

# **DEPARTMENT OF VETERANS' AFFAIRS**

#### **Office of the Executive Director**

11351 Ulmerton Road, #311-K Largo, FL 33778-1630 Phone: (727) 518-3202 Fax: (727) 518-3403 www.FloridaVets.org Ron DeSantis
Governor
Ashley Moody
Attorney General
Jimmy Patronis
Chief Financial Officer
Nikki Fried
Commissioner of Agriculture

15 August 2022

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

#### Dear Governor DeSantis:

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

FDVA relies daily on the support provided by the Florida Veterans Foundation. The Foundations' services and programs helped over 67,000 Veterans with a variety of personal emergency assistance to include financial, transportation disadvantaged, veterans in crisis, claims assistance, benefits and more. Their outreach and education is unsurpassed in reaching a multitude of Veterans with referrals and benefits assistance as referenced in the attached direct service organization report.

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

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

Sincerely,

James S. Hartsell

Major General, USMC (Ret)



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Ron DeSantis

15 August 2022

Patricia Jameson OPPAGA Coordinator 111 West Madison Street Tallahassee, FL 32399-1475

Dear Ms. Jameson:

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15 August 2022

The Honorable Wilton Simpson President, Florida Senate The Capitol 404 South Monroe Street, Ste. 409 Tallahassee, FL 32399-0001

#### Dear President Simpson:

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15 August 2022

The Honorable Chris Sprowls Speaker of the House The Capitol 402 South Monroe Street, Ste. 420 Tallahassee, FL 32399-0001

#### Dear Speaker Sprowls:

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

FDVA relies daily on the support provided by the Florida Veterans Foundation. The Foundations' services and programs helped over 67,000 Veterans with a variety of personal emergency assistance to include financial, transportation disadvantaged, veterans in crisis, claims assistance, benefits and more. Their outreach and education is unsurpassed in reaching a multitude of Veterans with referrals and benefits assistance as referenced in the attached direct service organization report.

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

Sincerely,

James S. Hartsell

Major General, USMC (Ret)



July 22, 2022

**Chairman Emeritus** 

John L. Haynes, USMC Mike Mason, USA

Executive Director Florida Department of Veterans' Affairs

James A. Hartsell, MajGen, USMC (Ret)

Chairman Tallahassee, FL 32399

Chairman

Dennis Baker, USN Vice-Chairman

Don Lanman, USA

President & CEO

Lew Wilson, USMC

<u>Treasurer</u> Lisa Giacobbe

**District Directors** 

Beatrice Love-Moore, USN Jeffrey Askew, USN Robert Doyle, USA/USMC

> Paul Kimbel, USA Joan Colosimo Don Lanman, USA Angel Figueroa, USA

Members at Large

Rick Grant, RADM, USN
Rep. Sam Killebrew, USN
Dr. William L. Proctor, USA
Senator Danny Burgess, USN
Senator Tom Wright
Mike Jones, USAF
Terry McCaffrey, USAF

#### Contact

Phone: (850) 488-4181 Fax: (850) 488-4001 HelpFLVets.org Info@fdva.state.fl.us

#### **Direct Support Organization Report**

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

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

Florida Veterans Foundation, Inc.

The Capitol, Suite 2107, 400 S. Monroe St., Tallahassee, FL 32399-0001 ADD Mailing Address: P. O. Box 1058, Tallahassee, FL 32302 (850) 488-4181, Extension 1 www.HelpFLVets.org

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

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

- As a Direct Support Organization, the FVF is incorporated as a nonprofit corporation under Chapter 617, Florida Statues, to provide assistance, funding and support for the FDVA in carrying out its mission of Veterans' advocacy. FVF operates for the direct and indirect benefit of the Veterans of Florida, the FDVA and veteran service organizations.
- FVF is also a non-profit organization operating for charitable and educational purposes under Section 501(c)(3) of Internal Revenue Code to:

Educate the public about the needs of Veterans; and, promote and aid charitable activities for the support of the livelihood and general welfare of Florida-resident Veterans.

