



RON DESANTIS
GOVERNOR

STATE OF FLORIDA

Office of the Governor

THE CAPITOL
TALLAHASSEE, FLORIDA 32399-0001

www.flgov.com
850-717-9418

August 15, 2019

The Honorable Bill Galvano
Senate President
409 Capitol
404 S. Monroe Street
Tallahassee, Florida 32399

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

Re: Direct Support Organization Reporting Requirements

Dear Senator Galvano and Speaker Oliva:

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

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

The Florida Intergovernmental Relations Foundation ("FIRF") is created pursuant to Section 288.809, Florida Statutes, and is organized and operated exclusively to solicit, receive, hold, invest, and administer property and to make expenditures to or for the promotion of intergovernmental relations programs. Effective October 1, 2019, Section 288.809, Florida Statutes is repealed per Chapter 2019-93, Section 8, Laws of Florida. As directed in Chapter 2019-93, Section 9, Laws of Florida, any FIRF funds remaining after satisfaction of all pending liabilities will be transferred to the Florida Department of Economic Opportunity by September 15, 2019.

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

Sincerely,

Dawn Hanson
Director of Administration

Enclosures



RON DESANTIS
GOVERNOR

STATE OF FLORIDA

Office of the Governor

THE CAPITOL
TALLAHASSEE, FLORIDA 32399-0001

www.flgov.com
850-717-9418

August 15, 2019

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

Re: Direct Support Organization Reporting Requirements

Dear Coordinator Twogood:

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

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

The Florida Intergovernmental Relations Foundation ("FIRF") is created pursuant to Section 288.809, Florida Statutes, and is organized and operated exclusively to solicit, receive, hold, invest, and administer property and to make expenditures to or for the promotion of intergovernmental relations programs. Effective October 1, 2019, Section 288.809, Florida Statutes is repealed per Chapter 2019-93, Section 8, Laws of Florida. As directed in Chapter 2019-93, Section 9, Laws of Florida, any FIRF funds remaining after satisfaction of all pending liabilities will be transferred to the Florida Department of Economic Opportunity by September 15, 2019.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Dawn Hanson", with a long, sweeping underline that extends to the right.

Dawn Hanson
Director of Administration

Enclosures

The Florida Intergovernmental Relations Foundation, Inc

2019 Report for Compliance with Section 20.058, Florida Statutes, relating to Citizen Support and Direct Support Organizations

Organization:	Florida Intergovernmental Relations Foundation, Inc
Organization Type:	Direct Support Organization
Authorization:	Section 288.809, Florida Statutes
Address:	400 South Monroe Street The Capitol, Suite PL05 Tallahassee, Florida 32399
Phone:	850-717-9249
Website:	www.flgov.com
Mission, Results, and Plans:	The Florida Intergovernmental Relations Foundation (FIRF) is organized exclusively to solicit, receive, hold, invest, and administer property, and subject to the approval of the State Protocol Officer, to make expenditures to or for the promotion of intergovernmental relations programs. Effective October 1, 2019, Section 288.809, Florida Statutes is repealed per Chapter 2019-93, Section 8, Laws of Florida. As directed in Chapter 2019-93, Section 9, Laws of Florida, any FIRF funds remaining after satisfaction of all pending liabilities will be transferred to the Florida Department of Economic Opportunity by September 15, 2019.
Code of Ethics:	The FIRF does not employ any personnel; however, Section 288.809, Florida Statutes, provides that the State Protocol Officer may permit the use of property, facilities, and personal services of the Executive Office of the Governor. All employees of the Executive Office of the Governor must adhere to the Executive Office of the Governor Code of Ethics.
Attachments:	As prescribed by Section 20.058, Florida Statutes, copies of Governor(s) Scott and DeSantis Codes of Ethics and the most recent Internal Revenue Service Form 990-N is attached.

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2018

Open to Public Inspection

A For the 2018 Calendar year, or tax year beginning **2018-07-01** and ending **2019-06-30****B** Check if available Terminated for Business Gross receipts are normally \$50,000 or less**C** Name of Organization: **FLORIDA INTERGOVERNMENTAL
RELATIONS FOUNDATION INC****400 South Monroe Street LL-
08, Tallahassee, FL, US,
32399****D** Employee IdentificationNumber **59-3387410****E** Website:**F** Name of Principal Officer: **Nancy Clemons****400 South Monroe Street
LL08, Tallahassee, FL, US,
32399**

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

EXECUTIVE OFFICE OF THE GOVERNOR OF THE STATE OF FLORIDA



ETHICS MANUAL

EFFECTIVE JULY 1, 2019

I. GENERAL PROVISIONS

The Executive Office of Governor Ron DeSantis is dedicated to performing faithfully its duties bestowed upon the State of Florida by the United States Constitution, the State Constitution, and federal and state laws. The Office is committed to the highest standards of ethics to promote the public interest and preserve public trust in the government. The State is a national leader in its ethics and open government laws, and this Office pledges to execute its duties for the benefit of the people of Florida.

Executive branch employees shall review this revised gubernatorial Ethics Manual ("Manual"). The Manual provides clear, concise and enforceable standards that incorporate and, in some cases, exceed the ethical requirements of Chapter 112, Part III, Florida Statutes ("Statutory Code"). It serves as an increased standard of conduct for employees and in no way replaces or alters the statutory requirements. Thus, to the extent that a statutory provision is not enhanced by an express provision of this Manual, the Statutory Code applies. Accordingly, all executive branch employees should familiarize themselves with the requirements of the law.

The term "employees" in the Manual refers to all "reporting individuals" (*i.e.* those required to file a full or limited financial disclosure pursuant to Article II, Section 8 of the Florida Constitution) and "procurement employees" (*i.e.* participants in procuring government gifts or services more than \$1000 per year). As used in the Manual, the definition also applies to all employees in the Office of the Governor and to all executive agency secretaries or agency heads, deputy secretaries or deputy directors, chiefs of staff, general counsels, communications directors, and directors of legislative affairs.

Employees, as described above, shall comply with the requirements of the Manual as well as the Statutory Code; Article I, Section 24 of the Florida Constitution; Chapters 112 and 119, Florida Statutes; and Chapter 34, Florida Administrative Code. Each secretary of an executive agency under the purview of the Governor shall review the Manual and evaluate his or her agency's existing code of ethics to ensure that it models the obligations in this Manual.

II. DESIGNATION OF AN ETHICS OFFICER

Pursuant to Executive Order 19-11, Governor DeSantis directed that his General Counsel shall serve as Chief Ethics Officer for the Executive Office of the Governor and that the secretary of each executive state agency under his purview shall designate a Chief Ethics Officer for his or her respective agency. Accordingly, each agency's Chief Ethics Officer must make efforts to ensure that employees responsible for adhering to the Manual, or their respective agency's code, become familiar with relevant ethics, public records and open meeting requirements.

Each agency secretary shall develop training on ethics, public records, open meetings, records retention, equal opportunity and proper personnel procedures, and thereafter each agency's Chief Ethics Officer shall arrange appropriate training of agency employees on an annual basis.

III. AVOIDING THE APPEARANCE OF IMPROPRIETY

Employees shall use the powers and resources of the Governor's Office or their respective agencies to advance the public interest and not for any personal benefit (other than salaried compensation and employer-provided benefits). Employees are expected to safeguard their ability to make fair and impartial decisions, and therefore may not accept a benefit of any sort when a reasonable observer could infer that the benefit was intended to influence a pending or future decision of the employee, or to reward a past decision. Employees shall avoid any conduct, whether in the context of business, financial or social relationships, that might undermine the public trust including conduct that lends itself to the appearance of ethical impropriety.

Employees shall consider their circumstances and recuse themselves from certain matters where prior dealings, finances or personal relationships could lead to the appearance of impropriety. **Such recusal must be delivered in writing to the Governor's Office of General Counsel.** For example, specific instances of recusal *include* matters involving or impacting a spouse, a prior or future employer, or a prior contract or legal agreement involving the employee or the employee's financial interest. Employees shall use their best judgment and consult their agency Chief Ethics Officer as necessary. An employee's failure to submit a written recusal when justified may constitute grounds for termination of employment.

