 5... *The Importance of Work*
- 6... *Working with Florida's Businesses*
- 7... *Able Trust Youth Programs*
- 8... *Grant Awards*
- 11... *Fundraising Activities & Results*
- 11... *Corporate Champions*
- 12... *Donor Listing*
- 13... *Financials*

**THE
ABLE
TRUST™**
EMPOWERMENT EDUCATION EMPLOYMENT



The Able Trust, incorporated as the Florida Endowment Foundation for Vocational Rehabilitation, Inc., is a 501(c)(3) foundation established in 1990 by the Florida Legislature, privately incorporated as a charitable organization.

The mission of The Able Trust is to be a key leader in providing Floridians with disabilities opportunities for successful employment.

Message from the President & CEO, and Chair of the Board

Unemployment creates a lot of problems or makes small problems much larger. Employment – having a job, especially one with a career path – solves a lot of problems. For people with disabilities who face challenges and barriers because of their disability, employment is an especially critical factor in their journey to independence. The Board, staff and ambassadors of The Able Trust know the hurdles well, and also the phenomenal rewards that employment can bring to the life of an individual with a disability and his or her family.

We are pleased to present this Annual Report to Florida to showcase the successful service and employment results achieved during the past year. Working with job seekers directly through solid programs operated by The Able Trust and its partners, 2,240 individuals were recipients of employment services during fiscal year 2017. Employment services include full and part time jobs, internships, mentoring, job shadowing, and apprenticeship opportunities. The services resulted in 613 jobs for people with disabilities, many of those jobs with career growth opportunities. **All of those positions were paid positions, with an annualized projected income of \$5,261,000.** The effect on individuals served is cumulative: people who became employed during the past year are likely to continue employment.

The Able Trust has been focused on jobs for Floridians with disabilities since its beginnings in 1990. We can be proud of all the individuals who continue to be employed through past efforts of this organization, which numbers many thousands of citizens.

Funded with both public and private dollars, the staff and Board work to keep administrative costs low. Last year per the audited financial statements, the funds devoted to administrative and fundraising costs were 13.49%. The organization was able to achieve this productivity due to an amazing staff that actively interacts with partner organizations, travels the state to provide assistance, and always believes there is a “better” way to address the work. The volunteer Board

of Directors devotes much of its time to prudent oversight, and active support of the mission in local communities and statewide.

We invite you to enjoy the following pages, which contain more important statistics, information on programs, and some stories about a few of the many we have served. And we invite you to learn more about us at www.abletrust.org, or just call and we can provide you with more information on our programs and services.

We look forward to continuing our great work during the next year and beyond for the citizens of the great state of Florida.

Kindest regards,



Dr. Susanne F. Homant, MBA
President & CEO



Karen B. Moore, APR, CPRC
Chair of the Board



SUMMARY OF PERFORMANCE



The Able Trust partners with community organizations and educational institutions to address the mission of employment for people with disabilities.

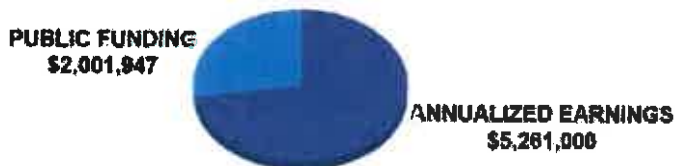
The support includes grant funding, faculty for Able Trust programs, technical support and program enhancements, as well as monitoring and evaluation. In FY 2017, The Able Trust awarded 79 grants to Florida organizations.

Employment Outcomes

It is important to note that employment results are cumulative. The Able Trust has been helping Floridians with disabilities to become employed for the past 27 years, and it is safe to assume that many of those individuals are still working and contributing to the economy and their communities.

Presented below are the employment results for the past two fiscal years, with income projections annualized to reflect income earned over a full 12 month period.

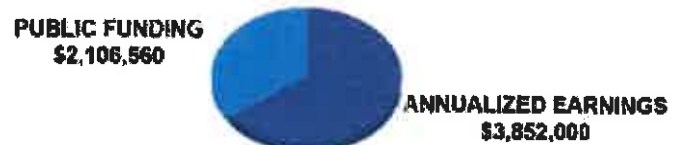
EMPLOYMENT OUTCOMES FY 2017



Return on Investment (ROI) = 263%
Annualized Earnings/Public Funds

■ Annualized Earnings ■ Public Funding

EMPLOYMENT OUTCOMES FY 2016



Return on Investment (ROI) = 183%
Annualized Earnings/Public Funds

■ Annualized Earnings ■ Public Funding

RETURN ON INVESTMENT (ROI) FY 2016 & 2017



Return on Investment (ROI) = 222%
Annualized Earnings/Public Funds

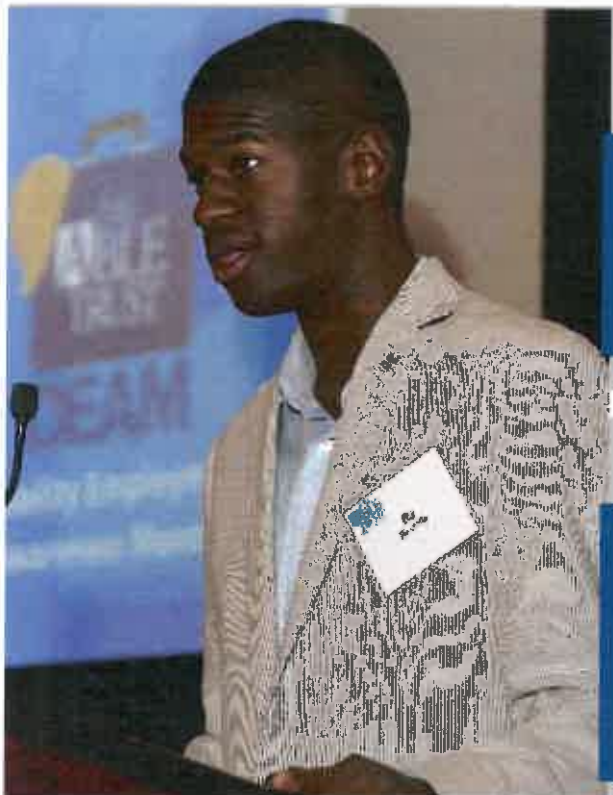
■ Annualized Earnings ■ Public Funding

MORE ABOUT OUR MISSION



Research Strategy

The Able Trust maximizes its impact by collecting information on a regular basis from grantees and grant program participants to identify the services of greatest value. Business studies that help identify barriers to hiring, and solutions to these issues, are conducted independently, and by The Able Trust and its partners, and shared on our website.



Communications to Change Perceptions

The Able Trust sponsors a communication campaign every year to address misperceptions of the skills and talents of people with disabilities. Communications include targeting businesses, community leaders, and policy makers using print, electronic, and in-person presentations.

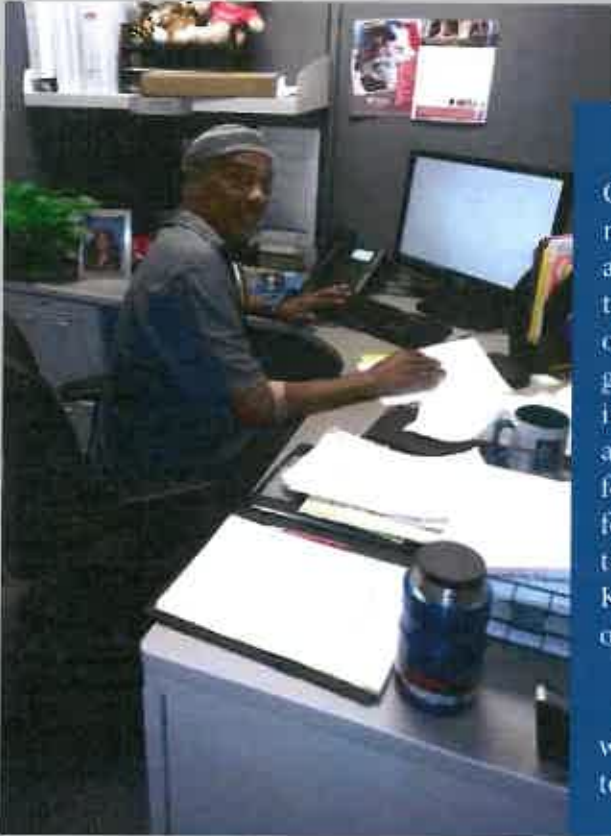
History at a Glance

In 1990, the Florida Legislature created the Florida Endowment Foundation for Vocational Rehabilitation, known today as The Able Trust. In 1991, the Governor appointed The Foundation's first Board of Directors, and a year later, The Able Trust made its first grant award. Since its inception, The Able Trust has awarded millions in direct-support grants to community organizations, and provided continuous technical and training services, helping to put thousands of Floridians with disabilities to work.

	Made First Grant Award	First High School High Tech Site	First Disability Mentoring Day	Total Grant Awards reach \$23 million	Total Grant Awards reach \$29 million	Total Grant Awards reach \$35 million							
	1990	1992	1996	1999	2000	2002	2007	2008	2009	2012	2013	2015	2016
	Established by Florida Legislature	Changed name to The Able Trust	First Youth Leadership Forum	High School High Tech Expands to 37 Sites	Statewide "Look at my Abilities" Campaign Launch	Disability Mentoring Day Becomes Disability Employment Awareness Month	High School High Tech Expands to 43 Sites						

THE IMPORTANCE OF WORK


Key Clubhouse South Florida



Alvin's story is similar to many of his colleagues at the Key Clubhouse of South Florida that are living with severe and persistent mental illness. They strive for success in all facets of life... including at work. Before discovering the Clubhouse, Alvin struggled for years to manage his diagnoses and his role in the community. However, once he started to work with the Clubhouse he learned new skills, gained self-confidence, and had the support necessary to jump back into the world of employment. Alvin found his calling working as a peer specialist, helping his colleagues find employment. As they found jobs and success, Alvin was inspired to join them and has found success in social work, specializing in transitional housing options for his clients. The grant-funded employment program at the Key Clubhouse has been instrumental in creating employment opportunities for individuals in the Miami-Dade community.

"I feel so blessed to find an organization like the Key Clubhouse, who believed in me and gave me responsibility, and the opportunity to prove that I am a productive citizen in our community!"

Florida Chamber Internship Experience



Megan is a college student with a resume filled with volunteer experience, but very little in the way of paid employment. She was searching for employment that would accommodate her class schedule and interests, but the online leads were not panning out. Through word of mouth, she found the Internship Experience program funded by The Able Trust at the Florida Chamber of Commerce, where she is now working with database management.

"Employment is something that everyone should strive for," Megan said. "I feel that being employed is a way for people to contribute to society, and everyone should be able to do that."

After working six months at the Chamber offices, Megan knows how rewarding work can be.

"Having a job means a lot to me. It means I can be independent and contribute to my household."

