



RON DESANTIS  
GOVERNOR

STATE OF FLORIDA

# Office of the Governor

THE CAPITOL  
TALLAHASSEE, FLORIDA 32399-0001

www.flgov.com  
850-717-9418

August 15, 2020

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") was created pursuant to Section 288.809, Florida Statutes, and was 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 Effective October 1, 2019, Section 288.809, Florida Statutes was repealed per Chapter 2019-93, Section 8, Laws of Florida.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 was 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 horizontal line extending to the right.

Dawn Hanson  
Director of Administration

Enclosures



RON DESANTIS  
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# Office of the Governor

THE CAPITOL  
TALLAHASSEE, FLORIDA 32399-0001

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August 15, 2020

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.

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

Sincerely,

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Dawn Hanson  
Director of Administration

Enclosures

## The Florida Intergovernmental Relations Foundation, Inc

2020 Report for Compliance with Section 20.058, Florida Statutes, relating to Citizen Support and Direct Support Organizations

<b>Organization:</b>	Florida Intergovernmental Relations Foundation, Inc <i>(repealed 10/1/2019)</i>
<b>Organization Type:</b>	Direct Support Organization
<b>Authorization:</b>	Section 288.809, Florida Statutes <i>(repealed 10/1/2019)</i>
<b>Address:</b>	400 South Monroe Street The Capitol, Suite PL05 Tallahassee, Florida 32399
<b>Phone:</b>	850-717-9249
<b>Website:</b>	<a href="http://www.flgov.com">www.flgov.com</a>
<b>Mission, Results, and Plans:</b>	The Florida Intergovernmental Relations Foundation (FIRF) was 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 was 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 was transferred to the Florida Department of Economic Opportunity by September 15, 2019.
<b>Code of Ethics:</b>	The FIRF did not employ any personnel; however, Section 288.809, Florida Statutes, provided that the State Protocol Officer may permit the use of property, facilities, and personal services of the Executive Office of the Governor. All employees of the Executive Office of the Governor must adhere to the Executive Office of the Governor Code of Ethics.
<b>Attachments:</b>	As prescribed by Section 20.058, Florida Statutes, copies of the Executive Office of the Governor Code of Ethics and the most recent Internal Revenue Service Form 990-N are attached.

**EXECUTIVE OFFICE OF THE GOVERNOR  
OF THE STATE OF FLORIDA**



**ETHICS MANUAL  
EFFECTIVE FEBRUARY 28, 2020**

**PLEDGE ON BEHALF OF THE PEOPLE OF FLORIDA**

1. I have been provided with a copy of Governor DeSantis' Ethics Manual.
2. I understand that, by holding a position within state government, I have taken on the mantle of public service.
3. I am committed to maintaining an honest, ethical, and open system of government for the people of Florida.
4. I therefore pledge to honestly and faithfully comply with both the letter and spirit of this Code of Ethics, as well as the requirements set forth in Chapter 112, Part III Florida Statutes, in the discharge of my duties and responsibilities as a public servant. As part of this commitment, I pledge to be on guard against and to avoid the appearance of impropriety in conducting the people's business.
5. I further pledge that, should questions regarding appropriate behavior arise, I will seek guidance from the appropriate person within my agency or the Executive Office of the Governor on how to resolve the matter in question.

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Signature:

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Print Name:

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Date:

## **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 increase or additional 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 goods or services of more than \$10,000 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 and other forms as may be required by the statutory code (employees should visit the Commission on Ethics website for other forms that may need to be filed). *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 gift applies as defined in § 112.3215(1)(d) despite whether the gift 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 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 an employee’s spouse or minor child could be considered a gift to the employee and may be prohibited 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, acting in an official capacity, 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 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 person additional cost above the ticket’s 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 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 covering expenses for campaign-related personal services provided by non-compensated employees volunteering their time or any other contribution made by a political party or an affiliated party committee. *See* § 106, Florida Statutes.
- A gift 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](mailto:desantis.opengov@eog.myflorida.com)

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.**

Department of the Treasury  
Internal Revenue Service

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

2019

Open to Public Inspection

**A** For the 2019 Calendar year, or tax year beginning **2019-07-01** and ending **2020-06-30****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**

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volunteerflorida

1545 Raymond Diehl Road  
Suite 250  
Tallahassee, Florida 32308

Phone: 850.414.7400  
Fax: 850.921.5146

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

July 13, 2020

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 initiatives of the Governor, 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 2019-2020 fiscal year was \$10,222,405. These funds were fully awarded to non-profit organizations working with Hurricane Irma and Hurricane Michael survivors by way of cost-reimbursement grants.

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, 21 grants were made to organizations, totaling \$525,000. 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 long-term 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 initiatives of the Governor. 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:

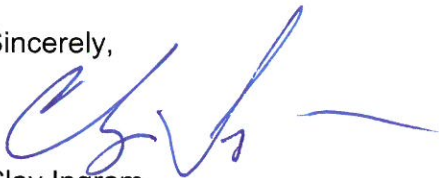
- Black History Month
- Champion of Service Award
- Florida Disaster Fund
- Florida Gubernatorial Fellows Program
- The Governor's Excellence in Service Award
- The Governor's Veterans Service Award
- The Governor's Young Entrepreneur Award
- Hispanic Heritage Month
- Other medals as established by the 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 27O-1, F.A.C., be permitted to continue as established. For questions or additional information, please contact me at (850) 414-7400.