IV. FINANCIAL DISCLOSURE

Certain employees are required to make public disclosures of their financial interests. Conflicts of interest may occur when public officials are in a position to make decisions that could affect their personal financial interests - therefore certain employees are required to publicly disclose those interests. *See generally* §§ 112.3144 and 112.3145, Florida Statutes. The disclosure process serves to remind officials of their obligation to put the public interest above personal considerations and helps citizens monitor the considerations and actions of government actors.

Pursuant to § 112.3145, Florida Statutes, all non-clerical/secretarial employees may be required to file with the Commission on Ethics, a Form 1, Statement of Financial Interests; a Form 10; Annual Disclosure of Gifts from Governmental Entities and Direct Support Organizations; and Honorarium Event Related Expenses forms within thirty (30) days of appointment and by July 1 of each year thereafter. *See* Statutory Code for exact reporting requirements.

Employees should also review regularly their personal assets, business interests and investments to assure that any potential for conflict or the appearance of impropriety is avoided.

V. GIFT REQUIREMENTS

When considering receipt of gifts and services from other individuals and organizations, employees shall consider and apply the requirements of this Manual. These guidelines are meant to serve as an overview and do not excuse or exempt an employee from reading and understanding the standards of conduct set forth in the Statutory Code. Employees with questions or concerns should consult their agency Chief Ethics Officer.

A “gift” is anything accepted by a person, whether directly or indirectly by another, for that person’s benefit and for which no payment is made. A gift may include real property or its use; tangible or intangible personal property or its use; a preferential rate or terms on a transaction not available to others similarly situated; forgiveness of a debt; transportation; lodging; parking; food or beverage; dues, fees and tickets; plants and flowers; personal services for which a fee is normally charged by the provider; and any other thing or service having an attributable value.

The term “lobbyist” is any person who meets the definition of that term in the Statutory Code. Consistent with § 112.3215, Florida Statutes, a “lobbyist” does not include an employee of an agency or of a legislative or judicial branch entity acting in the normal course of his or her duties. Consistent with the Statutory Code, a “principal” is anyone (other than an agency, legislative branch entity or judicial branch entity) who employs or retains a lobbyist, either as an employee or independent contractor. The Florida Legislature maintains a website of all registered principals and executive branch lobbyists that should be consulted by employees.

1. No Lobbyist Gifts

While § 112.3148, Florida Statutes outlines gift requirements for all government employees, § 112.3215, Florida Statutes provides separate prohibitions for gifts from lobbyists to executive branch employees. Pursuant to this Manual, employees shall not accept a gift from a lobbyist or a lobbyist’s principal, **regardless of whether the item or service is being offered “for the purpose of lobbying.”** In other words, the prohibition in § 112.3215(6)(a) on employees accepting a lobbyist expenditure applies to expenditures as defined in § 112.3215(1)(d) despite whether the expenditure is “for the purpose of lobbying.”

At all times, employees have a duty to inquire whether the thing of value accepted is from a lobbyist or principal of a lobbyist. No gift should ever be accepted unless and until an employee determines whether it is being given by a lobbyist or the principal of a lobbyist. Employees should affirmatively consult the Florida Legislature’s website listing of registered lobbyists and principals: <http://www.leg.state.fl.us> Employees who are unable to access or verify a party’s status via the website should ask the offeror of the thing or event whether a principal or lobbyist is involved. If there is any doubt, employees should consult their Chief Ethics Officer.

2. Non-Lobbyist Gifts

Employees may not accept otherwise legal gifts from non-lobbyists if the gift or expenditure could lead to impropriety or the appearance of impropriety. For example, employees may not accept gifts from: (1) current contract holders with the State of Florida; (2) parties soliciting, bidding on or expecting to bid on a contract with the state; and (3) parties who have pending matters awaiting decision by the state or who otherwise may be attempting to influence government matters.

Any otherwise legal gift from a non-lobbyist over \$100 must be reported under § 112.3148(8), Florida Statutes. *See* Statutory Code for exceptions. In addition:

- Gifts from relatives are excluded from the statutory definition of “gift” unless the relative is a lobbyist or the principal of a lobbyist, in which case the general prohibition on gifts from lobbyists applies unless there is reimbursement in value. The term “relative” shall follow the definition in the statutory code. *See* § 112.312(21), Florida Statutes.
- No prohibited gift may be received indirectly. Thus, a gift to or expenditure on behalf of an employee’s spouse or minor child may be considered a gift to the employee and may not be accepted if from a lobbyist, or otherwise may need to be reported, in line with the Manual and the Statutory Code. If there is any doubt, employees should consult their Chief Ethics Officer, and if necessary the Governor’s Office of General Counsel.

3. No Solicitation

No employee may solicit any gift, regardless of its value, if the gift is for the personal benefit of himself or herself, his or her family, or another employee.

VI. CONSIDERATIONS FOR ACCEPTING GIFTS, SERVICES OR HONORARIA

Generally, any reimbursement is measured as the cost of the item to the person providing it. In the case of expenditures and gifts, the cost is the actual value of the item, such as face value on admission ticket. While a membership fee required to use a golf course, tennis club, dining club or other private facility is not part of the reimbursable cost, the per ticket additional cost above the face value for seating at a skybox or other exclusive seating area at a sporting or theatrical

venue is part of the reimbursable cost and must be included. Employees should review the Statutory Code for more detailed rules on how to value and pay for gifts. See § 112.3148(7), Florida Statutes; and Rules 34-13.210 and 34-13.500, Florida Administrative Code.

On-site consumption of food and refreshment at receptions or other events, provided the employee's attendance at such event is an appropriate exercise of official duties, may be permissible unless the food and refreshments are paid for by a lobbyist or principal. Additionally, employees are not prohibited from attending an event open to all persons, or from accepting any item or benefit generally available for free or below the customary rate if the terms or rate is a government rate available to all other similarly-situated government employees or a rate available to similarly-situated members of the public by virtue of occupation, affiliation, age, religion, sex or national origin.

NOTE: There is no gift or expenditure if the employee reimburses the other person for the cost of the item. If an employee is unsure whether something constitutes an impermissible gift, he or she can always pay for the item or service.

The Statutory Code provides helpful guidance for employees considering whether goods or services may or may not constitute gifts:

- A gift does not include salary, benefits, services, fees, commissions, gifts or expenses associated primarily with one's employment.
- A gift does not include contributions or expenditures covering expenses for campaign-related personal services provided by non-compensated employees volunteering their time or any other contribution or expenditure made by a political party or an affiliated party committee. See § 106, Florida Statutes.
- A gift or expenditure does not include reimbursement or expenses covered for an employee, or employee's spouse, related to participation in an honorarium event. Employees are prohibited from accepting money payment or direct payment of monetary value for speaking appearances or for written works; however, reimbursement of expenses are permissible to the extent they cover expenses for the employee's participation in the event (*e.g.* an event sponsor may provide accommodations for an employee delivering remarks or participating on a panel at an event, but payment for a speech is not permitted).
- A gift does not include non-monetary awards, plaques, certificates or other similar personalized items, given in recognition of the employee's public, civic, charitable or professional service.

The Statutory Code also provides helpful guidance for employees in conducting their actions:

- Employees and their spouses and children are prohibited from accepting any compensation, payment or thing of value when they know, or with the exercise of reasonable care should know, that it is given to influence their official action.
- Employees are prohibited from corruptly using or attempting to use their official positions to obtain a special position for themselves or others.
- Employees acting as purchasing agents or employees in their official capacity are prohibited from purchasing, renting or leasing any realty, goods or services for the Office or agency from a business entity in which they, their spouse or child own more than 5% interest or serve as an officer or director. Similarly, employees acting in a private capacity are prohibited from renting, leasing or selling any realty, goods or services to the State. Employees should consult their Chief Ethics Officer regarding exceptions and/or recusals.
- Employees are prohibited from holding any employment or contract with any business entity or agency regulated by or doing business with the Office or agency. Employees are also prohibited from holding any employment or having a contractual relationship which will pose a conflict between the private interests and public duties or which will impede the full and faithful discharge of their public duties.
- An employee who participates in the decision-making process involving a purchase request, who influences the content of any specification or procurement standard, or who renders advice, investigation or auditing, regarding the Office's contract for services, is prohibited from being employed by a person holding such a contract with the Office or agency.
- Employees are prohibited from seeking for a relative any appointment, employment, promotion or advancement in the unit in which he/she is serving or over which he/she exercises jurisdiction or control.
- Employees are prohibited from directly or indirectly procuring contractual services for the Office from a business entity of which a relative is an officer, partner, director or proprietor, or in which they, their spouse or children own more than a 5% interest.
- Employees are prohibited from personally representing another person or entity for compensation before the Office for a period of two years after leaving their position, unless employed by another agency of the state government.
- A former employee, following retirement or termination of employment, is prohibited from having employment or a contractual relationship with any business entity (other than a public agency) in connection with a contract in which the employee participated personally and substantially by recommendation or decision while a public employee.