WORKING WITH FLORIDA'S BUSINESSES

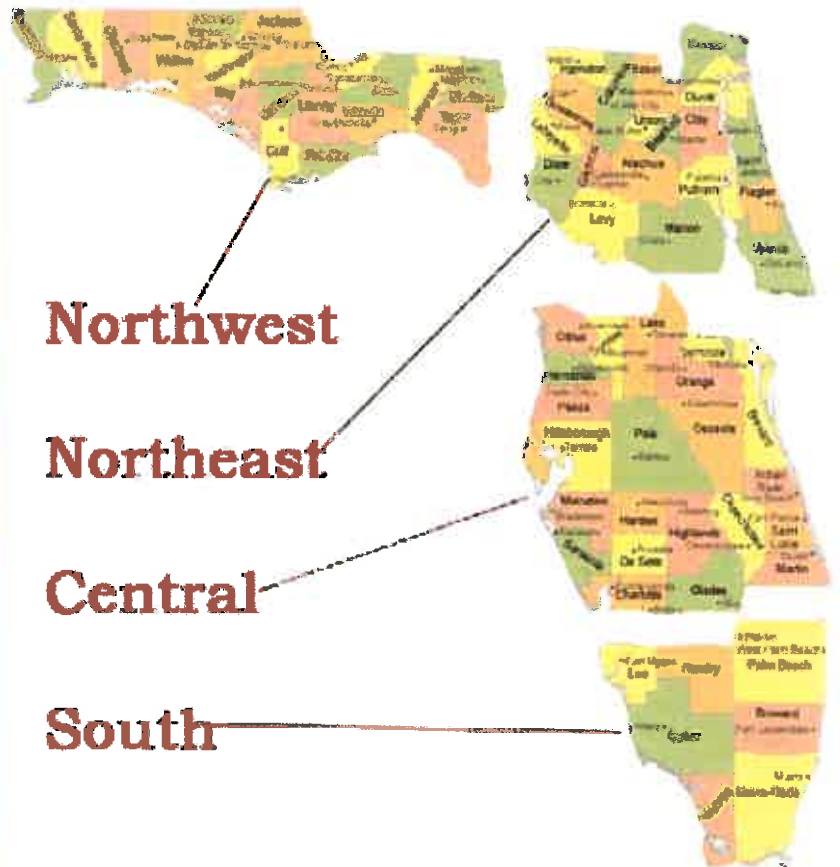
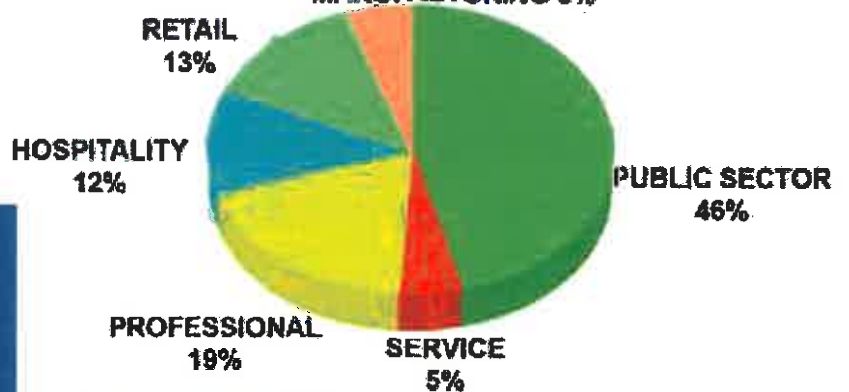


Disability Employment Awareness Month

2016 DEAM was made possible by the hard work of 80 community liaisons working in 62 counties throughout Florida. Together with more than 160 businesses and organization partners, they were able to provide career exploration opportunities to 2,170 participants. The DEAM season runs from October through March.

- Public Sector (local, state government, nonprofit)
- Professional (includes medical professions)
- Hospitality (includes restaurants, hotels, attractions)
- Manufacturing
- Service (includes utilities)
- Retail (includes grocery stores)

BREAKDOWN OF INDUSTRY PARTICIPATION 2016



NORTHWEST FLORIDA
Bay, Escambia, Gadsden, Gulf, Leon, Madison, Okaloosa, Wakulla
52 BUSINESSES

NORTHEAST FLORIDA
Alachua, Bradford, Duval, Flagler, Nassau, Putnam, St Johns
43 BUSINESSES

CENTRAL FLORIDA
Brevard, Charlotte, Citrus, Desoto, Hernando, Hillsborough, Manatee, Orange, Pasco, Pinellas, Polk
117 BUSINESSES

SOUTH FLORIDA
Broward, Glades, Hendry, Lee, Miami-Dade, Monroe, Palm Beach
36 BUSINESSES

ABLE TRUST YOUTH PROGRAMS

The Able Trust High School High Tech Program



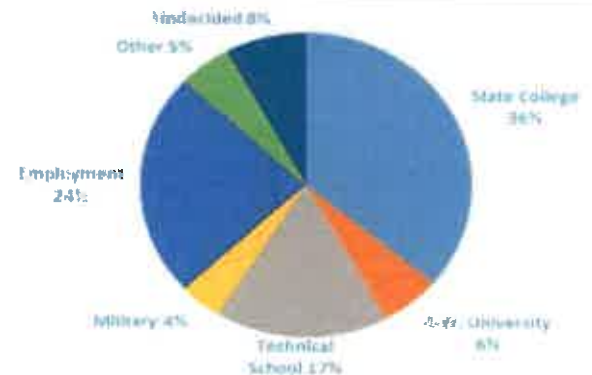
The Able Trust High School High Tech (HSHT) is designed to

- 1) improve participation in education, vocational, and employment-related activities for youth with disabilities;
- 2) increase enrollment in postsecondary education & training, and
- 3) increase high school graduation rate.

The Able Trust HSHT provides high school students with all types of disabilities the opportunity to explore jobs or postsecondary education leading to technology-related careers.

2016 – 2017 Annual Data & Outcomes

During the 2016-2017 school year, HSHT served 1,550 students with disabilities in 40 Florida counties. Students were provided transition services based on the nationally-recognized Guideposts for Success: School-Based Preparatory Experiences, Career Preparation & Work-Based Learning, Connecting Activities, Youth Leadership & Development, Family Involvement & Supports, and Communication Skills.



- 373 HSHT students graduated in 2017. The HSHT program achieved a graduation rate of greater than 99% of all participating seniors.
- Services were provided in 151 high schools and alternative education settings, including Department of Juvenile Justice facilities.
- 77% of Florida HSHT graduates received a standard diploma, compared to 64% of other graduates with disabilities in Florida.*
- 85% of Florida HSHT graduates entered postsecondary education or employment, compared to 43% of other graduates with disabilities in Florida.*

- 459 students participated in work experiences paid through a stipend by the employer, the HSHT program site, the local Career Source, Vocational Rehabilitation, or community grant provider.
- Disability diversity of enrolled students includes: autism spectrum disorder, 12%; cognitive impairment, 15%; deaf or deaf/blind 2%; emotional disturbance, 3%; hearing impairment, 1%; multiple disabilities, 1%; other health impairment, 13%; orthopedic impairment, 5%; specific learning disability, 37%; speech or language impairment, 5%; traumatic brain injury, 1%; visual impairment/blindness, 3%.



The Able Trust Youth Leadership Forum

The Youth Leadership Forum (YLF) is a five-day intensive leadership training forum for young adults with disabilities that was held in Tallahassee. High school students and young adults from across the state participated in training on meaningful education, employment, and societal contributions.

GRANT AWARDS



Grants Awarded 2017

New annual general support for employment placement grants:	10
New strategic employment placement initiative grants:	2 (3 ongoing)
High School High Tech annual grants:	43
Donor advised awards (private funds):	24
Total grant awards:	79
Total funding provided as grant awards:	\$1,970,851

<u>ORGANIZATION</u>	<u>GRANT PURPOSE</u>	<u>AMOUNT</u>	<u>COUNTY SERVED</u>
Susan B Anthony Recovery Center	Readiness for Employment & Placement Program	\$249,365.00	Broward
The Science Center/WorkNet	Ability Initiative Training Program	\$250,000.00	Pinellas
Ark Nassau	Employment Placement Services	\$58,140.00	Nassau
Florida Chamber Foundation	Internship Project	\$110,000.00	Statewide
Key Clubhouse of S. Florida	Employment Initiative	\$65,000.00	Miami-Dade
North Florida School for Special Education	Barkin' Biscuits	\$50,000.00	Duval
Quest Inc.	Project SEARCH	\$65,000.00	Osceola
Vincent Academy	Employment Placement	\$54,000.00	Sarasota
American Cancer Society	General Support	\$2,500.00	Statewide
American Diabetes Assoc.	General Support	\$5,000.00	Duval
American Red Cross NW Florida Chapter	General Support	\$2,500.00	Escambia
American's Second Harvest of the Big Bend	General Support	\$5,000.00	Leon
ARC Broward	Transportation Reimbursement Program	\$24,000.00	Broward
Bascom Palmer Eye Institute University of Miami	Research on Macular Degeneration	\$15,000.00	Miami-Dade
Big Bend Hospice, Inc.	General Support	\$2,600.00	Leon
Big Brothers/Big Sisters of Tallahassee	General Support	\$2,500.00	Leon
Brain Injury Association of Florida, Inc.	General Support	\$5,000.00	Statewide
Center for the Visually Impaired	Services for Individuals with Macular Degeneration	\$5,000.00	Volusia
The Dan Marino Foundation	Transportation Reimbursement Program	\$24,000.00	Broward
Elder Care Services, Inc.	General Support	\$2,500.00	Leon

<u>ORGANIZATION</u>	<u>GRANT PURPOSE</u>	<u>AMOUNT</u>	<u>COUNTY SERVED</u>
Emerald Coast Children's Advocacy Center	General Support	\$25,000.00	Okaloosa
Florida Chamber Foundation	Community Development Partnership	\$50,000.00	Statewide
Florida Keys SPCA	General Support	\$2,500.00	Monroe
Florida Philanthropic Network, Inc.	Membership Support	\$3,400.00	Statewide
Florida Public Broadcasting Services, Inc.	Communications Campaign	\$68,646.00	Statewide
Friends of Arrow Rock	Program Support	\$7,000.00	Missouri
Habitat for Humanity Intl	General Support	\$2,500.00	Okaloosa
Lighthouse Central Florida	Transportation Reimbursement Program	\$24,000.00	Orange
Lighthouse of Collier County Inc.	Services for Individuals with Macular Degeneration	\$5,000.00	Collier
Marine Toys for Tots	Program Support	\$2,500.00	Nationwide
Miami Lighthouse for the Blind & Visually Impaired	Services for Individuals with Macular Degeneration	\$5,000.00	Miami-Dade
Muscular Dystrophy	General Support	\$5,000.00	Leon
One Blood	General Support	\$2,500.00	Statewide
Peak Grantmaking	Membership Support	\$500.00	Nationwide
Ronald McDonald House Family Place	General Support	\$2,500.00	Leon
United Way of Florida, Inc.	Children's Week Support	\$5,000.00	Statewide
WFSU	Underwriting Support for Capital Report	\$22,960.00	Statewide
Ability 1st	High School High Tech	\$22,000.00 each	Gadsden, Leon, Wakulla
Arc Jacksonville	High School High Tech	\$22,000.00 each	Clay, Duval, St. Johns
Brevard Schools Foundation	High School High Tech	\$22,000.00	Brevard Bayside & Heritage
Career Source Florida Crown Workforce Board, Inc.	High School High Tech	\$22,000.00 each	Columbia, Dixie, Gilchrist, Union
Center for Independent Living Central Florida, Inc.	High School High Tech	\$22,000.00	Polk
Center for Independent Living Broward	High School High Tech	\$22,000.00 each	N.Broward, S. Broward
Center for Independent Living N. Central Florida	High School High Tech	\$22,000.00 each	Alachua, Rural Alachua, Bradford, Levy, Madison, Putnam
Community Haven for Children & Adults with Disabilities, Inc.	High School High Tech	\$22,000.00 each	Manatee, Sarasota
Community Initiatives, Inc.	High School High Tech	\$22,000.00	Orange, Osceola, Seminole
Dyslexia Research Institute	High School High Tech	\$22,000.00	Gulf