Sincerely,



Clay Ingram  
Chief Executive Officer  
Volunteer Florida

Cl/es Attachments:  
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

### 2020 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 27O-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 initiatives of the Governor 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 Service Award
- The Governor's Veterans Service Award
- The Governor's Young Entrepreneur Award
- Hispanic Heritage Month
- Other and various 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 2020-2021 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 special initiatives of the Governor 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>VOLUNTEER FLORIDA FOUNDATION, INC.</b></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;"><b>1545 RAYMOND DIEHL ROAD, SUITE 250</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>TALLAHASSEE FL 32308</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>01-0973168</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>850-414-7400</b></p> <b>G</b> Gross receipts \$ <p style="text-align: right;"><b>7,253,986</b></p>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>CLAY INGRAM</b>  <b>1545 RAYMOND DIEHL ROAD, SUITE 250</b>  <b>TALLAHASSEE FL 32308</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> 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		<b>H(c)</b> Group exemption number <b>u</b>
<b>J</b> Website: <b>u</b> <b>WWW.VOLUNTEERFLORIDA.ORG</b>		<b>L</b> Year of formation: <b>2010</b> <b>M</b> State of legal domicile: <b>FL</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>DIRECT SUPPORT ORGANIZATION OF THE FLORIDA COMMISSION ON COMMUNITY SERVICE.</b></p>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>	
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>0</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0</b>	<b>0</b>
<b>Revenue</b>		Prior Year	Current Year	
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>17,119,794</b>	<b>7,018,001</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,973</b>	<b>235,985</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>	
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>17,121,767</b>	<b>7,253,986</b>	
<b>Expenses</b>				
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>2,284,593</b>	<b>4,419,069</b>	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>30,788</b>	<b>112,031</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>			<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>145,965</b>	<b>102,240</b>	
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>2,461,346</b>	<b>4,633,340</b>	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>14,660,421</b>	<b>2,620,646</b>	
<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year	
	<b>20</b> Total assets (Part X, line 16)	<b>15,315,321</b>	<b>18,080,674</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>8,290</b>	<b>152,997</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>15,307,031</b>	<b>17,927,677</b>	

**Part II Signature Block**

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

**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 \$ **185,066** including grants of \$ **31,167** ) (Revenue \$ )

**THE VOLUNTEER FLORIDA FOUNDATION RAISES FUNDS TO SUPPORT VOLUNTEER FLORIDA, HELPING ADMINISTER HIGH-IMPACT NATIONAL SERVICE PROGRAMS AND PROMOTE VOLUNTEERISM THROUGHOUT THE STATE. THE FOUNDATION IS ALSO RESPONSIBLE FOR THE GOVERNOR'S SPECIAL INITIATIVES, INCLUDING THE BLACK HISTORY MONTH AND HISPANIC HERITAGE MONTH CELEBRATIONS, AS WELL AS AWARDS THAT HONOR FLORIDA'S OUTSTANDING VOLUNTEERS, EDUCATORS, HEALTH CARE PROFESSIONALS AND VETERANS.**

4b (Code: ) (Expenses \$ **4,387,902** including grants of \$ **4,387,902** ) (Revenue \$ )

**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.**

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

**N/A**

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

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

4e Total program service expenses **u 4,572,968**

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	114
1b	0



**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No		
<b>2a</b>	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	<b>2a</b>	0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 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 (1024 or 1024-A 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** 1545 RAYMOND DIEHL ROAD, SUITE 250 **FL 32308** 850-414-7400  
**TALLAHASSEE**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>TAJIANA ANCORA-BROWN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) <b>CHUCHA BARBER</b>	1.00									
FORMER CHAIR	0.00	X					0	0	0	
(3) <b>MONESIA BROWN</b>	1.00									
TREASURER	0.00	X		X			0	0	0	
(4) <b>DEREK COOPER</b>	1.00									
CHAIR	0.00	X		X			0	0	0	
(5) <b>DEBRA KERR</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) <b>WADE LITCHFIELD</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) <b>TAMELA PERDUE</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) <b>MARITZA ROVIRA-FORINO</b>	1.00									
VICE-CHAIR	0.00	X		X			0	0	0	
(9) <b>STEVEN UHLFELDER</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) <b>CLAY INGRAM</b>	3.00									
CEO	37.00			X			0	0	0	
(11)										



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>7,018,001</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>102,702</b>			
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>7,018,001</b>			
<b>Program Service Revenue</b>	<b>2a</b>	Busn. Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>235,985</b>			<b>235,985</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)	<b>u</b>				
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b>				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
<b>Miscellaneous Revenue</b>	<b>11a</b>	Busn. Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>				
	<b>12 Total revenue.</b> See instructions.	<b>u</b>	<b>7,253,986</b>	<b>0</b>	<b>0</b>	<b>235,985</b>