- A former employee who retired or terminated employment is prohibited from having any employment or contractual relationship for two years with any business entity (other than a public agency) in connection with a contract for services which was within his or her responsibility while serving as a state employee.

As a matter of general policy, any frequent-flyer miles and/or bonus miles awarded to an employee as a result of State-reimbursed travel may be used for personal use of the employee.

See Statutory Code for further discussion on gift parameters and exceptions.

VII. DUAL EMPLOYMENT AND OTHER SERVICE

No employee may have any on-going dual employment, dual compensation or serve as an officer or director of any governmental or non-governmental corporation, company, partnership or other entity, regardless of its private or public ownership or its for-profit or not-for profit status, without prior approval from their agency Chief Ethics Officer.

VIII. CONFLICTS OF INTEREST

No employee shall participate in an official capacity in any matter that would inure to his or her special private gain or loss, or which the employee knows will inure to the special private gain or loss of any relative or business associate. Employees should consult their Chief Ethics Officer regarding appropriate screening procedures for meetings, events, or other government matters that could lead to such an appearance of impropriety. However, no procedure shall limit the employee's ability to fulfill the core functions of his or her job, and nothing in this Manual is meant to prohibit an employee from addressing or making decisions relating to issues that may generally affect an industry or business sector with which the employee may have had a prior relationship.

IX. APPLICATIONS FOR EXEMPTIONS

There may be unique and/or compelling circumstances warranting exceptions to and/or waivers from these requirements in certain individual cases. In such instances, prior approval from the agency Chief Ethics Officer is required in consultation with the Governor's Office of General Counsel as necessary.

X. REPORTING VIOLATIONS

All ethics violations should be reported to the agency Chief Ethics Officer.

XI. POLICY ADMINISTRATION

The Personnel Office is responsible for notifying employees appointed to designated positions of the requirement to file financial and gift disclosures. Contact: (850) 717-9210

The Governor's Office of General Counsel is responsible for providing clarification to employees on the specific ethics policies outlined herein. Contact: (850) 717-9310

Questions about the ethics laws may be addressed to the Commission on Ethics. Contact: (850) 488-7864

Questions about the public records and/or sunshine laws may be addressed to the Governor's Office of Open Government. Contact: (850) 717-9248; desantis.opengov@eog.myflorida.com



STATE OF FLORIDA

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

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

Policy Statement

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

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

Pledge on Behalf of the People of Florida

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

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

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

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

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

Name:

Date:

I. General Provisions

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

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

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

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

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

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

II. Designation of an Ethics Officer

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

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

III. Avoiding the Appearance of impropriety

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

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

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

IV. Current Statutory Code of Ethics

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. Prerequisites to Accepting Any Gift

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

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

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

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

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

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

C. Indirect Gifts and Expenditures Prohibited

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

D. Travel in Private Aircraft Prohibited Without Prior Authorization

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

E. Guidelines for Compliance with Section 112.32155 and this Code

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

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

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

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

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

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

1. Is there *commercial value* involved?

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

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

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

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

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

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

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

F. Reporting / Disclosure Requirements

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

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

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

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

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

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

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

VI. Additional Requirements of this Code

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

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

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

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

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

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

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

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

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

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

C. Dual Employment

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

D. Lobbyists

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

E. Conflicts of Interest and Avoiding the Appearance of Impropriety

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

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

F. Application for Exemptions

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

G. Reporting Violations of this Ethics Code

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

VII. Policy Administration

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



volunteerflorida

1545 Raymond Diehl Road
Suite 250
Tallahassee, Florida 32308

Phone: 850.414.7400
Fax: 850.921.5146

VolunteerFlorida.org

July 16, 2019

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

Dear Governor DeSantis:

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

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

Volunteer Florida administers approximately \$28 million in national service programs to serve Florida students and families. Volunteer Florida also serves as the state's lead agency for volunteers and donations before, during, and after disasters. The Volunteer Florida Foundation provides financial assistance to Volunteer Florida to support Volunteer Florida programs, and allow Volunteer Florida to continue to support special Governor's initiatives.

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

The Florida Disaster Fund balance at the close of the 2018-2019 fiscal year was \$17,491,335.00. The fund is designated exclusively for use in assisting disaster survivors in Florida with unmet needs related to response and long-term recovery. During the 2017-2018 fiscal year the Disaster Fund supported response and recovery efforts of partners responding to Hurricane Irma which hit the coast of Florida in September 2017. Those grants supported sheltering, feeding, animal response, food banks, and volunteer coordination efforts. During the 2018-2019 fiscal year the Disaster Fund supported continued recovery efforts related to Hurricane Irma. In addition Disaster funds were utilized for response and recovery efforts of partners responding to Hurricane Michael which made landfall in 2018. In response to Hurricane Michael, twenty-two (22) grants were made to organizations, totaling \$550,000. The grants are matched at 100%. With support from the Florida Disaster Fund partners were able to continue one of the longest sheltering operations in recent history, distribute relief items, aid in debris removal, home repairs, rental assistance and continue feeding efforts following Hurricane Michael. The Florida Disaster Fund will continue to fund grantees in the recovery phase to provide necessary assistance to fill gaps for the survivors. These grants and other donations will continue to provide disaster relief for communities impacted by both Hurricane Irma and Michael along with any other disaster related events which may occur.

The Foundation is also responsible for financial support, administration and oversight of statewide Governor's initiatives. Each Governor may at their discretion, designate medals, awards and events to honor individuals for various distinctions. Initiatives that are currently being funded through the Volunteer Florida Foundation include those honoring excellence in education and exemplary students, members of the armed forces, law enforcement and first responders, public servants who exhibit courageous attempts to save or protect human life, young entrepreneurs, and others who have made meritorious contributions the State of Florida and our Nation. In addition, administrative services to support the Gubernatorial Fellows program is provided by the Volunteer Florida Foundation.

Funds raised by the Foundation support the following programs:

- Black History Month
- Champion of Service Award
- Florida Disaster Fund
- Florida Gubernatorial Fellows Program
- The Governor's Excellence in Nursing Award
- The Governor's Excellence in Service Award
- The Governor's Medal of Freedom
- The Governor's Medal of Heroism
- The Governor's Medal of Valor
- The Governor's Shine Award
- The Governor's Veterans Service Award
- The Governor's Young Entrepreneur Award
- Hispanic Heritage Month
- Other medals as established by the Executive Office of the Governor

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

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

Sincerely,



Clay Ingram,
Chief Executive Officer
Volunteer Florida

CI/bh Attachments:

Volunteer Florida Foundation 2019 SB 1194 Report

Volunteer Florida Foundation 2018 IRS Form 990

Cc: The Honorable Bill Galvano, President of the Florida Senate
The Honorable Jose R. Oliva, Speaker of the Florida House of
Representatives
Mr. R. Philip Twogood, Coordinator, Florida Office of Program Policy
Analysis and Government Accountability

The Volunteer Florida Foundation

2019 Report for Compliance with Section 20.058, Florida Statutes, relating to Citizen Support and Direct-Support Organizations

Organization: Volunteer Florida Foundation, Inc. **Organization Type:**
Direct Support Organization

Authorizations: Florida Statutes 14.29 (9) and Florida Administrative Code 270-1

Address: 1545 Raymond Diehl Road, Suite 250
Tallahassee, FL 32308
(Co-located with Volunteer Florida)

Phone: (850) 414-7400

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

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

The Foundation supports Volunteer Florida's AmeriCorps, emergency management and volunteer programs. In addition to supporting Volunteer Florida's primary programs, the Foundation also administers and raises funds for the Florida Disaster Fund which supports Florida communities in disaster recovery. The Foundation also raises funds for statewide Governor's initiatives that honor outstanding Floridians for their service and promote volunteerism statewide. In addition, administrative services to support the Gubernatorial Fellows program is provided by the Volunteer Florida Foundation. Funds raised by the Foundation support the following programs:

- Black History Month
- Champion of Service Award
- Florida Disaster Fund
- Florida Gubernatorial Fellows Program
- The Governor's Excellence in Nursing Award
- The Governor's Excellence in Service Award
- The Governor's Medal of Freedom
- The Governor's Medal of Heroism
- The Governor's Medal of Valor
- The Governor's Shine Award
- The Governor's Veterans Service Award
- The Governor's Young Entrepreneur Award
- Hispanic Heritage Month
- Other medals as established by the Executive Office of the Governor

The Foundation was re-established as a non-profit corporation in 2010, but did not become a fundraising organization until August 2013. In its first year of operation, the Foundation raised \$359,958; since that time it has continued to raise funds to support current initiatives.