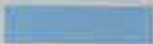
<u>ORGANIZATION</u>	<u>GRANT PURPOSE</u>	<u>AMOUNT</u>	<u>COUNTY SERVED</u>
Educational Foundation Lake County	High School High Tech	\$22,000.00	Lake
Foundation for Orange County Public Schools	High School High Tech	\$22,000.00	N. Orange, S. Orange
Goodwill Easter Seals of the Gulf Coast	High School High Tech	\$22,000.00 each	Escambia, Okaloosa
Goodwill Industries of SW.Florida, Inc.	High School High Tech	\$22,000.00 each	Charlotte, Collier, Glades, Hendry, Lee
Goodwill Manasota, Inc.	High School High Tech	\$22,000.00	Desoto
Gulfstream Goodwill Industries, Inc.	High School High Tech	\$22,000.00	Palm Beach
Miami Lighthouse for the Blind and Visually Impaired	High School High Tech	\$22,000.00 each	N. Miami-Dade, S.Miami-Dade
Madison County School Board	High School High Tech	\$22,000.00	Madison
Nassau County School District	High School High Tech	\$22,000.00	Nassau
School District of Hillsborough	High School High Tech	\$22,000.00	Hillsborough
Service Source/Abilities, Inc.	High School High Tech	\$22,000.00 each	Pasco, Pinellas



LEGEND



= 3-year strategic employment placement grant



= General support placement grant



= Other grants



= High School High Tech grant

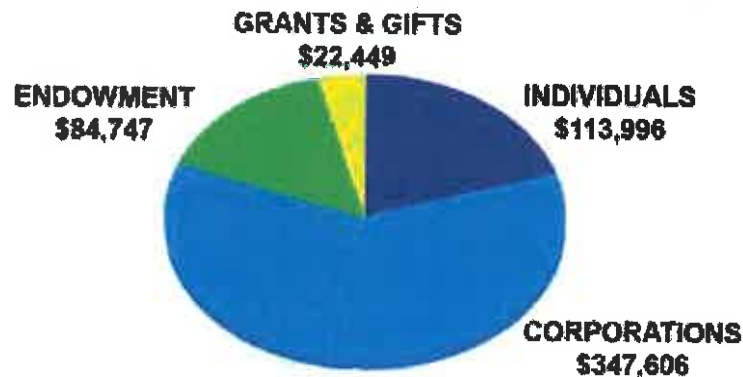


Fundraising Activities & Results

The Able Trust is funded by an interesting combination of private dollars, endowment distributions, earnings on endowments, and public funds. Donations from individuals, endowments and corporations supported nearly one-third of the grants awarded to the local communities in FY 2017.

Source of donations are as follows:

FUNDRAISING ACTIVITIES & RESULTS FY 2017



Total Funds Raised FY 2017 = \$568, 798

■ Funds raised from individual donors ■ Funds received from corporations
■ Endowment contributions ■ Grants & Gifts - Misc.

Corporate Champions

The Able Trust created the award category of "Corporate Champion" to recognize those businesses that support its mission through workforce inclusion policies, welcoming people with disabilities as customers and employees, and through financial support that has exceeded \$100,000 over the years. Corporate Champions have exemplified these traits through a strong commitment to supporting a diverse and inclusive workforce that includes workers with disabilities, and supporting organizations like The Able Trust as it strives to be a key leader in providing Floridians with disabilities opportunities for successful employment.



DONOR LISTING

The Able Trust has provided and expanded critical employment programs for Floridians with disabilities through its internal programs, and by offering millions of dollars in direct grant support since 1990. There are many opportunities to support the mission of The Able Trust, such as making a donation, creating an endowment, or sponsoring projects/participants. The Able Trust recognizes its donors in various ways, and respects the wishes of those who want to remain anonymous. Many thanks to the following for their financial support, since 7/1/2016:

Supporters

Nigel Allen	Angela Fortunas and Donald Shellabarger	Richard and Barbara MacArthur	Arlene Shackelford
Eladio and Judy Amores	Timothy and Paula Fortunas	Walter Massey	Woodrow and Donna Simmons
Anesthesiology Associates of Tallahassee	FSU Foundation, Inc.	William and Jana McKeever	Smith Bruer Advisors, LLC
Louis Bender	Gamma Omicron Master Sorority	Dennis and Gwendolyn McNeeney	Faith Spalding
Marcy Benton	Joan Geyer	Bryan and Jessica Miller	State of Florida Department of Education/Vocational Rehabilitation
Joseph and Nancy Blanton	Virginia Glass	Karen B. Moore	Please Strickland
Gene and Carol Bowers	Les and Karen Goldman	Moore Communications Group	Sunset Bay Management Group, LLC
Alexander and Mildred Brickler	Bruce and Page Hagan	NBC Universal Orlando	Tallahassee Rotary Club
Robert and Penny Bromberg	Walter and Carolyn Haley	Onepath Local, Inc.	TD Charitable Foundation Trust
Yvonne Brown	Hollis Hance	Bridget R. Pallango	Universal Orlando Resorts
Cheryl Castellari	Hancock Bank	Panhandle Area Educational Consortium	Dan and Ria Voss
Bridget Chandler	Richard and Carolyn Henry	Joseph and Mary Pankowski	Walt Disney World Resort WellCare
Mike and Allison Chase	Robert L. Hilton	Frederick A. Paola	Wells Fargo Foundation
Richard and Linda Choma	Scott and Mary Hilton	Howard and Carolyn Pardue	Richard and Diane Wendt
Brian and Guenevere Crum	Susanne Homant	The Patterson Foundation	
Richard L. and Barbara Cole	Stefanie and Erwin Jackson	Stephanie Perkins	
The Dan Marino Foundation	Jelks Family Foundation, Inc.	John Pettengill	
Robert Dawson	Paul and Jeanne Kacprzak	Sheree Porter	
Demont Insurance Agency, Inc.	William Kennedy III	Publix Super Market, Inc.	
Disability Rights Florida	Thomas and Irene Kirbo Charitable Foundation	RAI Investments, Inc.	
Sammie Dixon	Nancy Kline	Karen Randolph	
Dale Earnhardt Jr, GMC, Buick	Scot LaFerté	Raymond James and Associates, Inc.	
Florida Chamber Foundation	Chuck, Patty and Rikki Mitchell	Margaret Ann Robinson	
R. Mark Ferguson	Law, Redd, Crona & Munroe	Winnie Schmeling	
Florida Autism Center	Leon Golden Revocable Trust	Richard M. Schulze Family Foundation	
Florida Blue	Sam Lester	Lois Scott	
Florida Hospital	Alma Littles	Susan P. Semrau	
Florida Power & Light - Next Era Energy			

FINANCIALS



Law, Redd, Crona & Munroe, P.A.
INDEPENDENT AUDITOR'S REPORT *Certified Public Accountants*
NOVEMBER 2017

The Board of Directors
The Florida Endowment Foundation for
Vocational Rehabilitation, Inc.
d/b/a The Able Trust

Report on the Financial Statements

We have audited the accompanying financial statements of The Florida Endowment Foundation for Vocational Rehabilitation, Inc. d/b/a The Able Trust (the Foundation), a component unit of the State of Florida, which comprise the statements of net position as of June 30, 2017 and 2016, and the related statements of revenues, expenses, and changes in fund net position, and cash flows for the years then ended and the related notes to the financial statements, which collectively comprise the Foundation's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of The Florida Endowment Foundation for Vocational Rehabilitation, Inc. d/b/a The Able Trust, as of June 30, 2017 and 2016, and the respective changes in fund net position, and cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis on pages 4-8 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Foundation's basic financial statements. The budgetary comparison schedules are presented for purposes of additional analysis and are not a required part of the basic financial statements.

The budgetary comparison schedules are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the budgetary comparison schedules are fairly stated in all material respects in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 3, 2017, on our consideration of the Foundation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Foundation's internal control over financial reporting and compliance.

Law, Redd, Crona + Munroe, P.A.

LAW, REDD, CRONA & MUNROE, P.A.
Tallahassee, Florida
November 3, 2017

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.
dba THE ABLE TRUST
STATEMENTS OF NET POSITION
JUNE 30, 2017 AND 2016

ASSETS	2017	2016
CURRENT ASSETS		
Cash and Cash Equivalents - Note 1	\$ 2,492,133	\$ 2,704,274
Investments - Note 2	21,624,154	19,896,900
Due from DCF DWR for High School / High Tech Program	117,456	157,456
Accounts Receivable - Other	1,000	25,000
Accounts Receivable, Current - Note 3	92,558	99,112
Prepaid Expenses	9,814	9,207
Total Current Assets	<u>24,255,799</u>	<u>22,798,009</u>
RESTRICTED ASSETS		
Restricted for Fiscal Agent Liabilities - Note 11		
Cash and Cash Equivalents - Note 2	2,250,606	3,132,500
Investments	3,799,818	2,309,103
Restricted Investments - Other	3,078,866	2,920,622
Total Restricted Assets	<u>9,129,290</u>	<u>8,362,225</u>
OTHER ASSETS		
Contributions Receivable from Deferred Gifts, Net - Note 6	779,834	723,673
Accounts Receivable, Long Term - Note 11	34,268	79,261
Capital Assets, Net - Note 8	114,683	129,403
Deposits and Other Noncurrent Assets - Note 17	189,367	112,972
Total Other Assets	<u>1,108,152</u>	<u>1,045,252</u>
Total Assets	<u>\$ 34,384,799</u>	<u>\$ 32,197,506</u>

LIABILITIES AND NET POSITION

CURRENT LIABILITIES		
Accounts Payable	\$ 61,969	\$ 8,621
Fiscal Agent Liabilities - Note 11	4,093,448	3,451,063
Accrued Expenses	28,350	23,650
Total Current Liabilities	<u>4,183,767</u>	<u>3,483,334</u>
NET POSITION - Note 3		
In Need of Capital Assets - Net of Restricted Cash	134,483	129,403
Recurrent Nonresponsible Commitments	3,907,106	3,704,267
Reserves	24,255,559	22,003,607
Total Net Position	<u>28,297,148</u>	<u>26,837,277</u>
Total Liabilities and Net Position	<u>\$ 34,384,799</u>	<u>\$ 32,197,506</u>

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.
dba THE ABLE TRUST
STATEMENTS OF REVENUE, EXPENSE, AND CHANGES IN FUND NET POSITION
FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

	2017	2016
OPERATING REVENUES:		
Public Support		
DCF/DWR High School / High Tech Program	\$ 569,821	\$ 549,821
Program Events	166,596	132,752
Special Events	-	13,034
DOT for Sales of Temporary Handicap Parking Permits	272,508	267,266
DCF for Civil Permits	1,179,126	1,259,277
Contributions	66,392	60,964
Other Revenue	112,941	128,256
Total Operating Revenues	<u>2,307,384</u>	<u>2,411,356</u>
OPERATING EXPENSES:		
Program Services		
Public Awareness, Education, and Program Programs	736,291	701,641
Grant and Related Expenses	2,836,666	2,791,709
Total Program Services	<u>3,572,957</u>	<u>3,493,350</u>
Supporting Services		
Management and General	111,613	99,880
Fundraising	171,478	154,783
Total Supporting Services	<u>283,091</u>	<u>254,663</u>
Total Operating Expenses	<u>3,856,048</u>	<u>3,748,013</u>
Operating Loss	<u>(1,548,664)</u>	<u>(131,657)</u>
NONOPERATING REVENUES		
Investment Income (Loss) - Note 7	2,719,133	(2,939)
Disposal or Liquidation Value of Annually Receivable	(27,672)	(12,120)
Increase in Present Value of Deferred Gifts	57,161	22,823
BP OF Split Settlement - Note 15	198,186	-
Total Nonoperating Revenues (Expenses)	<u>2,946,708</u>	<u>(1,926)</u>
Income (Loss) Before Endowment Contributions	<u>1,398,044</u>	<u>(163,283)</u>
Endowment Contributions		
Total Endowment Contributions	24,747	86,196
Total Endowment Contributions	<u>24,747</u>	<u>86,196</u>
Increase (Decrease) in Net Position	<u>1,373,297</u>	<u>(77,087)</u>
Net Position at Beginning of Year	<u>26,924,277</u>	<u>27,663,367</u>
Net Position at End of Year	<u>\$ 28,297,574</u>	<u>\$ 26,786,280</u>

**SCHEDULE OF ACTUAL EXPENSES BY PRIMARY SERVICE TYPE
FOR THE YEAR ENDED JUNE 30, 2017**

The following report provides information on the cost of the primary categories of services of The Able Trust. The services are funded by a combination of private donations, private endowment distributions, endowment earnings, and public funds. The graphic presentation of revenue sources provides additional information.