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>4,387,902</b>	<b>4,387,902</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	<b>31,167</b>	<b>31,167</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>4,720</b>	<b>2,360</b>	<b>2,360</b>	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>78,921</b>	<b>53,977</b>	<b>24,944</b>	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>22,266</b>	<b>14,845</b>	<b>7,421</b>	
<b>10</b> Payroll taxes	<b>6,124</b>	<b>4,083</b>	<b>2,041</b>	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>9,750</b>		<b>9,750</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>1,794</b>	<b>1,794</b>		
<b>13</b> Office expenses	<b>8,901</b>	<b>5,934</b>	<b>2,967</b>	
<b>14</b> Information technology	<b>12,192</b>	<b>8,128</b>	<b>4,064</b>	
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>7,739</b>	<b>5,159</b>	<b>2,580</b>	
<b>17</b> Travel	<b>42,113</b>	<b>42,113</b>		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	<b>925</b>	<b>617</b>	<b>308</b>	
<b>24</b> 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.)				
<b>a OTHER DIRECT PROGRAM EXP</b>	<b>22,680</b>	<b>22,680</b>		
<b>b AWARDS &amp; RECOGNITION</b>	<b>9,332</b>	<b>9,332</b>		
<b>c RELOCATION EXPENSE</b>	<b>9,031</b>	<b>6,021</b>	<b>3,010</b>	
<b>d BANK CHARGES</b>	<b>1,783</b>	<b>1,189</b>	<b>594</b>	
<b>e All other expenses</b>	<b>-24,000</b>	<b>-24,333</b>	<b>333</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>4,633,340</b>	<b>4,572,968</b>	<b>60,372</b>	<b>0</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>15,315,321</b>	<b>1</b>	<b>17,951,970</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	<b>95,353</b>
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	<b>33,351</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		<b>15,315,321</b>	<b>16</b>	<b>18,080,674</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>8,290</b>	<b>17</b>	<b>152,997</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25		<b>8,290</b>	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>39,124</b>	<b>27</b>	<b>257,428</b>
	<b>28</b> Temporarily restricted net assets	<b>15,267,907</b>	<b>28</b>	<b>17,670,249</b>
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>15,307,031</b>	<b>33</b>	<b>17,927,677</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>15,315,321</b>	<b>34</b>	<b>18,080,674</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>7,253,986</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>4,633,340</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>2,620,646</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>15,307,031</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>17,927,677</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		



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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2018**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**VOLUNTEER FLORIDA FOUNDATION, INC.**

Employer identification number

**01-0973168**

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

The organization is not a private foundation because it is: (For lines 1 through 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) <b>FLORIDA COMMISSION ON COMMUNITY SERVICE</b>	<b>61-1596268</b>	<b>6</b>	<b>X</b>			<b>135,164</b>
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					<b>0</b>	<b>135,164</b>

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

Schedule A (Form 990 or 990-EZ) 2018

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

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

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

**14** Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2017 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage for 2017 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b> 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>	<b>X</b>	
<b>2</b> 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>		<b>X</b>
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		<b>X</b>
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		<b>X</b>
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		<b>X</b>
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>	<b>X</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		<b>X</b>
<b>8</b> 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>		<b>X</b>
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		<b>X</b>
<b>b</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>		<b>X</b>
<b>c</b> 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>		<b>X</b>
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		<b>X</b>
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		<b>X</b>
<b>b</b> A family member of a person described in (a) above?		<b>X</b>
<b>c</b> 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>		<b>X</b>

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>X</b>	
<b>2</b> 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>		<b>X</b>

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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.

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 .....			
b From 2014 .....			
c From 2015 .....			
d From 2016 .....			
e From 2017 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 .....			
b Excess from 2015 .....			
c Excess from 2016 .....			
d Excess from 2017 .....			
e Excess from 2018 .....			

**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

**2018**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization  <b>VOLUNTEER FLORIDA FOUNDATION, INC.</b>	Employer identification number  <b>01-0973168</b>
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Organization type (check one):