Plans for the Next Three Fiscal Years: The 2019-2020 proposed fundraising revenue for the Foundation is \$300,000. Over the next three years, the Foundation will continue fundraising efforts in support of Volunteer Florida's work to secure and promote high-impact national service and volunteer programs; assist Floridians before, during and after disaster; and support Governor's special initiatives to promote volunteerism statewide. Under the guidance of the Foundation's active Board of Directors, the Volunteer Florida Commission and CEO, the Foundation will continue to evaluate its plans and objectives to ensure that the Foundation is operating in a manner consistent with the goals and purposes of Volunteer Florida and in the best interest of the state.

Code of Ethics

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

It is the policy of Volunteer Florida that no employee will have any interest, financial or otherwise, direct or indirect; or engage in any business transaction or professional activity; or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her

duties in the public interest. To implement this code of ethics, there is an enacted policy setting forth standards of conduct required of all employees in the performance of their official duties. This code serves not only as a guide for official conduct, but also as a basis for discipline of those who violate its provisions.

Conflict of Interest

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

Employee Relationships with Regulated Entities

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

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

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

- Make application for employment with a regulated entity; or receive an offer of employment or for a contractual relationship for compensation from a regulated entity; or
- Obtain a financial interest in a regulated entity.

Nepotism/Employment of Relatives

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

Political Activities

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

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 <p style="text-align: center;">VOLUNTEER FLORIDA FOUNDATION, INC.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">3800 ESPLANADE WAY STE 180</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">TALLAHASSEE FL 32311</p>	D Employer identification number <p style="text-align: center;">** - *** 3168</p> E Telephone number <p style="text-align: center;">850-414-7400</p> G Gross receipts \$ 17,121,767
F Name and address of principal officer: <p style="text-align: center;">CLAY INGRAM 3800 ESPLANADE WAY TALLAHASSEE FL 32311</p>		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) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.VOLUNTEERFLORIDA.ORG		L Year of formation: u M State of legal domicile:
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">DIRECT SUPPORT ORGANIZATION OF THE FLORIDA COMMISSION ON COMMUNITY SERVICE.</p>																																													
	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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">10</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">10</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">0</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">0</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">7a</td><td></td><td></td><td></td><td style="text-align: right;">0</td><td></td></tr> <tr><td style="text-align: center;">7b</td><td></td><td></td><td></td><td style="text-align: right;">0</td><td></td></tr> </table>							3	10					4	10					5	0					6	0					7a				0		7b				0			
3	10																																													
4	10																																													
5	0																																													
6	0																																													
7a				0																																										
7b				0																																										
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2"></th><th style="text-align: center;">Prior Year</th><th style="text-align: center;">Current Year</th></tr> <tr><td style="text-align: center;">8</td><td></td><td style="text-align: right;">538,778</td><td style="text-align: right;">17,119,794</td></tr> <tr><td style="text-align: center;">9</td><td></td><td></td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: center;">10</td><td></td><td style="text-align: right;">79</td><td style="text-align: right;">1,973</td></tr> <tr><td style="text-align: center;">11</td><td></td><td></td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: center;">12</td><td></td><td style="text-align: right;">538,857</td><td style="text-align: right;">17,121,767</td></tr> </table>			Prior Year	Current Year	8		538,778	17,119,794	9			0	10		79	1,973	11			0	12		538,857	17,121,767																				
		Prior Year	Current Year																																											
8		538,778	17,119,794																																											
9			0																																											
10		79	1,973																																											
11			0																																											
12		538,857	17,121,767																																											
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) u 0 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">13</td><td style="text-align: right;">185,000</td><td style="text-align: right;">2,284,593</td></tr> <tr><td style="text-align: center;">14</td><td></td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: center;">15</td><td style="text-align: right;">25,074</td><td style="text-align: right;">30,788</td></tr> <tr><td style="text-align: center;">16a</td><td style="text-align: right;">21,000</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: center;">17</td><td style="text-align: right;">119,836</td><td style="text-align: right;">145,965</td></tr> <tr><td style="text-align: center;">18</td><td style="text-align: right;">350,910</td><td style="text-align: right;">2,461,346</td></tr> <tr><td style="text-align: center;">19</td><td style="text-align: right;">187,947</td><td style="text-align: right;">14,660,421</td></tr> </table>	13	185,000	2,284,593	14		0	15	25,074	30,788	16a	21,000	0	17	119,836	145,965	18	350,910	2,461,346	19	187,947	14,660,421																							
13	185,000	2,284,593																																												
14		0																																												
15	25,074	30,788																																												
16a	21,000	0																																												
17	119,836	145,965																																												
18	350,910	2,461,346																																												
19	187,947	14,660,421																																												
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2"></th><th style="text-align: center;">Beginning of Current Year</th><th style="text-align: center;">End of Year</th></tr> <tr><td style="text-align: center;">20</td><td></td><td style="text-align: right;">657,552</td><td style="text-align: right;">15,315,321</td></tr> <tr><td style="text-align: center;">21</td><td></td><td style="text-align: right;">10,942</td><td style="text-align: right;">8,290</td></tr> <tr><td style="text-align: center;">22</td><td></td><td style="text-align: right;">646,610</td><td style="text-align: right;">15,307,031</td></tr> </table>			Beginning of Current Year	End of Year	20		657,552	15,315,321	21		10,942	8,290	22		646,610	15,307,031																												
		Beginning of Current Year	End of Year																																											
20		657,552	15,315,321																																											
21		10,942	8,290																																											
22		646,610	15,307,031																																											

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 <p style="text-align: center;">ERIN SJOSTROM</p> Type or print name and title <p style="text-align: center;">CFO</p>	Date
Paid Preparer Use Only	Print/Type preparer's name <p>MATTHEW R. HANSARD</p> Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN <p style="text-align: center;">*****</p> Firm's name } THOMSON BROCK LUGER & COMPANY <p style="text-align: center;">3375G CAPITAL CIR NE</p> Firm's address } TALLAHASSEE, FL 32308-3736 Firm's EIN } ** - *** 9573 Phone no. 850-385-7444	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
DIRECT SUPPORT ORGANIZATION OF THE FLORIDA COMMISSION ON COMMUNITY SERVICE.

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

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

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

4a (Code:) (Expenses \$ **2,461,346** including grants of \$ **2,284,594**) (Revenue \$)
VOLUNTEER FLORIDA FOUNDATION IS A NON PROFIT CHARITY ESTABLISHED, ORGANIZED, AND OPERATED EXCLUSIVELY AS A DIRECT SUPPORT ORGANIZATION TO SUPPORT AND ASSIST VOLUNTEER FLORIDA.