	<u>Grants and Related Expenses</u>	<u>Public Awareness, Education, and Nongrant Programs</u>	<u>Fundraising</u>	<u>Management and General</u>	<u>Total</u>
Staff Salaries	\$ 590,029	230,548	90,987	64,658	808,222
Payroll Taxes	22,220	14,057	5,442	3,678	45,397
Employer Benefits	24,960	15,791	6,111	4,073	50,939
Retirement	15,887	10,051	3,891	2,594	32,423
Payroll Processing	251	159	62	41	513
Auditing & Accounting Fees	15,314	9,608	3,750	2,500	31,172
Board Meetings	21,062	13,325	5,158	3,439	42,984
Board Member Travel	3,359	2,252	872	581	7,064
CEO Program Management	30,577	19,345	7,488	4,992	62,402
Depreciation	3,954	2,502	908	646	8,070
Development and Marketing	-	194,840	-	-	194,840
Development of Alumni Association	-	2,718	-	-	2,718
DOE/DVR Staff Events	44,976	-	-	-	44,976
Endowment Department	-	-	4,057	-	4,057
Equipment/Furniture	4,082	3,582	1,000	666	9,330
Equipment Maintenance	839	531	206	132	1,713
Incumbents	4,818	3,046	1,180	787	9,831
Investment Advisory Fees	1,960	1,340	480	320	4,000
IT Support	2,250	1,424	551	367	4,592
Legislative Consultants	66,813	42,269	16,242	10,908	136,232
Office Supplies	1,906	1,244	482	321	4,013
Printing	2,052	1,298	507	335	4,188
Postage	2,247	1,422	550	367	4,586
Rent	56,694	35,868	15,884	9,256	117,702
Program Events:					
Disability Mentoring Day	-	3,924	-	-	3,924
Youth Leadership Forum	-	102,309	-	-	102,309
Staff Education	1,829	1,157	448	299	3,733
Telephone and Internet	4,264	2,698	1,044	696	8,702
Grant Obligations - Prior Year	177,918	-	-	-	177,918
Grant Awards - Current Year	\$22,833	-	-	-	\$22,833
Grants - HS/ITT	970,000	-	-	-	970,000
High School/High Tech-Other Expenses	111,378	-	-	-	111,378
Grants Administration	25,934	-	-	-	25,934
Total	\$ 2,826,666	\$ 716,290	\$ 171,478	\$ 111,617	\$ 3,856,047

**ADMINISTRATIVE EXPENSES
for FY ENDING 6/30/2017**

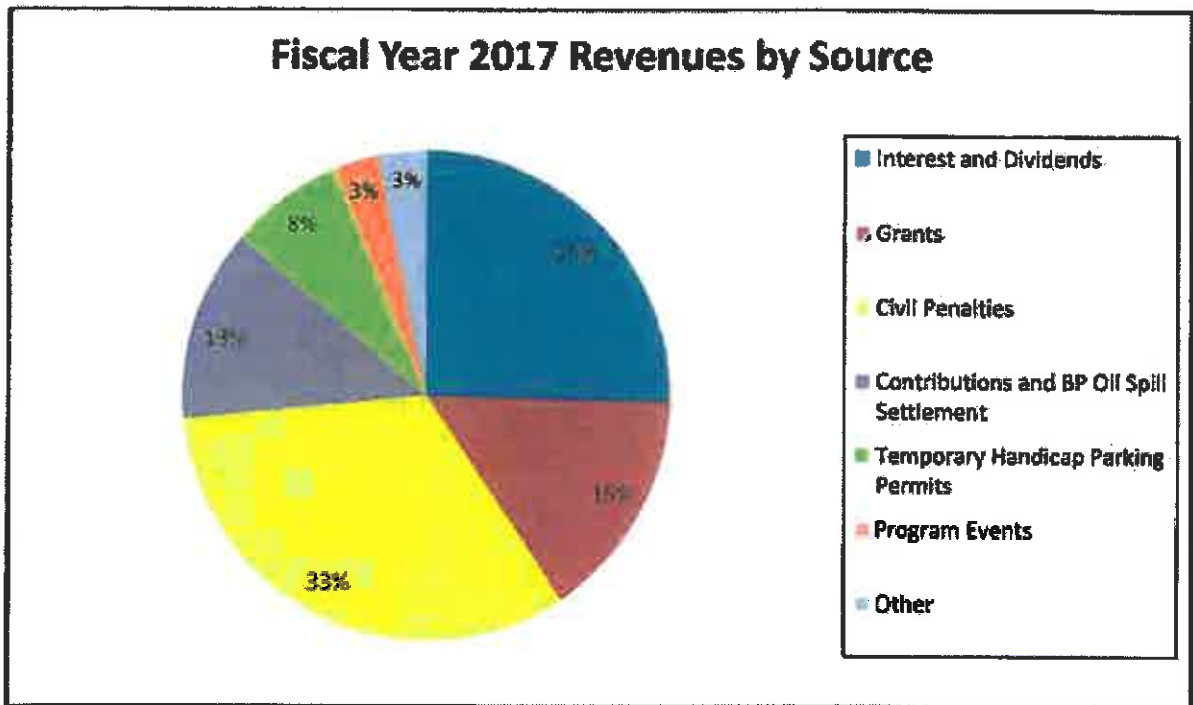
The Able Trust staff work hard to dedicate its revenue to programs and services for Floridians with disabilities. In FY 2017, we are proud to report administrative costs of 13.49% of expenses, in the following categories:

<i>a. Travel and per diem costs of Board meetings:</i>	\$31,571
<i>b. Compensation and benefits of staff, not related to Programs and services:</i>	\$190,062
<i>c. Expenses of staff not related to programs and services:</i>	\$15,825
<i>d. Audit fees:</i>	\$28,325
<i>e. Contractors:</i>	\$233,597
<i>f. Volunteer and donor recognition:</i>	\$20,636

TOTAL ADMIN COSTS FY 2017: \$520,016

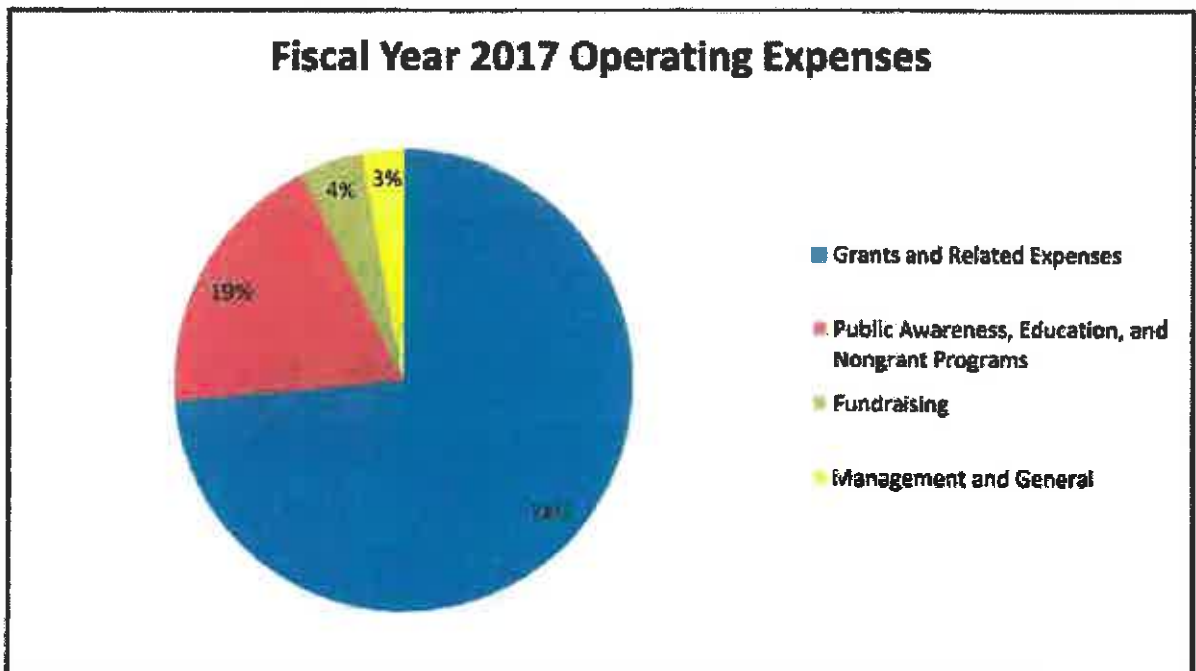
MANAGEMENT'S DISCUSSION AND ANALYSIS (continued)

Graphic presentation of revenues follows to assist in the analysis of the Foundation's activities for fiscal year 2017.



MANAGEMENT'S DISCUSSION AND ANALYSIS (continued)

Graphic presentation of operating expenses follows to assist in the analysis of the Foundation's activities for fiscal year 2017.



THE ABLE TRUST™

EMPOWERMENT. EDUCATION. EMPLOYMENT.

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www.abletrust.org

Section 3



The Able Trust

Strategic Plan Summary

January 1, 2016 – December 31, 2021

The Able Trust Board of Directors has established a three-year planning period for its primary activities, which are based on the requirements of the governing statutes. Concurrently, the organization is now in the final phase of its established strategic plan, and is in the process of developing the strategies for the planning period of January 1, 2019 – December 31, 2021.

Florida statutes require that The Able Trust follow certain general directions when establishing its strategic plan, and those directions are addressed in the final document. After the plan is approved and adopted by The Able Trust Board, it is implemented by staff and actions are reported to the Board at every quarterly meeting. The progress on the adopted strategies is thus addressed and reviewed by the Directors at each Board meeting, and strategic direction is adjusted if the changing environment so dictates.

The current strategic plan summary is presented below, and is being implemented by staff as a part of daily, prioritized operations. Much of this plan will remain as direction for The Able Trust in the subsequent three-year planning period, with important updates projected as noted at the end of this document.

STRATEGIC PLANNING DIRECTION, PLANNING PERIOD 1/1/2016 – 12/31/2018

Executive Summary:

The Board of Directors, Able Trust Ambassadors, Able Trust staff and consultants met twice in 2015 to review the current employment environment, learn of cultural and behavioral changes predicted for the workforce, and review Able Trust performance and data for the current planning period. The planning retreat on June 11, 2015 included a presentation by behavioral scientist Kim Lear who led a discussion on the makeup and behaviors of the current and projected workforce. The Able Trust and its funded programs will need to understand generational differences, to work with the job seekers that are a part of the programs supported with Able Trust resources and to work with those who manage the funded programs. The participants also spent time discussing the four key strategic areas of the current plan, to help determine which efforts should continue. The information from the June session was analyzed and a summary of possible future areas for strategic concentration was presented to the Board at its September 18 meeting, along with results from commissioned research. At the September meeting, the primary issue of interest and discussion was internships and related work

experiences. The expansion of HSHT annually with some attention to alternative settings such as foster care and DJJ programs also generated significant discussion.

There is general agreement, supported not only by national research and outcomes, but original research commissioned by The Able Trust, indicating work experiences such as internships provide significant benefits to job seekers, especially young job seekers. The need for some post-secondary education as a part of an effective and productive career path was also clear, with an understanding that post-secondary could be a short post-high school class in a technical school, as well as two and four year degrees from colleges and universities. The obligation of The Able Trust to assure the availability of work experiences, and exposure and access to training needed for a selected career path generated much analysis by the Board and is incorporated into the strategic direction for the next three-year planning period.

Based on the discussions, research, and input from consultants and others, the following general areas represent the strategic direction for the next planning period.