- Filers of:**                      **Section:**
- Form 990 or 990-EZ             501(c)( **3** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF                       501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>ACT BLUE CHARITIES</b> 366 SUMMER STREET SOMERVILLE MA 02144	\$ 5,763	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>AETNA</b> 1100 ABERNATHY ROAD, SUITE 375 ATLANTA GA 30328	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>ALLAN S. MARTIN &amp; MARIE BOUDREAUX MA</b> 801 S. DELAWARE AVENUE TAMPA FL 33606	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<b>AMERICAN BANKERS ASSOCIATION</b> 1120 CONNECTICUT AVENUE, NW WASHINGTON DC 20036	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<b>AT&amp;T</b> 150 S. MONROE STREET SUITE 400 TALLAHASSEE FL 32303	\$ 85,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<b>BANK OF AMERICA</b> 101 E. KENNEDY BLVD TAMPA FL 33602	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<b>BENEVITY</b> 2454 MCMULLEN BOOTH RD SUITE 431 CLEARWATER FL 33759	\$ 36,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<b>BENSE FAMILY FOUNDATION, INC.</b> 1405 W. BEACH DRIVE PANAMA CITY FL 32401	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<b>BEVIS FUNERAL HOME</b> 200 JOHN KNOX ROAD TALLAHASSEE FL 32303	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<b>BCBS OF LOUISIANA</b> PO BOX 98029 BATON ROUGE LA 70898	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<b>BUSH PRESIDENTIAL FOUNDATION</b> POST OFFICE 14141 COLLEGE STATION TX 77845	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<b>CAPITAL CITY BANK GROUP FOUNDATION</b> PO BOX 11248 TALLAHASSEE FL 32302	\$ 27,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<b>CENTENE</b> 1301 INTERNATIONAL PARKWAY SUNRISE FL 33323	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<b>CHEVRON USA, INC</b> 6001 BOLLINGER CANYON ROAD ROOM G2224 SAN RAMON CA 94583	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<b>COMCAST</b> 1100 NORTHPOINT PARKWAY, SUITE 100 WEST PALM BEACH FL 33407	\$ 375,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<b>DEAN MEAD EGERTON BLOODWORTH CAPOUAN AND MARTIN COUNTIES</b> 420 S. ORANGE AVENUE, SUITE 700 SUITE 700 ORLANDO FL 32801	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<b>DELTA DENTAL COMMUNITY CARE FOUNDATI ONE DELTA DRIVE</b> MECHANICSBURG PA 17055	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<b>DR. ROBERT WAHL</b> 207 CRAIGHEAD AVENUE NASHVILLE TN 37205	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	EMPLOYBRIDGE 1040 CROWN POINTE PARKWAY SUITE 1040 ATLANTA GA 30338	\$ 34,786	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	FLORIDA BLUE 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE FL 32246	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	FLORIDA BLUE FOUNDATION 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.)
22	FLORIDA LOTTERY 250 MARRIOTT DRIVE TALLAHASSEE FL 32301	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	GULF POWER ONE ENERGY PLACE PENSACOLA FL 32520	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	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.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	LIFENET HEALTH 1864 CONCERT DRIVE VIRGINIA BEACH VA 23453	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	MAGELLAN CARES FOUNDATION 14100 MAGELLAN PLAZA MARYLAND HEIGHTS MO 63043	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	MAXIMUS FOUNDATION 1891 METRO CENTER DRIVE RESTON VA 20190	\$ 24,875	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	MOBILE GIVING FOUNDATION P.O. BOX 723 BELLEVUE WA 98009	\$ 18,660	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	ROYCE FAMILY FUND 208 PORTO VECCHIO WAY PALM BEACH GARDENS FL 33418	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	UBER TECHNOLOGIES 80 SW 8TH STREET, STE 1830 MIAMI FL 33130	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	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.)
32	UNITED WAY OF ESCAMBIA COUNTY 1301 WEST GOVERNMENT STREET PENSACOLA FL 32502	\$ 90,506	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	VOLKSWAGEN OF AMERICA 2200 FERDINAND PORSCHE DRIVE HERNDON VA 20171	\$ 125,872	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	WELLCARE 8725 HENDERSON ROAD RENAISSANCE 1 TAMPA FL 33634	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	ABUNDANT LIFE MINISTRIES 3619 KIESSEL ROAD THE VILLAGES FL 32163	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	AMERICAN HEART ASSOCIATION, INC. 7272 GREENVILLE AVENUE DALLAS TX 75231	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	ASOFSKY FAMILY FOUNDATION 10247 EL CABALLO CT DELRAY BEACH FL 33446	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	CAPITAL HEALTH PLAN 1545 RAYMOND DIEHL ROAD SUITE 300 TALLAHASSEE FL 32308	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	CBS TELEVISION NETWORK THE ED SULLIVAN THEATER 1697 BROADWA 11TH FLOOR NEW YORK NY 10019	\$ 412,412	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	FIRST FLORIDA INTEGRITY BANK PO BOX 10910 NAPLES FL 34101	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	FLORIDA HARLEY DAVIDSON DEALERS ASSO 1400 VILLAGE SQUARE BLVD. SUITE 3-250 TALLAHASSEE FL 32312	\$ 66,314	