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 **u 2,461,346**

Part IV Checklist of Required Schedules

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

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

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		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 **u 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: **u**
ERIN SJOSTROM **3800 ESPLANDE WAY, STE 180**
TALLAHASSEE **FL 32311** **850-414-7400**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHUCHA BARBER	1.00									
FORMER CHAIR	0.00	X					0	0	0	
(2) MONESIA BROWN	1.00									
TREASURER	0.00	X		X			0	0	0	
(3) DEREK COOPER	1.00									
CHAIR	0.00	X		X			0	0	0	
(4) JAMES CROTEAU	1.00									
FORMER TREASURER	0.00	X					0	0	0	
(5) JUAN G. FLORES	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) DEBRA KERR	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) WADE LITCHFIELD	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) TAMELA PERDUE	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) MARITZA ROVIRA-FORINO	1.00									
VICE-CHAIR	0.00	X		X			0	0	0	
(10) STEVEN UHLFELDER	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) BONNIE HAZLETON	1.00									
COO	39.00			X			1,100	106,868	43,921	

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) VIVIAN MYRTETUS	3.00									
CEO	37.00			X				3,576	40,755	42,287
(13) CHESTER SPELIMAN	3.00									
FORMER CEO	37.00			X				14,137	149,938	21,517
1b Sub-total							u	18,813	297,561	107,725
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u	18,813	297,561	107,725

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 **u 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

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 **u 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				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,119,794			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u		17,119,794		
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	1,973			1,973
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	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)	u				
	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	u				
	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	u					
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	u					
Miscellaneous Revenue	11a	Busn. Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u				
12 Total revenue. See instructions.	u		17,121,767	0	0	1,973

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,240,760	2,240,760		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	43,833	43,833		
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	18,813	18,813		
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	4,140	4,140		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,129	6,129		
10 Payroll taxes	1,706	1,706		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,000	9,000		
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 Schedule O.)				
12 Advertising and promotion	3,722	3,722		
13 Office expenses	1,975	1,975		
14 Information technology	1,609	1,609		
15 Royalties				
16 Occupancy				
17 Travel	35,383	35,383		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
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 BANK CHARGES	54,355	54,355		
b OTHER DIRECT PROGRAM EXP	30,023	30,023		
c AWARDS & RECOGNITION	5,540	5,540		
d DUES & SUBSCRIPTIONS	3,451	3,451		
e All other expenses	907	907		
25 Total functional expenses. Add lines 1 through 24e	2,461,346	2,461,346	0	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	657,552	1	15,315,321
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		657,552	16	15,315,321
Liabilities	17 Accounts payable and accrued expenses	10,942	17	8,290
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		10,942	26
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	25,074	27	39,124
	28 Temporarily restricted net assets	621,536	28	15,267,907
	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	646,610	33	15,307,031	
34 Total liabilities and net assets/fund balances	657,552	34	15,315,321	

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	17,121,767
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,461,346
3	Revenue less expenses. Subtract line 2 from line 1	3	14,660,421
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	646,610
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,307,031

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

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

2017

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

**** - *** 3168**

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) FLORIDA COMMISSION ON COMMUNITY SERVICE	** - *** 6268	6	X		64,496	0
(B)						
(C)						
(D)						
(E)						
Total					64,496	0

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

Schedule A (Form 990 or 990-EZ) 2017

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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2016 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2017. 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—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2017. 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—2016. 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) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** 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—2016.** 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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 IV, SECTION A, LINE 6 - DESCRIPTION OF SUPPORT TO EXTERNAL ENTITY
VOLUNTEER FLORIDA FOUNDATION RAISES FUNDS TO SUPPORT VOLUNTEER FLORIDA'S PROGRAMS, WHICH PUT NATIONAL SERVICE AND VOLUNTEERS TO WORK IN SCHOOLS AND COMMUNITIES ACROSS THE STATE. THE FOUNDATION ALSO SUPPORTS SPECIAL GOVERNOR'S INITIATIVES, INCLUDING FLORIDA'S BLACK HISTORY MONTH AND HISPANIC HERITAGE MONTH CELEBRATIONS, AS WELL AS HONORING OUR STATE'S OUTSTANDING VOLUNTEERS, VETERANS, AND EDUCATORS. THE FOUNDATION FINANCIALLY SUPPORTED THE FOLLOWING GOVERNOR'S INITIATIVES DURING THE YEAR: FLORIDA BLACK HISTORY MONTH, FLORIDA HISPANIC HERITAGE MONTH, AND GUBERNATORIAL FELLOWS PROGRAM.

THE FLORIDA DISASTER FUND IS THE STATE OF FLORIDA'S OFFICIAL PRIVATE FUND ESTABLISHED TO ASSIST FLORIDA'S COMMUNITIES AS THEY RESPOND TO AND RECOVER DURING TIMES OF EMERGENCY OR DISASTER. IN PARTNERSHIP WITH THE PUBLIC SECTOR, PRIVATE SECTOR AND OTHER NON-GOVERNMENTAL ORGANIZATIONS, THE FLORIDA DISASTER FUND SUPPORTS RESPONSE AND RECOVERY ACTIVITIES. DONATIONS TO THE FLORIDA DISASTER FUND ARE MADE TO THE VOLUNTEER FLORIDA FOUNDATION WHICH DISTRIBUTES FUNDS TO SERVICE ORGANIZATIONS THAT WILL SERVE INDIVIDUALS WITHIN THEIR COMMUNITIES WITH DISASTER RESPONSE AND RECOVERY.

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

Schedule of Contributors

OMB No. 1545-0047

2017

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
VOLUNTEER FLORIDA FOUNDATION, INC.	** - ***3168

Organization type (check one):

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 VOLUNTEER FLORIDA FOUNDATION, INC.	Employer identification number ** - ***3168
---	---

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	ACT BLUE CHARITIES 366 SUMMER STREET SOMERVILLE MA 02144	\$ 38,463	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AETNA 1100 ABERNATHY ROAD, SUITE 375 ATLANTA GA 30328	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ALM HOLDING COMPANY - ALM CHARITIES PO BOX 478 ONALASKA WI 54650	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ALTEC/STYSLINGER FOUNDATION 210 INVERNESS CENTER DRIVE BIRMINGHAM AL 35242	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	AMERICAN BANKERS ASSOCIATION 1120 CONNECTICUT AVENUE, NW WASHINGTON DC 20036	\$ 210,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	AT&T 150 S. MONROE STREET SUITE 400 TALLAHASSEE FL 32303	\$ 170,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC.	Employer identification number ** - ***3168
---	---

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	AXIOM BANK 258 SOUTHHALL LANE MAITLAND FL 32751	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	AYMEL 22970 INDIAN CREEK DRIVE SUITE 200 STERLING VA 20166	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BCBS OF CAROLINAS 2508 HIGHLANDER WAY SUITE 210 CARROLLTON TX 75006	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BCBS OF IL 300 EAST RANDOLPH STREET CHICAGO IL 60601	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BELAIR AUTO PO BOX 200 BELCAMP MD 21017	\$ 13,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	BENIHANA 21500 BISCAYNE BLVD., SUITE 900 AVENTURA FL 33180	\$ 58,158	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

**** - ***3168**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BERGEN FOUNDATION 13701 RIVERSIDE DRIVE SUITE 500 SHERMAN OAKS CA 91423	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BUSH PRESIDENTIAL FOUNDATION POST OFFICE 14141 COLLEGE STATION TX 77845	\$ 7,231,995	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	CATSKILL HUDSON BANK 643 RT. 211 EAST MIDDLETOWN NY 10941	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CENTENE 1301 INTERNATIONAL PARKWAY SUNRISE FL 33323	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	CHICAGO BEARS 1920 FOOTBALL DRIVE LAKE FOREST IL 60045	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	COMCAST 1100 NORTHPOINT PARKWAY, SUITE 100 WEST PALM BEACH FL 33407	\$ 525,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

**** - ***3168**

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
19	COMM FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES 700 S. DIXIE HIGHWAY SUITE 200 WEST PALM BEACH FL 33401	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	CVS ONE CVS DRIVE WOONSOCKET RI 02895	\$ 1,339,929	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	CVS FOUNDATION ONE CVS DRIVE WOONSOCKET RI 02895	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	DAVID JOCKENHOEFER 3216 SOUTH BRENTWOOD ST LOUIS MO 63119	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	DENTAQUEST 465 MEDFORD STREET BOSTON MA 02129	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	DOLAN FAMILY P.O. BOX 420 OYSTER BAY NY 11771	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC.	Employer identification number ** - ***3168
---	---