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

#### 3. Chartered Functions of the Foundation:

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

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

#### Mission:

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

#### $Fiscal\ Year-2021/2022$

Florida Veterans Foundation in support of the Florida Department of Veterans Affairs has aggressively approached service to Florida Veterans through collaboration with statewide associations and organizations and state agencies who have a vested interest in solving those issues that plague Veterans and ultimately affect Florida and the economy. Our approach is measured through outreach and educational services and programs to help 1) find Veterans to register for VA benefits 2) help Veterans in emergency crisis situations 3) make Veterans aware of the many resources available to them to enhance their quality of life. This is accomplished through the enlistment of services and resource organizations with similar missions. Our efforts continue to be successful within the Veteran communities and is gaining the attention of varied levels of government within the state of Florida. These accomplishments are setting the standard for the rest of the nation to follow. This fiscal year the Foundation received \$245,000 from legislative appropriations to hire a Veterans Case Manager and help Veterans with emergency services.

#### **FVF Board of Directors & Staff**

The Foundation Board of Directors added several new names to the board, as the other members retired. The board continues to expand their efforts to support the mission of the Foundation by providing dedicated Veterans services in each local community through a variety of opportunities and commitments. In January 2023, FVF is scheduled to have an in-person Annual Board Meeting, to include a reception at the Florida State Capitol. FVF also added retired Gunnery Sergeant Ralph Salvas, a former Veterans Service Officer to assist Veterans with services and referrals. FVFs charity ratings include earned the Gold Seal of Transparency from GuideStar and a 91% rating from Charity Navigator.

#### **Forward March Ambassadors for Veterans Council**

The FVF board of directors approved this program in January, 2020 to help FVF with a program of sustainability. Businesses, individuals and organizations are invited to join as an Ambassador for \$1,000 a year for three years. This helps the foundation with a dedicated funding source and a committed budget every three years. In October 2021, FVF held its first Veterans Update Meeting online due to COVID. 90% of the Ambassadors attended the meeting. Currently there are thirty-six Ambassadors on the rolls to support the foundation.

# **FVF Volunteer Recruitment Program**

FVF'S new Volunteer Recruitment Program was made possible for the second year in October 2021, by a grant from Volunteer Florida. Since then, FVF has recruited over 400 Volunteers who have dedicated over 4,100 hours of service to our Veterans across the State of Florida.

#### **FVF Fundraising & Grants**

The FVFs full time grant writer has stepped up the pace and submits a minimum of fifty plus grants on our behalf each year. He is responsible to research and apply for grants (with the assistance of the FVF President/CEO and help Veterans in a variety of ways.

- Volunteer Florida Grant This \$20,000 grant was awarded for the second time to the Foundation to increase FVFs volunteer base across the state to assist in the education, outreach and for Veterans and their Families and refer them to benefits and services for emergency services needs. Other Grants received include the Kenan Trust, RRF Foundation, Leon County Cares Grant totaling over \$130K.
- FVF's Fundraising includes the following: Golf Tournaments, Car Shows, Veterans Events, etc. Last year our fundraising efforts cleared over \$36,000 dollars.

#### **Emergency Financial Assistance**

The FVF's successful Financial Aid Program continues its partnership with the Project Vet Relief, In addition to the current program, the FVF created the COVID-19 Project Vet Relief Fund to promote around the state of Florida and recruit donations to help our Veterans in Need caused by the Covid Pandemic. We continue to raise funds for this important project.

#### **Suicide Prevention, Opioid Addiction and Mental Health Programs**

Built on the foundation of trusted entities to refer for treatment, the FVF added Emergency Crisis Hotlines on the FVF and FDVA websites and are partnering with statewide associations and organizations to add these hotline links to theirs, helping Veterans in crisis with issues such as: Suicide Prevention, Opioid Abuse, PTSD, Mental Health, Veterans' Benefits, Transportation, Telehealth, Veterans Treatment Court, Homeless, Assisted Living Facility Resident Support (aging population).