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	FLORIDA HOUSING FINANCE CORPORATION 227 N. BRONOUGH STREET SUITE 5000 TALLAHASSEE FL 32301	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	FLORIDA LEAGUE OF CITIES PO BOX 1757, 301 S. BRONOUGH STREET SUITE 300 TALLAHASSEE FL 32302	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	FRANK N. TSAMOUTALES, LLC POST OFFICE BOX 128 TALLAHASSEE FL 32302	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	GITTY UP 'N GO, INC. 12543 HARRELSON LOOP ANDALUSIA AL 36420	\$ 21,855	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	GLORIDA GRAY FOUNDATION INC., 5 HONEY LANE SANDY HOOK CT 06482	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	JM FAMILY ENTERPRISES, INC. 100 JIM MORAN BLVD. DEERFIELD BEACH FL 33442	\$ 7,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	KEVIN MACK 219 S. FAYETTE STREET ALEXANDRIA VA 22314	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	MOLINA HEALTHCARE, INC. 200 OCEANGATE 6TH FLOOR LONG BEACH CA 90802	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE SUITE 500 ALPHARETTA GA 30009	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	NJBANKERS CHARITABLE FOUNDATION 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.)
52	PA BANKERS ASSOCIATION 3897 NORTH FRONT STREET HARRISBURG PA 17110	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	POLK COUNTY PO BOX 988 BARTOW FL 33831	\$ 13,141	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	RONALD AND NARVILLA RABE 17110 VALLEY DRIVE OMAHA NE 68130	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<b>SCIENTIFIC GAMES INTERNATIONAL, INC.</b> 1500 BLUEGRASS LAKES PARKWAY ALPHARETTA GA 30004	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<b>SCP FOUNDATION</b> 8117 PRESTON ROAD SUITE 300 DALLAS TX 75225	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<b>SHELL OIL COMPANY</b> 150 NORTH DAIRY ASHFORD ROAD BUILDING E HOUSTON TX 77079	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<b>SOUTHWEST AIRLINES CO.</b> 2702 LOVE FIELD DRIVE DALLAS TX 75235	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<b>SURTERRA HOLDINGS, INC.</b> 55 IVAN ALLEN JR. BLVD. NW 9TH FLOOR ATLANTA GA 30308	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<b>TALQUIN ELECTRIC COOPERATIVE</b> PO BOX 1679 QUINCY FL 32353	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	TEXAS ROADHOUSE HOLDINGS, LLC 6040 DUTCHMAN'S LANE LOUISVILLE KY 40205	\$ 33,880	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	THE DUKE ENERGY FOUNDATION PO BOX 1007 CHARLOTTE NC 28202	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	THE HOFFMAN FOUNDATION 8695 COLLEGE PARKWAY SUITE 2480 FORT MYERS FL 33919	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	THE MOSAIC COMPANY FOUNDATION 3033 CAMPUS DRIVE SUITE E490 PLYMOUTH MN 55441	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	THE NEWLAND FAMILY FOUNDATION PO BOX 7068 ATHENS GA 30604	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	THE PRUDENTIAL FOUNDATION 751 BROAD STREET 15TH FLOOR NEWARK NJ 07102	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	THE QBE FOUNDATION 55 WATER STREET 20TH FLOOR NEW YORK NY 10041	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	THE SEATTLE FOUNDATION 1601 FIFTH AVENUE SUITE 1900 SEATTLE WA 98101	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	THE SUNTRUST FOUNDATION 215 S. MONROE SUITE 125 TALLAHASSEE FL 32301	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	THE WALT DISNEY COMPANY WALT DISNEY WORLD RESORT LAKE BUENA VISTA FL 32830	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	THOMAS DAHL 15213 CATALINA OVERLAND PARK KS 66224	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	TIDES FOUNDATION 1014 TORNEY AVENUE SAN FRANCISCO CA 94129	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	WALMART 1700 N. MONROE STREET SUITE 11-119 TALLAHASSEE FL 32303	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	WELLS FARGO FOUNDATION 301 S. COLLEGE STREET, TW25 CHARLOTTE NC 28202	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	WEYERHAEUSER 220 OCCIDENTAL AVENUE S. SEATTLE WA 98104	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	WHATABURGER (TRES AGUILAS MANAGEMENT) 300 CONCORD PLAZA DRIVE SAN ANTONIO TX 78216	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	YOUR CAUSE, LLC TRUSTEE FOR AMERISOU 1300 MORRIS DRIVE CHESTERBROOK PA 19087	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	UNITED WAY SUNCOAST 5201 WEST KENNEDY BLVD SUITE 600 TAMPA FL 33609	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	ELECTEL CREDIT UNION 2500 NC-86 HILLSBOROUGH NC 27278	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	FACEBOOK GIVING 1 HACKER WAY MENLO PARK CA 94025	\$ 23,527	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	GOODWILL INDUSTRIES 300 MABRY STREET TALLAHASSEE FL 32304	\$ 12,482	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	IMACT ASSETS 7315 WISCONSIN AVENUE SUITE 1000W BETHESDA MD 20814	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	KEISER UNIVERSITY 1700 HALSTEAD BLVD TALLAHASSEE FL 32309	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	MARVEL COMICS 500 S BUENA VISTA STREET BURBANK CA 91505	\$ 102,702	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**VOLUNTEER FLORIDA FOUNDATION, INC.**