- I. The Able Trust Grant Program will include a continuing emphasis on larger, multi-year grants. A select number of one-year grants will also be considered each year, and those selected should include some emphasis on work experience such as internships and career direction, as advised by the current research. The Able Trust is required by state statutes and federal law to award grants each year, thus grant making is a required function of The Able Trust.
- II. Expand the work experience emphasis of The Able Trust, with attention to paid internships. Host at least two internship training seminars per year, with a target audience of business executives. Fund two paid internship grants, in partnership with the business community. Seek funding for expansion of the grants if outcome data supports such expansion.
- III. Direct communication efforts to change misperceptions of employers on the abilities of people with disabilities. This strategy will include a continuation of a presence on select paid media, more use of social media, and involvement with statewide and local business organizations. Efforts should begin to identify desired training needs of the Florida business community, and the development of a packet of information on services and programs for people with disabilities, for distribution to new Florida businesses and their HR directors.
- IV. Sustain and grow the signature Able Trust Youth Programs, with continuing attention to inclusion of work experiences such as internships in the High School High Tech program as well as career path training. Incorporate controlled growth of the HSHT program at a rate of two programs per year, provided funding is available. Emphasize education and training on career paths of interest and skills that will be in high demand in the future, for all students participating in HSHT programs and those attending the Youth Leadership Forum.

- V. Collect and accumulate information on a regular basis from grantees and grantee program participants to identify the services of greatest value. Include parents and caregivers in such research if appropriate. Maintain an ongoing relationship with the Florida Chamber Foundation to assemble the employment statistics for Floridians with disabilities on an annual basis. Develop an enhanced means of identifying business barriers to hiring and solutions to the issues and conduct another business study in CY 2018, similar to the 2015 Dumm/Born study.

In the process of developing and implementing the strategic direction of The Able Trust for the next planning period, the following three questions will guide tactical decisions, as they did in the implementation of the 2013 – 2015 plan.

- I. How does this activity and use of our resources advance our mission – our litmus test? (How can The Able Trust be “Disproportionately Influential”?)
- II. Is this investment of our resources, an investment in the change we desire? (Catalytic Philanthropy)
- III. Does this activity promote The Able Trust as a key player in Florida in a greater national movement of equal opportunities for successful employment for all people with disabilities?

Additions/changes to current strategies projected for 2019 – 2021.

- 1. Due to significant reductions in state funding, the Able Trust will be adding a strategy related to fundraising of private dollars, which will include the protection of donor-advised funds. A fundraising Board is being recruited to assist with this effort, which will be a major enhancement of current fundraising efforts.
- 2. The Youth programs initiative will be expanded to include leadership training targeted at post high school young adults. It is projected that one or two 2-day formal leadership training sessions will be hosted at different locations in Florida. The training will be specifically designed to address leadership skills identified by businesses and young adults with disabilities as necessary for advancement in a career or entry into a profession. This initiative will replace the past youth leadership forum, which was targeted at high school youth.
- 3. Research to quantify the number of people with disabilities in Florida who are not employed will be completed, and will be similar to the benchmark study completed two years ago. This will allow management to determine improvements in employment numbers, and connect to successful initiatives.
- 4. The organization will also conduct original research on programs and projects funded through internal programs and community programs that receive grants, to begin the collection of data on activities that are the most beneficial to job seekers with disabilities. This will allow the organization to efficiently allocate resources, as well as advise grantee programs around the state.

Section 4



Ethics Policy

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

POLICY STATEMENT

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

BOARD OF DIRECTORS

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

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

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

AMBASSADORS

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

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

PRESIDENT AND CEO

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

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

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

EMPLOYEES

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

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

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

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

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

FINANCIAL PRACTICES

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

FUNDRAISING ACTIVITIES

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

TREATMENT OF INDIVIDUALS SERVED

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

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

ACKNOWLEDGEMENT:

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

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

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

Statements of acknowledgement of officers, directors, ambassadors and employees shall be kept in appropriate files in the office of the President and CEO.

Accepted: _____ Date: _____

Print Name: _____

Section 5

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047
2016
 Open to Public Inspection

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

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

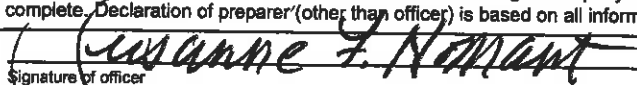
Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.		D Employer identification number 59-3052307
	Doing business as THE ABLE TRUST		E Telephone number 850-224-4493
	Number and street (or P.O. box if mail is not delivered to street address) 3320 THOMASVILLE ROAD RM/STE 200		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE FL 32308-7906		G Gross receipts \$ 4,296,224
F Name and address of principal officer: SUSANNE HOMANT 3320 THOMASVILLE ROAD, RM/STE 200 TALLAHASSEE FL 32308-7906			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: WWW.ABLETRUST.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1991
			M State of legal domicile: FL

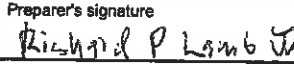
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ABLE TRUST IS A 501(C) (3)NON-PROFIT PUBLIC CHARITY WITH A MISSION TO BE A KEY LEADER IN PROVIDING FLORIDIANS WITH DISABILITIES OPPORTUNITIES FOR SUCCESSFUL EMPLOYMENT.			
	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)	8		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	8		
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	9		
	6 Total number of volunteers (estimate if necessary)	40		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0		
	7b Net unrelated business taxable income from Form 990-T, line 34	0		
	Revenue	8 Contributions and grants (Part VIII, line 1h)	2,272,755	2,173,089
		9 Program service revenue (Part VIII, line 2g)	122,755	106,550
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,138,660	960,593	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		108,256	407,051	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,642,426	3,647,283	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,539,606	1,970,751	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	872,163	936,931	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25)	171,478		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	834,456	948,365	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,246,225	3,856,047		
19 Revenue less expenses. Subtract line 18 from line 12	396,201	-208,764		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	32,191,391	34,389,889	
	21 Total liabilities (Part X, line 26)	5,484,114	6,108,343	
	22 Net assets or fund balances. Subtract line 21 from line 20	26,707,277	28,281,546	

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 2/1/18
	Type or print name and title SUSANNE HOMANT PRESIDENT	

Preparer Use Only	Print/Type preparer's name Richard P. Lamb, CPA	Preparer's signature 	Date 02/06/18	Check <input type="checkbox"/> if self-employed PTIN P00025470
	Firm's name LAW, REDD, CRONA & MUNROE, P.A.		Firm's EIN 59-2221664	
	Firm's address Tallahassee, FL 32308-4893		Phone no. 850-878-6189	

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

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

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

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

Yes No X

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

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

Yes No X

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

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

4a (Code:) (Expenses \$ 3,466,723 including grants of \$ 1,970,751) (Revenue \$)

THE ORGANIZATION ASSISTS FLORIDIANS WITH DISABILITIES IN ACHIEVING EMPLOYMENT AND PROVIDES GRANTS TO SUPPORT VOCATIONAL REHABILITATION PROGRAMS AND SERVICES LEADING TO THE EMPLOYMENT OF FLORIDA CITIZENS WITH DISABILITIES. IT ALSO FUNDS AN EXTENSIVE YOUTH PROGRAM THAT OPERATES STATEWIDE. FACULTY FOR THE YOUTH PROGRAM ARE STAFF OF THE ABLE TRUST.

4b (Code:) (Expenses \$ 102,309 including grants of \$) (Revenue \$ 106,550)

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

4c (Code:) (Expenses \$ 3,924 including grants of \$) (Revenue \$)

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

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

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

4e Total program service expenses 3,572,956

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a	18		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13a			
c	Enter the amount of reserves on hand		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
14b			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: None
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 SUSANNE HOMANT 3320 THOMASVILLE ROAD
 TALLAHASSEE FL 32308-7906 850-224-4493

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN B. MOORE	1.00									
CHAIR	0.00	X		X			0	0	0	
(4) MARCY BENTON	1.00									
TREASURER	0.00	X		X			0	0	0	
(3) RICHARD L. COLE JR.	1.00									
VICE-CHAIR	0.00	X		X			0	0	0	
(4) LESLIE D. GOLDMAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) SCOT M. LAFERTE	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) BRIDGET R. PALLANGO	1.00									
SECRETARY	0.00	X		X			0	0	0	
(7) ARLENE SHACKELFORD	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) ANN MARIE TAGLIANTI	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) SUSANNE HOMANT	60.00									
PRESIDENT	0.00			X			221,022	0	16,930	
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							221,022		16,930	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							221,022		16,930	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <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 **▶ 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,729,359				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	443,730				
	g Noncash contributions included in lines 1a-1f:	\$					
	h Total. Add lines 1a-1f		2,173,089				
Program Service Revenue	2a YOUTH LEADERSHIP FORUM	Busn. Code 900099	106,550	106,550			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		106,550				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		915,238			915,238	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	694,296				
		(ii) Other					
	b Less: cost or other basis & sales exps.		648,941				
	c Gain or (loss)		45,355				
	d Net gain or (loss)		45,355			45,355	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses	b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a BP OIL SETTLEMENT		900099	291,106			291,106	
b ENDOWMENT ADMIN FEES		900099	40,152			40,152	
c PERSONAL CARE ATTENDANT		900099	38,399	38,399			
d All other revenue		900099	37,394	37,394			
e Total. Add lines 11a-11d			407,051				
12 Total revenue. See instructions.			3,647,283	182,343	0	1,291,851	

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	1,970,751	1,970,751		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	224,475	179,580	17,958	26,937
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	583,747	466,997	46,700	70,050
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,423	25,938	2,594	3,891
9 Other employee benefits	50,939	40,751	4,075	6,113
10 Payroll taxes	45,347	36,277	3,628	5,442
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	31,252	25,002	2,500	3,750
d Lobbying	67,300	67,300		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,000	3,200	320	48
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	69,565	42,192	10,949	16,424
12 Advertising and promotion	197,558	197,558		
13 Office expenses	31,532	25,225	2,522	3,785
14 Information technology	4,592	3,674	367	551
15 Royalties				
16 Occupancy	115,702	92,562	9,256	13,884
17 Travel	7,264	5,811	581	872
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	194,193	185,596	3,439	5,158
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,070	6,456	646	968
23 Insurance	9,833	7,866	787	1,180
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HIGH SCHOOL/HIGH TECH	111,378	111,378		
b CEO PROGRAM MANAGEMENT EX	62,402	49,922	4,992	7,488
c GRANTS ADMINISTRATION	25,934	25,934		
d ENDOWMENT DEPARTMENT	4,057			4,057
e All other expenses	3,733	2,986	299	448
25 Total functional expenses. Add lines 1 through 24e	3,856,047	3,572,956	111,613	171,477
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	5,836,770	2	4,709,639
	3 Pledges and grants receivable, net	996,605	3	1,007,094
	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	9,267	9	6,614
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 398,535		
	b Less: accumulated depreciation	10b 264,092	10c 139,493	134,443
	11 Investments—publicly traded securities	25,107,506	11	28,430,349
	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	101,750	15	101,750
16 Total assets. Add lines 1 through 15 (must equal line 34)	32,191,391	16	34,389,889	
Liabilities	17 Accounts payable and accrued expenses	32,451	17	98,899
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,451,663	25	6,009,444
	26 Total liabilities. Add lines 17 through 25	5,484,114	26	6,108,343
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	22,942,510	27	24,374,042
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	3,764,767	29	3,907,504
	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	26,707,277	33	28,281,546	
34 Total liabilities and net assets/fund balances	32,191,391	34	34,389,889	

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	3,647,283
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,856,0
3	Revenue less expenses. Subtract line 2 from line 1	3	-208,764
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,707,277
5	Net unrealized gains (losses) on investments	5	1,758,544
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	24,489
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,281,546

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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

The organization is not a private foundation because it is: (For lines 1 through 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: 1
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 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) FL. DEPT OF EDUC. DIV. OF VOCATIONAL REHABILITATION	59-3474751	6	X		3,572,956	0
(B)						
(C)						
(D)						
Total					3,572,956	0

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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 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.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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

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

		Yes	No
2a			
2b			
3a			
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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			

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.)