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
25	DUKE ENERGY FOUNDATION PO BOX 1007 CHARLOTTE NC 28202	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	EDISON ELECTRIC 701 PENNSYLVANIA AVENUE NW 3RD FLOOR WASHINGTON DC 20004	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	EMBRAER FOUNDATION 276 S.W. 34TH STREET FORT LAUDERDALE FL 33315	\$ 22,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	EMPLOYBRIDGE 1040 CROWN POINTE PARKWAY SUITE 1040 ATLANTA GA 30338	\$ 80,991	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	FLORIDA BLUE 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE FL 32246	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	FLORIDA BLUE FOUNDATION 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE FL 32246	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC.	Employer identification number ** - ***3168
---	---

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
31	FLORIDA LOTTERY 250 MARRIOTT DRIVE TALLAHASSEE FL 32301	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	FOLEY & LARDNER 777 EAST WISCONSIN AVENUE MILWAUKEE WI 53202	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	FPL 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	FRANKLIN TEMPLETON 6111 W. PLANO PARKWAY. SUITE 100YC PLANO TX 75093	\$ 36,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	GREGORY A RUVOLO 36455 CORPORATE DRIVE FARMINGTON HILLS MI 48331	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	GUARDIAN LIFE INS 7 HANOVER SQUARE NEW YORK NY 10004	\$ 38,035	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC.	Employer identification number ** - ***3168
---	---

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
37	GULF POWER ONE ENERGY PLACE PENSACOLA FL 32520	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	HALLWAY PLUMBING 3630 NORTH PARKWAY CUMMING GA 30040	\$ 5,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	HAND IN HAND HURRICANE 710 ST. JOSEPH S DRIVE OAK BROOK IL 60523	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	HARPS FOOD STORES 918 S. GUTENSOHN ROAD SPRINGDALE AR 72762	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	HSNI LLC ONE HSN DRIVE ST. PETERSBURG FL 33729	\$ 96,525	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	IGT GLOBAL SOLUTIONS 10 MEMORIAL BLVD. PROVIDENCE RI 02903	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC.	Employer identification number ** - ***3168
---	---

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
43	IMN 225 PARK AVENUE SOUTH, 7TH FLOOR NEW YORK NY 10003	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	INDIAN ASSOC OF SAN JOAQUIN COUNTY 4039 HLEN ABBY CIRCLE STOCKTON CA 95219	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	JAMES CAMAREN FAMILY 225 N. MICHIGAN AVENUE, SUITE 2200 CHICAGO IL 60601	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	JAMES ROBO/MEREDITH TRIM GIFT FUND 15100 PALMWOOD ROAD PALM BEACH GARDENS FL 33410	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	JETBLUE P.O. BOX 711609 SALT LAKE CITY UT 84171-1609	\$ 70,972	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	JOHN A. SCOTTI 100 STANWIX ST PITTSBURGH PA 15222	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC.	Employer identification number ** - ***3168
---	---

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
49	JS HELD 50 JERICHO QUADRANGLE SUITE 117 JERICHO NY 11753	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	JULIE KIVISTO TRUST 400 W 49TH TERRACE APT. 2078 KANSAS CITY MO 64112	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	KENTUCKY BANKERS ASSN 600 W. MAIN SUITE 400 LOUISVILLE KY 40202	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	L & E SILVERSTEIN 1700 K ST. NW SUITE 300 WASHINGTON DC 20006	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	LES OISEAUX FOUNDATION PO BOX 7289 HILTON HEAD SC 29938	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	LEVI STRAUSS AND COMPANY 1155 BATTERY STREET SAN FRANCISCO CA 94111	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC.	Employer identification number ** - ***3168
---	---

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
55	LIVING WITH DIGNITY 3421 56TH STREET WOODSIDE NY 11377	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	MAGELLAN CARES FOUNDATION 14100 MAGELLAN PLAZA MARYLAND HEIGHTS MO 63043	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	MAXIMUS FOUNDATION 1891 METRO CENTER DRIVE RESTON VA 20190	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	MICHAEL & KAREN BYNUM 6306 WEST MACLAURIN DRIVE TAMPA FL 33647	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	MICROSOFT FOUNDATION 6100 NEIL ROAD RENO NV 89511	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	MOBILE GIVING FOUNDATION P.O. BOX 723 BELLEVUE WA 98009	\$ 7,740	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC.	Employer identification number ** - ***3168
---	---

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
61	MR & MRS JOHN SKOLDS 52 RIVER MARSH LANE KIAWEH ISLAND SC 29455	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	NANETTE AND TOM WATJEN 24 DOCKSIDE LANE PMB 19 KEY LARGO FL 33037	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	NEW JERSEY BANKERS ASSOCIATION 411 NORTH AVENUE EAST CRANFORD NJ 07016	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	NEXTERA ENERGY 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408	\$ 127,121	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	NORTHFIELD SAVINGS PO BOX 7180 BARRE VT 05641	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	NORTHROP GRUMMON 2890 FAIRVIEW PARK DRIVE FALLS CHASE VA 22042	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC.	Employer identification number ** - ***3168
---	---

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
67	NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVENUE FORT LAUDERDALE FL 33314	\$ 9,625	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	DOROTHY A SAVARESE CAPE COD FIVE CENTS SAVINGS BANK PO BOX 10 ORLEANS MA 02653	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	PHILEONA FOUNDATION 2950 DEAN PKWY MINNEAPOLIS MN 55416	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	PRUFTECHNIK INC 7821 BARTRAM AVENUE SUITE 103A PHILADELPHIA PA 19153	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	PURDUE RESEARCH 1281 WIN HENTSCHEL BLVD. WEST LAYFAYETTE IN 47906	\$ 11,460	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	RENASANT BANK PO BOX 709 TUPELO MS 38802	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC.	Employer identification number ** - ***3168
---	---

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
73	RENO DODGE SALES 700 KIETZKE LANE RENO NV 89502	\$ 8,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	RISLEY FAMILY FOUNDATION 2010 DEEP CREEK RUN WILMINGTON NC 28411	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	ROBERT L DUBROW 10830 MONTICELLO DRIVE GREAT FALLS VA 22066	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	ROOMS TO GO 11540 E. US HIGHWAY 92 SEFFNER FL 33584	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	ROYCE FAMILY FUND 208 PORTO VECCHIO WAY PALM BEACH GARDENS FL 33418	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	SG REVOCABLE TRUST 7628 WINTERTHUR COURT LAS VEGAS NV 89129	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC.	Employer identification number ** - ***3168
---	---

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
79	SIGMA DELTA TAU 2263 SW 37TH AVENUE MIAMI FL 33145	\$ 9,046	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	SKA BREWING COMPANY 225 GIRARD STREET DURRANGO CO 81303	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	SKADDEN, ARPS, SLATE, ME FOUR TIMES SQUARE NEW YORK NY 10036	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	SPEEDWAY 500 SPEEDWAY DRIVE ENON OH 45323	\$ 120,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	STRUCTURED FINANCE INDUSTRY GROUP 1775 PENNSYLVANNIA AVENUE NW SUITE 625 WASHINGTON DC 20006	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	SUZANNE ABAIR 2150 WASHINGTON STREET NEWTON MA 02462	\$ 55,316	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC.	Employer identification number ** - ***3168
---	---

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
85	SYNERGY 11069 E IRONWOOD SCOTTSDALE AZ 85259	\$ 11,190	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	TECUMSEH FOUNDATION 2711 GREENLEE DRIVE AUSTIN TX 78703	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	THE KORS LE PERE FOUNDATION 1200 CROWN COLONY DRIVE QUINCY MA 02169	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	TOTALLY WICKED ELIQUID 2057 60TH PLACE EAST BRADENTON FL 34203	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	TRUSTCO BANK P.O. BOX 1082 SCHENECTADY NY 12301	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	UBER TECHNOLOGIES 80 SW 8TH STREET, STE 1830 MIAMI FL 33130	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC.	Employer identification number ** - ***3168
---	---

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
91	UNITED HEALTHCARE PO BOX 1459 MINNEAPOLIS MN 55440	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	UZDER LLC 6 INWOOD OAKS HOUSTON TX 77024	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	VANASSE HANGEN BRUSTLIN INC. 101 WALNUT STREET WATERTOWN MA 02472	\$ 6,119	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	VINEYARD VINES FOUNDATION 181 HARBOR DRIVE STAMFORD CT 06902	\$ 19,744	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	VINIK FAMILY FOUNDATION 914 S. GULF VIEW STREET TAMPA FL 33629	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	VINOD SETHI 4751 WEST BAY BLVD.UNIT 706 ESTERO FL 33928	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC.	Employer identification number ** - ***3168
---	---