Employer identification number

**01-0973168**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	THE PFIZER FOUNDATION 235 E. 42ND STREET NEW YORK CITY NY 10017-5703	\$ 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.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

**VOLUNTEER FLORIDA FOUNDATION, INC.**

Employer identification number

**01-0973168**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
84	COMIC BOOKS	\$ 102,702	

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

2018

Open to Public Inspection

Name of the organization

VOLUNTEER FLORIDA FOUNDATION, INC.

Employer identification number

01-0973168

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

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

Table with 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 and private benefit.

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, acreage restricted, 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:

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	<b>7,253,986</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>		
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	<b>7,253,986</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>	<b>7,253,986</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>	<b>4,633,340</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>		
<b>b</b>	Prior year adjustments .....	<b>2b</b>		
<b>c</b>	Other losses .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	<b>4,633,340</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	<b>4,633,340</b>

**Part XIII Supplemental Information.**

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

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**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.**  
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OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**VOLUNTEER FLORIDA FOUNDATION, INC.**

Employer identification number

**01-0973168**

**Part I 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)	ALABAMA-WEST FLORIDA ANNUAL CONFERENCE 4719 WOODMERE BLVD MONTGOMERY AL 36106	90-0649102	501C3	25,000				
(2)	AMERICAN NATIONAL RED CROSS, ITS CO 2025 E STREET, NW WASHINGTON DC 20006	53-0196605	501C3	25,000				
(3)	BOT OF THE FLORIDA ANNUAL CONFERENCE 450 MARTIN LUTHER KING JR AVENUE LAKELAND FL 33815	59-0904361	501C3	505,495				
(4)	BRACE, ATTN: GREG STRADER 1301 W. GOVERNMENT STREET PENSACOLA FL 32502	20-4815891	501C3	57,689				
(5)	CATHOLIC CHARITIES BUREAU, INC. 3940 LEWIS SPEEDWAY, STE 2103 ST. AUGUSTINE FL 32084	59-1660798	501C3	100,000				
(6)	CATHOLIC CHARITIES OF NORTHWEST FLORIDA 11 NORTH B STREET PENSACOLA FL 32502	59-3213644	501C3	25,000				
(7)	CATHOLIC CHARITIES OF THE ARCHDIOCESE 1505 NE 26TH STREET WILTON MANORS FL 33305	59-1279497	501C3	83,741				
(8)	CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH 9995 N MILITARY TRAIL PALM BEACH GARDENS FL 33410	59-2470479	501C3	230,097				
(9)	CENTRO CAMPESINO FARMWORKER CENTER PO BOX 343449-38501SW 186 STREET FLORIDA CITY FL 33034	59-1460598	501C3	108,357				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 57**
- 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) (2018)

**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.  
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OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

**01-0973168**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHIPOLA AREA HABITAT FOR HUMANITY, P O BOX 6114, 4736 HIGHWAY 90 MARIANNA FL 32447-6114	59-2900901	501C3	25,000				
(2)	CHURCH WORLD SERVICE, INC. 28606 PHILLIPS STREET, P.O. BOX 968 ELKHART IN 46515	13-4080201	501C3	25,000				
(3)	COMMUNITY FOUNDATION OF THE FLORIDA 300 SOUTHARD STREET, STE 201 KEY WEST FL 33040	65-0648968	501C3	67,709				
(4)	COMPASS 82, INC. 1027 HOOPER AVE, BUILDING 1, SECOND TOMS RIVER NJ 08753	46-3845002	501C3	85,351				
(5)	DAYSTAR LIFE CENTER OF CITRUS COUNT 6751 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429	59-2821029	501C3	100,000				
(6)	FARM SHARE, INC. 14125 SW 320 STREET HOMESTEAD FL 33033	65-0342192	501C3	100,000				
(7)	FEEDING FLORIDA 1489 MARKET STREET TALLAHASSEE FL 32312	65-0467165	501C3	25,000				
(8)	FLAGLER VOLUNTEER SERVICES P.O. BOX 353755 PALM COAST FL 32135	59-3644298	501C3	31,285				
(9)	FLORIDA BAPTIST CONVENTION, INC. 6850 BELFORT OAKS PLACE JACKSONVILLE FL 32216	59-0766980	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) (2018)



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

**01-0973168**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FLORIDA COALITION FOR CHILDREN FOUN 411 EAST COLLEGE AVENUE TALLAHASSEE FL 32301	59-3619798	501C3	25,000				
(2)	FLORIDA PRESBYTERIAN DISASTER ASSIS PO BOX 491279 LEESBURG FL 34749-1279	46-3156998	501C3	16,371				
(3)	FLORIDA REGIONAL INTERFAITH/INTERAG 11500 NW 12TH AVENUE MIAMI FL 33168	65-1072769	501C3	27,403				
(4)	GOODWILL INDUSTRIES BIG BEND 300 MABRY STREET TALLAHASSEE FL 32304	59-1279499	501C3	25,000				
(5)	HABITAT FOR HUMANITY OF BAY COUNTY P O BOX 480 PANAMA CITY FL 32401	59-3007298	501C3	25,000				
(6)	HABITAT FOR HUMANITY OF LEE & HENDR 1288 N TAMIAMI TRAIL NORTH FORT MYERS FL 33903	59-2236174	501C3	212,104				
(7)	HEARTS & HANDS DISASTER RECOVERY PO BOX 136511 CLERMONT FL 34713	46-3939440	501C3	174,522				
(8)	HEAVY EQUIPMENT RESPONSE COALITION 9254 E NEW RIVER DRIVE HOWARD CITY MI 49329	82-1436882	501C3	25,000				
(9)	INTL ORTHODOX CHRISTIAN CHARITIES 110 WEST ROAD, SUITE 360 BALTIMORE MD 21204	25-1679348	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**