Area with horizontal dotted lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

THE FLORIDA ENDOWMENT FOUNDATION
FOR VOCATIONAL REHABILITATION, INC.

Employer identification number

59-3052307

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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).

Name of organization THE FLORIDA ENDOWMENT FOUNDATION	Employer identification number 59-3052307
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES 2900 APALACHEE PARKWAY ROOM A117 MAIL STOP 24 TALLAHASSEE FL 32399	\$ 272,588	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THOMAS M. & IRENE B. KIRBO CHARITABLE FOUNDATION 2720 PARK ST SUITE 211 JACKSONVILLE FL 32205-7645	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JOHN PETTENGILL 70 TOWN COURT APT 88-B PALM COAST FL 32164	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PUBLIX SUPERMARKETS, INC. PO BOX 407 LAKELAND FL 33802	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	STATE OF FLORIDA DEPARTMENT OF REVENUE REVENUE ACCOUNTING SUBPROCESS PO BOX 6609 TALLAHASSEE FL 32399	\$ 1,179,536	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STATE OF FLORIDA DEPT. OF EDUCATION DIVISION OF VOCATIONAL REHAB. 2002 OLD ST. AUGUSTINE ROAD, BLDG A TALLAHASSEE FL 32301	\$ 549,823	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE FLORIDA ENDOWMENT FOUNDATION

Employer identification number

59-3052307

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WALT DISNEY WORLD RESORT PO BOX 10000 LAKE BUENA VISTA FL 32830-1000	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	WELLCARE 8735 HENDERSON RD BLDG 4 TAMPA FL 33634	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	WELLS FARGO FOUNDATION 90 SOUTH 7TH STREET MINNEAPOLIS MN 55479	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SCHULZE FAMILY FOUNDATION 3033 EXCELSIOR BLVD, SUITE 525 MINNEAPOLIS MN 55416	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	LEON GOLDEN REVOCABLE TRUST PO BOX 10373 TALLAHASSEE FL 32302	\$ 6,000	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 C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization is described below.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.	Employer identification number 59-3052307
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		67,300
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			67,300
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

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

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

Part IV Supplemental Information

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

Schedule C, Part II-B, Line 1

DIRECT CONTACT WITH LEGISLATORS AND GOVERNMENT OFFICIALS TO MONITOR LEGISLATION THAT AFFECTS VOCATIONAL REHABILITATION.

Part IV Supplemental Information *(continued)*

Area with horizontal dotted lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number of funds, aggregate values, and compliance questions.

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

Form for Conservation Easements with multiple-choice questions and a table for tracking easements held at the end of the tax year.

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.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets with questions about reporting and revenue.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,179,771	23,861,488	24,271,291	21,900,287	19,928,857
b Contributions	84,747	89,196	98,430	84,523	50,000
c Net investment earnings, gains, and losses	904,298	310,087	-289,983	2,343,191	1,983,992
d Grants or scholarships		81,000	218,250	56,710	62,562
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	25,797,936	24,179,771	23,861,488	24,271,291	21,900,287

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

- a Board designated or quasi-endowment ▶ 84.85 %
- b Permanent endowment ▶ 15.15 %
- c Temporarily restricted endowment ▶ %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		164,921	34,884	130,037
d Equipment		88,584	87,266	1,318
e Other		145,030	141,942	3,088
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				134,443

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FISCAL AGENT LIABILITIES	6,009,444
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,009,444

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	5,430,316
Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,758,544	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	24,489	
e	Add lines 2a through 2d	2e		1,783,033
3	Subtract line 2e from line 1		3	3,647,283
Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,647,283

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	3,856,047
Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	3,856,047
Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,856,047

Part XIII Supplemental Information.

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

Part V, Line 4 - Intended Uses for Endowment Funds

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

INCREASE IN PV OF ANNUITY REC \$ -27,672
 DECREASE IN PV OF DEFERRED GFTS \$ 52,161

Part III Supplemental Information *(continued)*

Area with horizontal dotted lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Part I General information on Grants and Assistance

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ABILITIES INC OF FLORIDA 2735 WHITNEY ROAD CLEARWATER FL 33760	59-0874493	501c3	44,000				VOCATIONAL PROGRAMS
(2) ABILITY FIRST 1823 BUFORD COURT TALLAHASSEE FL 32308	59-2091522	501c3	66,000				VOCATIONAL PROGRAMS
(3) ARC BROWARD, INC. 10250 NORTHWEST 53RD ST SUNRISE FL 33351	59-0809623	501c3	86,500				VOCATIONAL PROGRAMS
(4) ARC JACKSONVILLE 1050 NORTH DAVIS STREET JACKSONVILLE FL 32209	59-6209603	501c3	66,000				VOCATIONAL PROGRAMS
(5) ARK NASSAU 86051 HAMILTON STREET YULIEE FL 32097	59-1404429	501c3	56,140				VOCATIONAL PROGRAMS
(6) BREYARD SCHOOLS FOUNDATION 2700 JUDGE FRAN JAMIESON WAY VIERA FL 32940	59-2895155	501c3	69,000				VOCATIONAL PROGRAMS
(7) CAREER SOURCE FLORIDA CROWN WKFR 1389 US HIGHWAY 90 W LAKE CITY FL 32055	59-3531927	501c3	88,000				VOCATIONAL PROGRAMS
(8) CENTER FOR INDEPENDENT LIVING OF 4800 N STATE RD 7 BLDG F SUITE 102 FT LAUDERDALE FL 33319	65-0292125	501c3	44,000				VOCATIONAL PROGRAMS
(9) CENTER FOR INDEPENDENT LIVING OF 720 NORTH DENNING DR WINTER PARK FL 32789	59-1828770	501c3	22,000				VOCATIONAL PROGRAMS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **49**
- 3 Enter total number of other organizations listed in the line 1 table **1**

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

2016

Open to Public Inspection

Employer identification number

59-3052307

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

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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE FLORIDA ENDOWMENT FOUNDATION
FOR VOCATIONAL REHABILITATION, INC.

Part I General Information on Grants and Assistance

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CENTER FOR INDEPENDENT LIVING OF 222 SW 36TH TERRACE GAINESVILLE FL 32607	59-2177488	501c3	132,000				VOCATIONAL PROGRAMS
(2)	COMMUNITY HAVEN FOR CH/AD WITH DISA 4405 DESOTO ROAD SARASOTA FL 34235	59-1305522	501c3	44,000				VOCATIONAL PROGRAMS
(3)	COMMUNITY INITIATIVES, INC. 4001 PELEE STREET, SUITE 200 ORLANDO FL 32817	45-2843994	501c3	22,000				VOCATIONAL PROGRAMS
(4)	DAN MARINO FOUNDATION 400 NORTH ANDREWS AVENUE FT LAUDERDALE FL 33301	65-0320556	501c3	61,500				VOCATIONAL PROGRAMS
(5)	DYSLEXIA RESEARCH INSTITUTE 5746 CENTERVILLE RD TALLAHASSEE FL 32309	59-1820902	501c3	22,000				VOCATIONAL PROGRAMS
(6)	EDUCATIONAL FDN OF LAKE COUNTY 2045 PRUITT STREET LEESBURG FL 34748	59-2764174	501c3	22,000				VOCATIONAL PROGRAMS
(7)	EMERALD COAST CHILDREN'S ADVOCACY PO BOX 1237 NICEVILLE FL 32588	59-3454168	501c3	25,000				VOCATIONAL PROGRAMS
(8)	FLORIDA CHAMBER FOUNDATION PO BOX 11309 TALLAHASSEE FL 32302	59-6209605	501c3	135,000				VOCATIONAL PROGRAMS
(9)	FLORIDA INTL UNIV FOUNDATION 11200 SW 8TH ST MIAMI FL 33199	23-7047106	501c3	33,500				VOCATIONAL PROGRAMS

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

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

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

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.

Employer identification number

59-3052307

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE FLORIDA ENDOWMENT FOUNDATION
FOR VOCATIONAL REHABILITATION, INC.

Part I General information on grants and assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FLORIDA PUBLIC BROADCASTING SERVICE PO BOX 1691 ST PETERSBURG FL 33731	59-2085219	501C3	68,646				VOCATIONAL PROGRAMS
(2) FOUNDATION FOR ORANGE CITY PUB. SCH 445 W AMELIA STREET ORLANDO FL 32801	59-2788435	501C3	43,000				VOCATIONAL PROGRAMS
(3) GOODWILL EASTER SEALS OF 2448 GORDON SMITH DR MOBILE AL 36617	63-0363472	501C3	44,000				VOCATIONAL PROGRAMS
(4) GOODWILL INDUSTRIES MANASOTA 2705 51ST AVENUE EAST BRADENTON FL 34203	65-0901170	501C3	22,000				VOCATIONAL PROGRAMS
(5) GOODWILL INDUSTRIES OF SOUTHWEST FL 5100 TICE ST FORT MYERS FL 33905	59-6196141	501C3	88,000				VOCATIONAL PROGRAMS
(6) GULFSTREAM GOODWILL INDUSTRIES 1715 TIFFANY DRIVE EAST WEST PALM BEACH FL 33407	59-1197040	501C3	22,000				VOCATIONAL PROGRAMS
(7) KEY CLUBHOUSE OF SOUTH FLORIDA 1400 NW 54TH STREET, SUITE 102 MIAMI FL 33142	26-3727540	501C3	63,000				VOCATIONAL PROGRAMS
(8) LIGHTHOUSE CENTRAL FLORIDA 215 EAST NEW HAMPSHIRE ST ORLANDO FL 32804	59-2418228	501C3	21,500				VOCATIONAL PROGRAMS
(9) MADISON COUNTY SCHOOL BOARD DEPT ESE 312 NE DUVAL ST MADISON FL 32340	85-8013854	501C3	22,000				VOCATIONAL PROGRAMS

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

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

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

Employer identification number
59-3052307

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

Attach to Form 990.

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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE FLORIDA ENDOWMENT FOUNDATION
FOR VOCATIONAL REHABILITATION, INC.
General information on Grants and Assistance

**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

Employer identification number

59-3052307

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. Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MIAMI LIGHTHOUSE FOR THE BLIND 601 SW 8TH AVE MIAMI FL 33130	59-0637847	501C3	49,000				VOCATIONAL PROGRAMS
(2)	NASSAU COUNTY SCHOOL DISTRICT 1201 ATLANTIC AVENUE FERNANDINA BEACH FL 32304	59-6000756	GOV	22,000				VOCATIONAL PROGRAMS
(3)	NORTH FLORIDA SCHOOL 223 MILL CREEK ROAD JACKSONVILLE FL 32211	59-3126545	501C3	48,000				VOCATIONAL PROGRAMS
(4)	QUEST, INC. PO BOX 531125 ORLANDO FL 32853	59-2013160	501C3	63,000				VOCATIONAL PROGRAMS
(5)	SCHOOL DISTRICT OF HILLSBOROUGH CITY 5410 NORTH 20TH STREET TAMPA FL 33610	59-6000660	501C3	22,000				VOCATIONAL PROGRAMS
(6)	SUSAN B ANTHONY RECOVERY CENTER 1633 POINCIANA DR PEMBROKE PINES FL 33025	65-0583089	501C3	78,255				VOCATIONAL PROGRAMS
(7)	TALLAHASSEE COMM. COLLEGE FOUNDATIO 444 APPELYARD DRIVE TALLAHASSEE FL 32304	59-2091480	501C3	31,250				VOCATIONAL PROGRAMS
(8)	VAN GOGH'S PALETTE 4801 78TH AVENUE NORTH PINELLAS PARK FL 33781	59-3720139	501C3	52,000				VOCATIONAL PROGRAMS
(9)	WFSU 1600 RED BARBER PLAZA TALLAHASSEE FL 32310	59-6152180	501C3	22,960				VOCATIONAL PROGRAMS

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WORKNET PINELLAS INC 13805 58TH STREET NORTH CLEARWATER FL 33760	73-1678180	501C3	78,000				VOCATIONAL PROGRAMS
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

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.