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
97	VOLKSWAGEN OF AMERICA 2200 FERDINAND PORSCHE DRIVE HERNDON VA 20171	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	WELLCARE 8725 HENDERSON ROAD TAMPA FL 33634	\$ 1,100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	WILLIAM SWANSON 300 SOYSTON STREET SUITE 1203 BOSTON MA 02116	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	WWE 1241 EAST MAIN STREET STAMFORD CT 06902	\$ 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

u 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. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

** - *** 3168

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. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- 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? 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				
e Other				

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

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.) u		

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.) u		

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.) u	

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.) u		

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

**SCHEDULE I
(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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

**** - ***3168**

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)	ALL FAITHS FOOD BANK, INC. 8171 BLAIKIE COURT SARASOTA FL 34240	** - ***5814	501C3	25,000				
(2)	ALL HANDS AND HEARTS SMART RESPONSE 6 COUNTY ROADSUITE 6 MATTAPoisETT MA 02739	** - ***4952	501C3	25,000				
(3)	BOT OF THE FLORIDA ANNUAL CONFERENCE 450 MARTIN LUTHER KING JR AVENUE LAKELAND FL 33815	** - ***4361	501C3	91,990				
(4)	BRANCHES, INC 11500 NORTHWEST 12TH AVENUE MIAMI FL 33168	** - ***6969	501C3	25,000				
(5)	BREAD OF THE MIGHTY FOOD BANK, INC. 325 NW 10TH AVENUE GAINESVILLE FL 32601	** - ***5577	501C3	25,000				
(6)	CATHOLIC CHARITIES LAKE CITY REGION 553 NW RAILROAD STREET LAKE CITY FL 32055	** - ***3816	501C3	25,000				
(7)	CATHOLIC CHARITIES OF CENTRAL FLORIDA 1819 NORTH SEMORAN BLVD ORLANDO FL 32807	** - ***4353	501C3	50,000				
(8)	CENTRO CAMPESINO FARMWORKER CENTER PO BOX 343449-38501SW 186 STREET FLORIDA CITY FL 33034	** - ***0598	501C3	75,000				
(9)	COALITION OF FLORIDA FARMWORKER ORGANIZATION 778 WEST PALM DRIVE FLORIDA CITY FL 33034	** - ***9950	501C3	75,000				

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

**** - ***3168**

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)	CRISIS CLEANUP, LLC 5905 BLUE MOUNTAIN CIRCLE LONGMONT CO 80503	** - ***8186	501C3	50,000				
(2)	CROSSROADS ALLIANCE & MINISTRIES, I PO BOX 1000 SILVER SPRINGS FL 34489	** - ***1362	501C3	50,000				
(3)	FARM SHARE, INC. 14125 SW 320 STREET HOMESTEAD FL 33033	** - ***2192	501C3	75,000				
(4)	FEEDING AMERICA TAMPA BAY, INC. 4702 TRANSPORT DRIVEBLDG #6 TAMPA FL 33605	** - ***6576	501C3	50,000				
(5)	FEEDING FLORIDA 1489 MARKET STREET TALLAHASSEE FL 32312	** - ***7165	501C3	25,000				
(6)	FEEDING SOUTH FLORIDA 2501 SW 32 TERRACE PEMBROKE PINES FL 33023-7707	** - ***7520	501C3	25,000				
(7)	FIRST STEP FOOD BANK, INC. PO BOX 4774 OCALA FL 34478	** - ***1885	501C3	25,000				
(8)	FLAGLER VOLUNTEER SERVICES P.O. BOX 353755 PALM COAST FL 32135	** - ***4298	501C3	10,000				
(9)	FLORIDA ALLIANCE FOR ASSISTIVE SERV 3333 W PENSACOLA ST BLD 100, STE140 TALLAHASSEE FL 32304	** - ***2342	501C3	25,000				

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

**** - ***3168**

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)	FLORIDA BAPTIST CONVENTION, INC. 6850 BELFORT OAKS PLACE JACKSONVILLE FL 32216	** - ***6980	501C3	25,000				
(2)	FLORIDA CONF. OF SEVENTH-DAY ADVENT 351 SOUTH STATE ROAD 434 ALTAMONTE SPRINGS FL 32714	** - ***6975	501C3	25,000				
(3)	FLORIDA GOODWILL ASSOCIATION 2705 51ST STREET EAST BRADENTON FL 34203	** - ***7466	501C3	25,000				
(4)	FLORIDA PRESBYTERIAN DISASTER ASSIS PO BOX 491279 LEESBURG FL 34749-1279	** - ***6998	501C3	100,000				
(5)	FLORIDA STATE ANIMAL RESPONSE COALL 235 APOLLO BEACH BLVDSUITE 311 APOLLO BEACH FL 33572	** - ***4191	501C3	25,000				
(6)	FLORIDA STATE CONFERENCE NAACP P.O. BOX 101060 FORT LAUDERDALE FL 33310	** - ***5975	501C3	25,000				
(7)	HABITAT FOR HUMANITY OF KEY WEST P.O. BOX 5873 KEY WEST FL 33045	** - ***3188	501C3	25,000				
(8)	HANDS ON ORLANDO, INC. 1850 LEE ROAD #218 WINTER PARK FL 32789	** - ***0188	501C3	10,000				
(9)	HARRY CHAPIN FOOD BANK OF SW FL 3760 FOWLER STREET FORT MYERS FL 33901	** - ***2120	501C3	25,000				

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

**** - ***3168**

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)	HEART OF FLORIDA UNITED WAY, INC. 1940 TRAYLOR BOULEVARD ORLANDO FL 32804	** - ***8854	501C3	25,000				
(2)	HEAVY EQUIPMENT RESPONSE COALITION 9254 E NEW RIVER DRIVE HOWARD CITY MI 49329	** - ***6882	501C3	25,000				
(3)	HOPE ANIMAL-ASSISTED CRISIS RESP. 1292 HIGH STREET#182 EUGENE OR 97401-3238	** - ***0180	501C3	25,000				
(4)	HURRICANE RELIEF GOD 1ST, INC, 4598 SW 35 AVENUE FORT LAUDERDALE FL 33312	** - ***5330	501C3	25,000				
(5)	INTL ORTHODOX CHRISTIAN CHARITIES 110 WEST ROAD, SUITE 360 BALTIMORE MD 21204	** - ***9348	501C3	25,000				
(6)	LAKE AND SUMTER EMERGENCY RECOVERY PO BOX 560410 MONTVERDE FL 34756	** - ***7554	501C3	50,000				
(7)	LUTHERAN SERVICES FLORIDA - LSF 9428 BAYMEADOWS ROADSUITE 320 JACKSONVILLE FL 32256	** - ***8911	501C3	25,000				
(8)	MEALS ON WHEELS PLUS OF MANATEE 811 23RD AVENUE EAST BRADENTON FL 34208	** - ***0986	501C3	25,000				
(9)	MENNONITE DISASTER SERVICE 583 AIRPORT ROAD LITITZ PA 17543	** - ***3127	501C3	25,000				

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

**** - ***3168**

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)	METROPOLITAN MINISTRIES 2002 N. FLORIDA AVE TAMPA FL 33602	** - ***7007	501C3	25,000				
(2)	NECHAMA - JEWISH DISASTER RESPONSE 4330 CEDAR LAKE ROAD S ST. LOUIS PARK MN 55416	** - ***8750	501C3	50,000				
(3)	NEIGHBORS 4 NEIGHBORS 8900 NW 18 TERRACE MIAMI FL 33172	** - ***4391	501C3	25,000				
(4)	PEACEMAKERS FAMILY CENTER LLC P.O. BOX 680820 MIAMI FL 33168	** - ***9973	501C3	25,000				
(5)	POLK COUNTY A POLITICAL SUBDIVISION PO BOX 988 BARTOW FL 33831-0988	** - ***0809	501C3	25,000				
(6)	REBUILDING TOGETHER MIAMI-DADE 1390 S DIXIE HWYSUITE 2123 CORAL GABLES FL 33146	** - ***4304	501C3	25,000				
(7)	SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HIGHWAYSUITE 400 FAIRFIELD CT 06825	** - ***6487	501C3	25,000				
(8)	SECOND HARVEST FOOD BANK OF C FL 411 MERCY DRIVE ORLANDO FL 32805	** - ***2315	501C3	25,000				
(9)	STAR OF THE SEA FOUNDATION 5640 MALONEY AVENUE KEY WEST FL 33040	** - ***6670	501C3	75,000				