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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**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)	LAKE AND SUMTER EMERGENCY RECOVERY PO BOX 560410 MONTVERDE FL 34756	06-1807554	501C3	254,301				
(2)	LIONS FOUNDATION OF EVERGLADES, INC PO BOX 189 EVERGLADES CITY FL 34139	27-1424936	501C3	24,327				
(3)	LONG TERM RECOVERY GROUP MONROE (CO 300 SOUTHARD STREET, STE 201 KEY WEST FL 33040	65-0648968	501C3	26,930				
(4)	MENTAL HEALTH AMERICA 4615 PHILLIPS HIGHWAY, STE 300 JACKSONVILLE FL 32207	59-0721416	501C3	22,009				
(5)	NAPLES SENIOR CENTER AT JFCS, INC. 5025 CASTELLO DR NAPLES FL 34103	45-3980909	501C3	70,763				
(6)	NATIONAL CHURCH RESIDENCES FOUNDATI 2235 NORTH BANK DRIVE COLUMBUS OH 43220	20-2308665	501C3	42,503				
(7)	NIGHT RUNNERS MOBILE CRISIS SERVICE 16401 NE 35TH AVENUE ROAD CITRA FL 32113	06-1724005	501C3	25,000				
(8)	NORTHEAST FLORIDA BUILDER'S ASSOCIA 103 CENTURY 21 DR STE 108 JACKSONVILLE FL 32216	59-3742789	501C3	70,756				
(9)	NORTHSIDE NAPLES KIWANIS FOUNDATION GREATER MARCO LTR NAPLES FL 34103	65-0697861	501C3	13,428				

- 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**

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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- 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)	REBUILDING TOGETHER OF CENTRAL FLOR 385 SOUTH PEARL LAKE CAUSEWAY ALTAMONTE FL 32714	35-2180064	501C3	80,980				
(2)	REBUILDING TOGETHER TAMPA BAY, INC. 911 E 122 AVENUE TAMPA FL 33612	59-3664580	501C3	196,534				
(3)	RECOVER PINELLAS 11254 58TH STREET NORTH PINELLAS PARK FL 33782	80-0626229	501C3	33,968				
(4)	REDLANDS CHRISTIAN MIGRANT ASSOCIAT 402 WEST MAIN STREET IMMOKALEE FL 34142	59-1221966	501C3	125,679				
(5)	RIVERTOWN COMMUNITY CHURCH INC 19359 SR 71 N BLOUNTSTOWN FL 32424	27-0046590	501C3	25,000				
(6)	ROTARY DISTRICT 6940 FOUNDATION 2633 CENTENNIAL BLVD, STE 200 TALLAHASSEE FL 32308	59-2959080	501C3	25,000				
(7)	SAMUEL'S HOUSE, INC./DBA: KEYSTRONG 1614 TRUESDELL COURT KEY WEST FL 33040	65-0951120	501C3	163,291				
(8)	ST. JOHNS HOUSING PARTNERSHIP, INC. PO BOX 1086 ST. AUGUSTINE FL 32085	59-3422856	501C3	89,285				
(9)	THE BUSINESS AND TECHNOLOGY DEVELOP 12210 SW 194 TERR MIAMI FL 33177	84-1704907	501C3	109,514				

- 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) (2018)

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**VOLUNTEER FLORIDA FOUNDATION, INC.**

Employer identification number

**01-0973168**

**Part I 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)	THE COORDINATING COUNCIL OF BROWARD 1300 S ANDREWS STREET FORT LAUDERDALE FL 33316	65-0613528	501C3	42,746				
(2)	THE EAGLES WINGS FOUNDATION INC 375 POSSUM PASS WEST PALM BEACH FL 33413	65-1089571	501C3	25,000				
(3)	THE PROTESTANT EPISCOPAL CHURCH IN PO BOX 13330 PENSACOLA FL 32591	63-0590872	501C3	25,000				
(4)	THE REGIONAL FOOD BANK OF NE FL 1116 EDGEWOOD AVENUE NUNITS D/E JACKSONVILLE FL 32254	46-5014769	501C3	96,569				
(5)	THE SALVATION ARMY 1824 W 15TH STREET PANAMA CITY FL 32401	59-0631403	501C3	25,000				
(6)	THE ST BERNARD PROJECT INC DBA SBP 2645 TOULOUSE STREET NEW ORLEANS LA 70119	26-2189665	501C3	25,000				
(7)	TOOLBANK USA, INC. 3800 CAMP CREEL PARKWAY, SUITE 118 ATLANTA GA 30331	90-0386790	501C3	25,000				
(8)	TREASURE COAST FOOD BANK, INC. 401 ANGLE ROAD FORT PIERCE FL 34947	65-0123281	501C3	25,000				
(9)	UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVENUE FORT LAUDERDALE FL 33316	59-0624402	501C3	146,294				