2016

Open to Public Inspection

Employer identification number

59-3052307

SCHEDULE J
(Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

59-3052307

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

Schedule J (Form 990) 2016 THE FLORIDA ENDOWMENT FOUNDATION 59-3052307

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.
 Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation						(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation	(v) Other reportable compensation	(vi) Other reportable compensation				
1	SUSANNE HOMANT PRESIDENT	204,222	16,800	0	0	0	16,930	0	237,952	0	
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

Part II Supplemental Information

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

Area with horizontal dotted lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 Pub.
Inspection

Name of the organization

THE FLORIDA ENDOWMENT FOUNDATION
FOR VOCATIONAL REHABILITATION, INC.

Employer identification number

59-3052307

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

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

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

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

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

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

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS AND
APPROVES THE BASE SALARY OF THE PRESIDENT AND CEO.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE BASE SALARY
AND ANNUAL INCENTIVE OPPORTUNITIES OF THE PRESIDENT.

Name of the organization

Employer identification number

THE FLORIDA ENDOWMENT FOUNDATION

59-3052307

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

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

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

INCREASE IN PV OF ANNUITY REC	\$	-27,672
DECREASE IN PV OF DEFERRED GFTS	\$	52,161
Total	\$	24,489

Section 6

Draft – Able Trust cessation plan
July 17, 2017

The Able Trust does its work through statewide youth programs that operate in more than half the counties in Florida, through annual grant programs that include funding and technical support for community organizations, and through multi-year awards that provide funding and technical assistance to post-secondary institutions and organizations. The youth programs (High School High Tech and the Youth Leadership Forum) are supported with two full time faculty and two half-time staff, plus administrative support. The annual grants program and the multi-year awards are supported by two full time staff and administrative support. In addition, The Able Trust uses contracted consultants to assist with some of its work. All of the youth and grant awards programs are operated through contracts with clear deliverables and performance expectations of both the organization and The Able Trust. In addition to those contracts, the Able Trust operates with number of contracts that deal with the day-day operations of its headquarters – such as lease agreements, phone and internet, accounting and legal, etc. A cessation plan should address the completion of contract obligations and the ethical handling of staff, as well as the movement of assets of the Foundation to another entity.

As soon as it is known that operations are likely to cease, a state agency (or agencies) should be identified for the transfer of operations, ideally along with input from The Able Trust Board of Directors. Staff of The Able Trust would work with those agency(s) to assure the contracted work with grantee organizations and obligations of the Able Trust are handled as legally required. This may include the hiring, by the state agency, of Able Trust staff responsible for the support of the grantee programs. Because the Able Trust is also approved by the IRS as a 501(c)(3) corporation, cessation of operations would be subject to any related federal laws, which may include some requirements on distribution of assets, especially those contributed by private donors.

The treatment of staff will need to be addressed as soon as closure is known, with consideration of keeping some staff in place to assure contract obligations are met. A severance package should be developed for staff, to address the pay and benefits issues that will be of deep concern to staff.

Transfer of financial assets to the state should be structured to avoid any transfer fees such as early redemption penalties. Tangible assets should be distributed according to general state and federal rules that apply when a business ceases to operate.

It should be noted that cessation of operations could alternatively be structured to allow the continuation of the Able Trust operations in its present location, with management oversight by the selected state agency until the contractual obligations are satisfied. This would end the governance role of the Able Trust Board of Directors and conclude its oversight, but allow the state to maintain programs until they naturally conclude. This would also allow additional time to handle and close out general office facility obligations.

BLIND SERVICES FOUNDATION OF FLORIDA, INC.
STATE OF FLORIDA DIRECT SUPPORT ORGANIZATION ANNUAL REPORT
FISCAL YEAR 2017-2018

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

The Blind Services Foundation of Florida, Inc. is an independent 501c3 Not-for-Profit organization created by the Florida Legislature in 2004 to serve as the Division of Blind Services Direct Support Organization. Its mission is to support the Florida Division of Blind Services by raising funds and bringing public awareness for outreach programs and educational opportunities. The Board of Directors includes leaders in Florida's blind and visually impaired community who serve as unpaid volunteers. Most of the members of the Board are blind and bring their personal passions for the mission to their work.

The majority of the Blind Services Foundation's funds come from proceeds from the sale of the Bikers Care specialty motorcycle tag. This foundation is one of five non-profits who benefit from the sale of the Bikers care tag, each of which helps people with disabilities live independently, become self-sufficient, find employment and maintain their quality of life. The foundation also receives private donations from individuals, families and corporate donors. During Fiscal Year 2017-2018, the Foundation took in approximately \$68,832.80.

The primary value of the Foundation lies with the projects it supports each year that the Division of Blind Services cannot sponsor due to funding restrictions. The Foundation allocates approximately \$50,000.00 each year to support a specific project that the Board agrees is appropriate. The Board has the opportunity to examine the needs of people who are blind in Florida and explore areas where there are unmet needs. Over the last five years, the Foundation has supported initiatives that provided additional funding for children's programs, educational projects, public education/awareness and the establishment of an endowment for blind students at Miami-Dade College.

Funds Distribution

We are very excited about our major project for this year. It represents the kind of innovative effort that we have sought over the past several years and has the potential to make a huge difference to the success of blind people looking to go to work in Florida.

Our Foundation works closely with the Florida Rehabilitation Council of the Blind who, over the past few years, has been concerned about how vocational evaluations are prepared and evaluated by the Division of Blind Services. As a result of questions raised by the Rehab Council, a presentation was made to the Council by Karen Wolffe, a leading exponent of job readiness evaluation who has previously worked for the Royal National Institute for the Blind in the United Kingdom and with Florida's Rehabilitation Center to develop and implement job readiness measurement and training. Her presentation made it clear that the last blindness-oriented vocational evaluation tool was developed in Texas in 1991.

This meant that there was no blindness specific evaluation that takes into consideration the need for technological competence and also means that the creation, evaluation and general implementation of a new tool could significantly improve the ability of counselors to help their clients make good vocational decisions based on more effective measures of clients' abilities by a modern instrument.

The Foundation approved a proposal that would begin by creating an "expert panel" consisting both of consumers and professional evaluators who would be trained on techniques that would be used to create and then build consensus acceptance of the elements that will be included in a potential new tool. The training has now been held and the first round of consensus-building is currently under way.

We are working with the Vocational Evaluation Committee of the Division of Blind Services and with others with the hope that we will create an instrument that cannot only be used here in Florida but throughout the country. The Foundation has asked the legal department of the Department of Education to provide us with feedback on copyright options that are available to us. We are considering utilizing the Creative Commons approach to making this instrument available

once completed. The Foundation is excited about this cutting edge project which has received virtually all of our available funds this year.

Additional Funds Distributions

We approved the potential provision of a reading device for a young student at the Florida School for the Deaf and Blind. We are hesitant because we want to be sure that training will be available for her.

We are continuing to work as well to empower people who are deaf-blind in Florida by having allocated funds which have not yet been used to help this population with grant writing which, because of their disability, is difficult for this group.

Sunset Legislation

During the 2017 legislative session, the Blind Services Foundation underwent a "sunset" review. We were pleased to have been visited by auditors during two of our meetings who indicated no issues with the way we conducted our business. The result of the review was to cause significant change for our group.

Changes were made to the expectations of other groups covered under the Bikers' Care legislation which meant that we were required to deal directly with our Bikers' funding rather than working through another agency.

Another result of these changes was to dissolve the coalition of Bikers' Care recipients which had hitherto operated.

The net result of these changes was to require our Foundation to operate on its own. This has meant that a number of initiatives were begun by our Board this year.

Marketing Initiatives

We worked to finalize the approval of a new brochure which is in the last stage of creation at this time.

We also are seriously considering making major changes in our web site. We have created a web site committee who will consider a proposal we have received

from a commercial web developer which, if approved, will result in a much more visible, more dynamic and more interactive presence on the web.

We have determined that we should spend some time developing a poster which we can use to market the Foundation. It will be our hope to place this poster and our brochure in licensing offices throughout the state as well as at motorcycle dealerships. We think we can use these also at meets of motorcycle enthusiasts.

The Foundation has completed all required paper work to remain in compliance with state law.

Our Board continues to have a majority of its members chosen from among the leaders of blindness organizations in the state. The majority of its membership is blind and we continue to seek to work closely with the Division of Blind Services. This year we again worked to help sponsor DBS events. We supported a celebration of the 75th anniversary at the office in Tampa where the Division of Blind Services actually started in 1941. It also celebrated the re-opening of that office following the repair of hurricane damage to the building.

Conclusion

The Foundation is committed to making a difference to the lives of blind people in Florida and appreciates the opportunity to continue to forward the betterment of this under-served and under-employed population. We expect to continue our work for many years to come and appreciate the chance to serve people who are blind in the Sunshine State!

8-3-2018

CODE OF ETHICS

BLIND SERVICES FOUNDATION OF FLORIDA, INC.

State of Florida Direct Support Organization

BOARD MEMBERS:

PAUL EDWARDS

BRUCE MILES

ROBERT KELLY

SHERYL BROWN

PATRICIA LIPOVSKY

DWIGHT SAYER

JOE MINICHELLO

EX OFFICIO:

ROBERT L. DOYLE, III

DIRECTOR, DIVISION OF BLIND SERVICES



Paul Edwards
2017

BLIND SERVICES FOUNDATION OF FLORIDA, INC.
‘ENABLING THE BLIND’
State of Florida Direct Support Organization Code of Ethics

Policy Statement

The Blind Services Foundation of Florida, Inc., is a not-for-profit corporation created by the Florida Legislature in 2004 under s. 413.0111 F.S., The purpose of the Foundation is to raise funds to support services provided by the Florida Department of Education (FDOE), Florida Division of Blind Services (FDBS). The Blind Services Foundation of Florida is committed to lawful and ethical behavior in all of its activities and requires officers, directors, volunteers, and employees to act in accordance with all applicable laws, regulations and policies and to observe high standards of business and personal ethics in the conduct of their duties and responsibilities.

Board of Directors

Board members serve in a volunteer capacity and subscribe to the following:

1. No member of the Board of the Foundation shall have any financial interest, direct or indirect, with any firm engaged in business transactions for the Foundation, unless fully disclosed and approved by a majority;
2. Take no action that could result in personal benefit or is in conflict with the bylaws of the Foundation, as referred to in the Conflict of Interest Questionnaire;
3. No member of the Board of the Foundation shall request, solicit, demand, accept, receive or agree to receive any gift, favor, service, or other thing of value from any individual or firm transacting business under the supervision or regulation of the Foundation;
4. Ensure that the Foundation is operated in a manner that upholds the Foundation’s integrity and merits the trust and support of the public;
5. Uphold all applicable laws and regulations;
6. Deal with employees, volunteers, individuals served and the public in an honest, confidential and trustworthy manner;
7. Be a responsible steward of the Foundation’s resources;
8. Carefully consider the public perception of personal and professional actions and the effect they could have, positively or negatively, on the Foundation’s reputation in the community and elsewhere;
9. Comply with the requirements of the Sunshine Amendment;
10. Uphold and act in compliance with the Code of Ethics for Public Officers (F.S. 112.313).

Employees

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

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

Under the Board of Directors, employees of the Foundation will work diligently to fulfill the mission according to approved goals and objectives and in compliance with approved policies and ascribe to the following:

1. No employee of the Foundation shall have any financial interest, direct or indirect, with any firm engaged in business transactions for the Foundation, unless fully disclosed and approved by a majority;
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6. Create and maintain a climate of loyalty, trust and mutual respect;
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8. Uphold all applicable laws and regulations to protect and enhance the Foundation's ability to meet its mission;
9. Be a responsible steward of the Foundation's resources;
10. Strive for personal and professional growth to improve effectiveness of job duties;
11. Carefully consider the public perception of personal and professional actions and the effect they could have, positively or negatively, on the Foundation's reputation in the community and elsewhere;

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

Any employee who violates one of the Foundation's Code of Ethics may face corrective action. Board action may be taken with any director who violates the Code of Ethics. Statements of acknowledgement of board members and employees shall be kept in appropriate files in the office of the Chairman of the Board of Directors.