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

****_***3168**

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)	TEAM RUBICON 6171 W. CENTURY BLVD.SUITE 310 LOS ANGELES CA 90045	**_***0480	501C3	25,000				
(2)	THE FLORIDA HUMANE SOCIETY 3870 NORTH POWERLINE ROAD POMPANO BEACH FL 33073	**_***9889	501C3	25,000				
(3)	THE REGIONAL FOOD BANK OF NE FL 1116 EDGEWOOD AVENUE NUNITS D/E JACKSONVILLE FL 32254	**_***4769	501C3	25,000				
(4)	THE SALVATION ARMY 1603 NORTH FLORIDA AVENUE TAMPA FL 33602	**_***0607	501C3	25,000				
(5)	THE SALVATION ARMY 1424 NE EXPRESSWAY ATLANTA GA 30329-2088	**_***0607	501C3	50,000				
(6)	TOOLBANK USA, INC. 3800 CAMP CREEL PARKWAY, SUITE 118 ATLANTA GA 30331	**_***6790	501C3	25,000				
(7)	TREASURE COAST FOOD BANK, INC. 401 ANGLE ROAD FORT PIERCE FL 34947	**_***3281	501C3	25,000				
(8)	UNITED WAY OF BREVARD COUNTY, INC. 937 DIXON BLVD. COCOA FL 32922	**_***6384	501C3	25,000				
(9)	UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVENUE FORT LAUDERDALE FL 33316	**_***4402	501C3	25,000				

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

**** - ***3168**

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)	UNITED WAY OF CENTRAL FLORIDA, INC. PO BOX 1357 HIGHLAND CITY FL 33846	** - ***6280	501C3	25,000				
(2)	UNITED WAY OF CHARLOTTE COUNTY, INC 17831 MURDOCK CIRCLE, SUITE A PORT CHARLOTTE FL 33948	** - ***9995	501C3	25,000				
(3)	UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT SUITE 204 NAPLES FL 34109-4373	** - ***6096	501C3	35,000				
(4)	UNITED WAY OF LAKE AND SUMTER 32644 BLOSSOM LANE LEESBURG FL 34788	** - ***3758	501C3	25,000				
(5)	UNITED WAY OF LEE, HENDRY & GLADES 7273 CONCOURSE DRIVE FT. MYERS FL 33908	** - ***5169	501C3	25,000				
(6)	UNITED WAY OF MIAMI-DADE, INC. 3250 SW 3 AVENUE MIAMI FL 33129	** - ***0840	501C3	25,000				
(7)	UNITED WAY OF NORTH CENTRAL FLORIDA 6031 NW 1ST PL GAINESVILLE FL 32607-2025	** - ***8855	501C3	25,000				
(8)	UNITED WAY OF NORTHEAST FLORIDA 40 EAST ADAMS STREET SUITE 200 JACKSONVILLE FL 32202	** - ***7825	501C3	25,000				
(9)	UNITED WAY OF PALM BEACH COUNTY 477 S ROSEMARY AVENUE SUITE 230 WEST PALM BEACH FL 33401	** - ***3258	501C3	35,000				

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

**** - ***3168**

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)	UNITED WAY OF SUNCOAST, INC. 5201 W. KENNEDY BLVD, SUITE 600 TAMPA FL 33609	** - ***5701	501C3	35,000				
(2)	UNITED WAY OF THE FLORIDA KEYS PO BOX 2143 KEY WEST FL 33045	** - ***8630	501C3	25,000				
(3)	UNITED WAY OF VOLUSIA-FLAGLER COUNT 3747 W. INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32124	** - ***9774	501C3	25,000				
(4)	VOLUNTEER ACTION CENTER OF BROWARD 5815 -A N ANDREWS WAY FORT LAUDERDALE FL 33309	** - ***6570	501C3	10,000				
(5)	VOLUNTEER ACTION CENTER OF MIAMI 5815-A N ANDREWS WAY FORT LAUDERDALE FL 33309	** - ***4277	501C3	10,000				
(6)	WORLD RENEW 2850 KALAMAZOO AVENUE SE GRAND RAPIDS MI 49508	** - ***8140	501C3	25,000				
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2017)

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 BLACK HISTORY CONTEST	3	4,500			
2 HISPANIC HERITAGE CONTEST	3	4,500			
3 JEB BUSH AWARD	2	10,000			
4 HOFFMAN PUBLIC SRV. AWARD	1	2,000			
5 FELLOWES STIPENDS	12	12,000			
6 DC FELLOWSHIP AWARD	2	10,833			
7					

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

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

VOLUNTEER FLORIDA STAFF AND THE VOLUNTEER FLORIDA FOUNDATION BOARD OF

DIRECTORS PROVIDE FISCAL OVERSIGHT OF ALL EXPENDITURES TO ENSURE

TRANSPARENCY AND ACCOUNTABILITY.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

uGo to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number
****-***3168**

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

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

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

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? **5a** **X**
- b** Any related organization? **5b** **X**
- 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? **6a** **X**
- b** Any related organization? **6b** **X**
- 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		

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				
1 BONNIE HAZLETON COO	(i)	1,100	0	0	0	0	1,100	0
	(ii)	106,868	0	0	25,409	18,512	150,789	0
2 CHESTER SPELLMAN FORMER CEO	(i)	14,137	0	0	0	0	14,137	0
	(ii)	149,938	0	0	18,647	2,870	171,455	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

**** - ***3168**

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

FORM 990 IS REVIEWED BY THE CFO AND THE BOARD OF DIRECTORS PRIOR TO FILING.

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

**A CERTIFICATION OF COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY ALL
DIRECTORS, OFFICERS, AND TRUSTEES, MUST BE SUBMITTED TO THE STATE,
ANNUALLY.**

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

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

**** - ***3168**

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
(1)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FL. COMMISSION ON COMMUNITY SRV. 3800 ESPLANDE WAY TALLAHASSEE FL 32311 ** - ***6268	VOLUNTEER	FL			N/A		X
(2)							
(3)							
(4)							
(5)							

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

(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 alloc.?		(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	
(1)												
(2)												
(3)												
(4)												

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

(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
(1)									
(2)									
(3)									
(4)									

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Form 990	Two Year Comparison Report	2016 & 2017
For calendar year 2017, or tax year beginning 07/01/17 , ending 06/30/18		

Name

Taxpayer Identification Number

VOLUNTEER FLORIDA FOUNDATION, INC.

**** - *** 3168**

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	538,778	17,119,794	16,581,016
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	79	1,973	1,894
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	538,857	17,121,767	16,582,910
Expenses	13. Grants and similar amounts paid	185,000	2,284,593	2,099,593
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	12,480	18,813	6,333
	16. Salaries, other compensation, and employee benefits	12,594	11,975	-619
	17. Professional fundraising fees	21,000		-21,000
	18. Other professional fees	12,317	9,000	-3,317
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion			
	21. Other expenses	107,519	136,965	29,446
	22. Total expenses. Add lines 13 through 21	350,910	2,461,346	2,110,436
	23. Excess or (Deficit). Subtract line 22 from line 12	187,947	14,660,421	14,472,474
Other Information	24. Total exempt revenue	538,857	17,121,767	16,582,910
	25. Total unrelated revenue			
	26. Total excludable revenue	79	1,973	1,894
	27. Total assets	657,552	15,315,321	14,657,769
	28. Total liabilities	10,942	8,290	-2,652
	29. Retained earnings	646,610	15,307,031	14,660,421
	30. Number of voting members of governing body	11	10	
	31. Number of independent voting members of governing body	11	10	
	32. Number of employees	0	0	
	33. Number of volunteers			

Federal Statements

FYE: 6/30/2018

Taxable Interest on Investments

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT	INCOME	\$ 1,973				14	
	TOTAL	\$ 1,973					

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
INSURANCE	\$ 907	\$ 907	\$	\$
TOTAL	\$ 907	\$ 907	\$ 0	\$ 0