- 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) (2018)

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**VOLUNTEER FLORIDA FOUNDATION, INC.**

Employer identification number

**01-0973168**

**Part I 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 PALM BEACH COUNTY 477 S ROSEMARY AVENUE SUITE 230 WEST PALM BEACH FL 33401	59-0683258	501C3	25,892				
(2)	UNITED WAY OF ST. JOHNS COUNTY INC 117 BRIDGE ST ST. AUGUSTINE FL 32084	59-6018986	501C3	52,338				
(3)	VOLUSIA INTERFAITHS AGENCIES NETWORK 326 S PALMETTO AVENUE DAYTONA BEACH FL 32114	59-3721382	501C3	261,521				
(4)								
(5)								
(6)								
(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) (2018)

**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 <b>BLACK HISTORY CONTEST</b>	3	4,500			
2 <b>HISPANIC HERITAGE CONTEST</b>	3	4,500			
3 <b>FELLOWES STIPENDS</b>	13	13,000			
4 <b>DC FELLOWSHIP AWARD</b>	11	9,167			
5					
6					
7					

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

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

**VOLUNTEER FLORIDA STAFF AND THE VOLUNTEER FLORIDA FOUNDATION BOARD OF**

**DIRECTORS PROVIDE FISCAL OVERSIGHT OF ALL EXPENDITURES TO ENSURE**

**TRANSPARENCY AND ACCOUNTABILITY.**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
u Attach to Form 990.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**VOLUNTEER FLORIDA FOUNDATION, INC.**

Employer identification number

**01-0973168**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( <b>COMIC BOOKS</b> )	<b>X</b>	<b>1</b>	<b>102,702</b>	
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**VOLUNTEER FLORIDA FOUNDATION, INC.**

Employer identification number

**01-0973168**

**FORM 990 - ADDITIONAL INFORMATION**

**FORM 990, PART IX, LINE 24E:**

**DUES AND SUBSCRIPTIONS \$1,000**

**PRIOR YEAR GRANT REFUNDS -\$25,000\***

**-----**

**-\$24,000**

**\* A GRANT FROM THE PRIOR YEAR WAS REFUNDED IN THE CURRENT YEAR.**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

**VOLUNTEER FLORIDA FOUNDATION, INC.**

Employer identification number

**01-0973168**

**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) <b>FL. COMMISSION ON COMMUNITY SRV. 3800 ESPLANDE WAY TALLAHASSEE FL 32311 61-1596268</b>	<b>VOLUNTEER</b>	<b>FL</b>			<b>N/A</b>		<b>X</b>
(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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FLORIDA COMMISSION ON COMMUNITY SRV	O	112,030	ALLOCATION OF TIME
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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



Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2017 &amp; 2018</b>
For calendar year 2018, or tax year beginning <b>07/01/18</b> , ending <b>06/30/19</b>		

Name **VOLUNTEER FLORIDA FOUNDATION, INC.** Taxpayer Identification Number **01-0973168**

		2017	2018	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants	17,119,794	7,018,001	-10,101,793
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	1,973	235,985	234,012
	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			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>17,121,767</b>	<b>7,253,986</b>	<b>-9,867,781</b>
<b>E x p e n s e s</b>	13. Grants and similar amounts paid	2,284,593	4,419,069	2,134,476
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	18,813	4,720	-14,093
	16. Salaries, other compensation, and employee benefits	11,975	107,311	95,336
	17. Professional fundraising fees			
	18. Other professional fees	9,000	9,750	750
	19. Occupancy, rent, utilities, and maintenance		7,739	7,739
	20. Depreciation and Depletion			
	21. Other expenses	136,965	84,751	-52,214
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>2,461,346</b>	<b>4,633,340</b>	<b>2,171,994</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>14,660,421</b>	<b>2,620,646</b>	<b>-12,039,775</b>
<b>O t h e r I n f o r m a t i o n</b>	24. Total exempt revenue	17,121,767	7,253,986	-9,867,781
	25. Total unrelated revenue			
	26. Total excludable revenue	1,973	235,985	234,012
	27. Total assets	15,315,321	18,080,674	2,765,353
	28. Total liabilities	8,290	152,997	144,707
	29. Retained earnings	15,307,031	17,927,677	2,620,646
	30. Number of voting members of governing body	10	9	
	31. Number of independent voting members of governing body	10	9	
	32. Number of employees	0	0	
	33. Number of volunteers			

**Federal Statements**

**Taxable Interest on Investments**

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT	INCOME	\$ 235,985		14			
TOTAL		<u>\$ 235,985</u>					



## Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
DUES & SUBSCRIPTIONS	\$ 1,000	\$ 667	\$ 333	\$
REFUNDS FROM PY GRANTS	-25,000	-25,000		
TOTAL	<u>\$ -24,000</u>	<u>\$ -24,333</u>	<u>\$ 333</u>	<u>\$ 0</u>