Signature:  Date: 2/9/17

Print Name: Paul Edwards

*Bruce
Miles
2017*

BLIND SERVICES FOUNDATION OF FLORIDA, INC.
'ENABLING THE BLIND'
State of Florida Direct Support Organization Code of Ethics

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Signature: Bruce A. Miles Date: 2/9/2017

Print Name: BRUCE A. MILES

Robert
Kelly
2017

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'ENABLING THE BLIND'
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Signature: _____

Date: _____

Print Name: _____

*Sheryl Brown
2017*

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'ENABLING THE BLIND'

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Signature: Sheryl Brown Date: 2/9/17

Print Name: Sheryl Brown

*Patricia
Lipovsky
2017*

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Signature: _____ Date: 2/9/17

Print Name: Patricia Liposky

*Dwight
Sawyer
2017*

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1. No employee of the Foundation shall have any financial interest, direct or indirect, with any firm engaged in business transactions for the Foundation, unless fully disclosed and approved by a majority;
2. Take no action that could result in personal benefit or is in conflict with the bylaws of the Foundation, as referred to in the Conflict of Interest Questionnaire;
3. No employee of the Foundation shall request, solicit, demand, accept, receive or agree to receive any gift, favor, service, or other thing of value from any individual or firm transacting business under the supervision or regulation of the Foundation;
4. No employee of the Foundation shall accept any compensation that is given to influence their actions while acting on behalf of the Foundation;
5. No employee of the Foundation shall use or attempt to use his or her position with the Foundation to secure a special privilege, benefit or exemption for himself, herself or others;
6. Create and maintain a climate of loyalty, trust and mutual respect;
7. Support the decisions of management. Employees are encouraged to provide input, but the staff must ultimately follow management's decisions;
8. Uphold all applicable laws and regulations to protect and enhance the Foundation's ability to meet its mission;
9. Be a responsible steward of the Foundation's resources;
10. Strive for personal and professional growth to improve effectiveness of job duties;
11. Carefully consider the public perception of personal and professional actions and the effect they could have, positively or negatively, on the Foundation's reputation in the community and elsewhere;

12. Safeguard any information about a donor, agency or any internal business, documents, decisions and policies. All such information will be treated as confidential and will be used and disclosed only for legitimate Foundation business;
13. Use caution and discretion to protect the confidential nature concerning transactions or personal information about present and prospective agencies or donors;
14. Safeguard proprietary market research reports and data, financial information and other confidential and proprietary information regarding the Foundation. This information will not be released to any person unless it has been published in reports or otherwise made available to the public in accordance with applicable disclosure regulations currently in effect;
15. Safeguard personnel information;
16. As private citizens, employees are free to participate in the political process; however, any participation must be as an individual, and employment with the Foundation cannot be used or exploited in any way.

Financial Practices

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

Fundraising Activities

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

Treatment of Individuals Served

The following will serve as guiding principles when dealing with individuals served by the Foundation:

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

Acknowledgement

Each board member and employee shall sign a statement affirming that he/she:

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

Any employee who violates one of the Foundation's Code of Ethics may face corrective action. Board action may be taken with any director who violates the Code of Ethics. Statements of acknowledgement of board members and employees shall be kept in appropriate files in the office of the Chairman of the Board of Directors.

Signature: _____

Dwight D. Sayer

Date: _____

2/7/17

Print Name: _____

Dwight D. Sayer

Joc

BLIND SERVICES FOUNDATION OF FLORIDA, INC.
'ENABLING THE BLIND'
State of Florida Direct Support Organization Code of Ethics

Policy Statement

The Blind Services Foundation of Florida, Inc., is a not-for-profit corporation created by the Florida Legislature in 2004 under s. 413.0111 F.S., The purpose of the Foundation is to raise funds to support services provided by the Florida Department of Education (FDOE), Florida Division of Blind Services (FDBS). The Blind Services Foundation of Florida is committed to lawful and ethical behavior in all of its activities and requires officers, directors, volunteers, and employees to act in accordance with all applicable laws, regulations and policies and to observe high standards of business and personal ethics in the conduct of their duties and responsibilities.

Board of Directors

Board members serve in a volunteer capacity and subscribe to the following:

1. No member of the Board of the Foundation shall have any financial interest, direct or indirect, with any firm engaged in business transactions for the Foundation, unless fully disclosed and approved by a majority;
2. Take no action that could result in personal benefit or is in conflict with the bylaws of the Foundation, as referred to in the Conflict of Interest Questionnaire;
3. No member of the Board of the Foundation shall request, solicit, demand, accept, receive or agree to receive any gift, favor, service, or other thing of value from any individual or firm transacting business under the supervision or regulation of the Foundation;
4. Ensure that the Foundation is operated in a manner that upholds the Foundation's integrity and merits the trust and support of the public;
5. Uphold all applicable laws and regulations;
6. Deal with employees, volunteers, individuals served and the public in an honest, confidential and trustworthy manner;
7. Be a responsible steward of the Foundation's resources;
8. Carefully consider the public perception of personal and professional actions and the effect they could have, positively or negatively, on the Foundation's reputation in the community and elsewhere;
9. Comply with the requirements of the Sunshine Amendment;
10. Uphold and act in compliance with the Code of Ethics for Public Officers (F.S. 112.313).

Employees

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

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

Under the Board of Directors, employees of the Foundation will work diligently to fulfill the mission according to approved goals and objectives and in compliance with approved policies and ascribe to the following:

1. No employee of the Foundation shall have any financial interest, direct or indirect, with any firm engaged in business transactions for the Foundation, unless fully disclosed and approved by a majority;
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4. No employee of the Foundation shall accept any compensation that is given to influence their actions while acting on behalf of the Foundation;
5. No employee of the Foundation shall use or attempt to use his or her position with the Foundation to secure a special privilege, benefit or exemption for himself, herself or others;
6. Create and maintain a climate of loyalty, trust and mutual respect;
7. Support the decisions of management. Employees are encouraged to provide input, but the staff must ultimately follow management's decisions;
8. Uphold all applicable laws and regulations to protect and enhance the Foundation's ability to meet its mission;
9. Be a responsible steward of the Foundation's resources;
10. Strive for personal and professional growth to improve effectiveness of job duties;
11. Carefully consider the public perception of personal and professional actions and the effect they could have, positively or negatively, on the Foundation's reputation in the community and elsewhere;

12. Safeguard any information about a donor, agency or any internal business, documents, decisions and policies. All such information will be treated as confidential and will be used and disclosed only for legitimate Foundation business;
13. Use caution and discretion to protect the confidential nature concerning transactions or personal information about present and prospective agencies or donors;
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15. Safeguard personnel information;
16. As private citizens, employees are free to participate in the political process; however, any participation must be as an individual, and employment with the Foundation cannot be used or exploited in any way.

Financial Practices

1. All financial practices shall be handled in accordance with applicable federal, state and local laws.
2. All financial matters shall be conducted within the standards of commonly accepted sound financial management practices.
3. All financial matters that fall within the purview of the Foundation's financial management policies shall comply with those policies.
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1. To promote self-esteem in those we serve and supervise;
2. To treat individuals served with respect and dignity regardless of their disability;
3. To cultivate an atmosphere that fosters learning and development in those we serve;
4. To be mindful of attitudinal, architectural and communication barriers that may exist in the Foundation. Where barriers exist, the Foundation must consider corrective action.

Acknowledgement

Each board member and employee shall sign a statement affirming that he/she:

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

Any employee who violates one of the Foundation's Code of Ethics may face corrective action. Board action may be taken with any director who violates the Code of Ethics. Statements of acknowledgement of board members and employees shall be kept in appropriate files in the office of the Chairman of the Board of Directors.

Signature: _____

Date: 3/23/17

Print Name: Joe Minichiello

**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No. 1545-1150

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization Blind Services Foundation of Florida, Inc</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 325 W Gaines St Turlington Bldg 1114</p> <p>City or town, state or province, country, and ZIP or foreign postal code Tallahassee FL 32399</p>	<p>D Employer identification number 55-0888147</p> <p>E Telephone number (850) 245-0392</p> <p>F Group Exemption Number ▶</p>
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.floridablindservices.org

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **60,978.**

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

R E V E N U E	1	Contributions, gifts, grants, and similar amounts received	1	59,766.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,204.
	5 a	Gross amount from sale of assets other than inventory	5 a	8.
	b	Less: cost or other basis and sales expenses	5 b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	8.
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6 b		
c	Less: direct expenses from gaming and fundraising events	6 c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d		
7 a	Gross sales of inventory, less returns and allowances	7 a		
b	Less: cost of goods sold	7 b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	60,978.	
E X P E N S E S	10	Grants and similar amounts paid (list in Schedule O) See I-10 Stmt	10	57,122.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	4,078.
17	Total expenses. Add lines 10 through 16 ▶	17	61,200.	
A S S E T S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-222.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	91,960.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	91,738.

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	91,960.	22 91,738.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O)	0.	24 0.
25 Total assets	91,960.	25 91,738.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	91,960.	27 91,738.

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

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

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

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

Expenses

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

28 <u>Quality services and programs to the blind which will enable them to gain or sustain independence. Endowment investment fund established to fund future program expenses from income generated from the fund.</u> (Grants \$ <u>57,122.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	57,122.
29 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a) _____	32	57,122.

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Paul Edwards</u> Chairman	10.00	0.	0.	0.
<u>Jesus Garcia</u> Vice Chairman	10.00	0.	0.	0.
<u>Sheryl Brown</u> Secretary	10.00	0.	0.	0.
<u>Bruce Miles</u> Treasurer	10.00	0.	0.	0.
<u>Dwight Sayer</u> Board Member	10.00	0.	0.	0.
<u>Joe Minichiello</u> Board Member	10.00	0.	0.	0.
<u>Robert Kelly</u> Board Member	10.00	0.	0.	0.
<u>Ted Hull</u> Board Member	10.00	0.	0.	0.
<u>Patricia Lipovsky</u> Board Member	10.00	0.	0.	0.
<u>Robert Doyle</u> Ex-Officio Board Member	10.00	0.	0.	0.

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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35 b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

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

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
c At any time during the calendar year, did the organization maintain an office outside the United States?

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

44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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

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

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

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

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

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

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

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

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: None.

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: None.

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

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

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

Sign Here Signature of officer: Paul Edwards, Chairman Date: 10/13/17

Paid Preparer Use Only Print/Type preparer's name: Gloria Mills, Preparer's signature: Gloria Mills, Date: 02/22/18, Check self-employed: X, PTIN: P00256501, Firm's name: Irescue Tax Planning and Consulting, Firm's address: 3708 W BAY TO BAY TAMPA FL 33629-6912, Firm's EIN: 59-3376509, Phone no.: (813) 837-1100

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

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

<u>Insurance</u>	<u>900.</u>
<u>Licenses and Permits</u>	<u>136.</u>
<u>Accounting</u>	<u>330.</u>
<u>Web Site Fees</u>	<u>278.</u>
<u>Meeting Room</u>	<u>1,034.</u>
<u>Advertising/Promotion</u>	<u>1,400.</u>
Total	<u><u>4,078.</u></u>

Form 990-EZ, Part III, Statement of Program Service Accomplishments
Organization's Primary Exempt Purpose

Blind Services Foundation of Florida is a direct-support organization to the Division of Blind Services of the Florida Department of Education under chapter 617, Florida statute, which is organized to raise funds, request and receive grants for the benefit of blind persons in the state of Florida and to make