FVF is a working member of the Florida Governors Challenge program, to help develop an aggressive implementation plan for the prevention of suicide among service members, Veterans and their families. The FVF continues its mission to Educate and improve access to care by linking Federal and community resources to each other, including mutual aid support groups as well as partners outside the health care system such as law enforcement and community advisory boards and families. Expand services by addressing unmet social service/community needs that create barriers to service delivery.

respective partners include, but not limited to:

- Tampa Bay Crisis Center Campaigns to combat Veteran Suicide. <a href="www.CrisisCenter.com">www.CrisisCenter.com</a> Mental Health Providers to help direct all Veterans to connect to Crisis Centers for "Veteran Counseling". MYFLVET Hotline Calls totaled 70,451 were referred for action.
- 2-1-1 Network Heroes Mile Cohen Clinics HomeBase Veterans & Family Care SAMSHA Network of Mental Health Providers.
- Florida agencies: FDLE, DCF, AHCA, FDVA, DOH, DOT, Etcetera)
- Collaborations Also Include: Tools -
  - Managing Entities (8 Districts) (Provider Network / Treatment)
  - Bay Area Legal Services (Veterans Treatment Court/30 Counties to grow statewide)
  - Florida Medical Facilities
  - Florida Suicide Prevention Coalition
  - Florida Veterans Council and Non-profit Organizations
  - Base Commanders / Active Duty Components
  - All levels of Florida Government (State and Local)

#### **Aging Veterans Outreach**

The Florida Veterans Foundation as the DSO and in collaboration with the Florida Department of Veterans Affairs has committed to helping solve the Veterans' aging dilemma in hopes to keep Veterans in their homes for as long as possible without reverting to automatically going to Assisted Living Facilities. The intent is to garner the earned benefits of Veterans ultimately getting federal VA dollars. Most importantly, Veterans' benefits, in particular Aid & Attendance benefits, the subject of this current program which is labeled as the "Forgotten Warrior Project" and supported by a three year grant from the Kenan Trust. These benefits help to subsidize the cost of in-home care, assisted living, nursing home and independent living, especially when the burden becomes too much for their immediate family.

This project conducts educational seminars in Broward and surrounding counties to help Veterans and their Survivors apply for the VA Pension, with Aid and Attendance benefits, at no cost to them. Each claim approval averages \$51,200 over a three year period, and in the last fiscal year has helped recover \$22 million in federal dollars for their subsidized care. These federal dollars are increased by the economic impact of 2.39%.

The Forgotten Warrior Project involves the direct collaborative efforts of the FDVA, FVF and the National Association of Veterans and Families. Since the Covid-19 Pandemic the project has shifted gears to include "Virtual" seminars and the creation of video educational tools, accompanied with increased digital marketing efforts create an augmented level of impact on Florida's economy. This is enhanced with the collaboration with several senior statewide associations and state agencies to help us with outreach and education. Since the Pandemic, efforts have been increased to find these Aging Wartime Veterans and their Survivors to assist them with these benefit claims. The approximate expense to help each Veteran and/or Survivor is approximately \$500 each. Here is effect of each approved claim:

- Enhance the quality of life for each Florida Veteran & their Family
- Reduce the strain on Florida tax base revenues
- Reduce Florida's Medicaid & other public assistance expenditures
- Provide a boost to the Florida economy
- Increase Veteran education and awareness of VA services in the state of Florida

#### **Veterans Legal Services**

The FVF continues its mission to provide education and outreach for the FVLH through its aforementioned collaborators and partners, etc. Veterans throughout Florida can get an appointment to speak with an experienced attorney. VLH attorneys will provide direct advice and assistance over the phone and coordinate referrals to partners throughout the state. The helpline attorneys will also be able to schedule appointments for extended services with four full-time attorneys who focus solely on Veterans. The lead network is the Bay Area Legal Service which is uniquely qualified to meet the vital needs of our Veterans.

### **Transportation (On-going)**

FVF's funding for the purchase of several vans by the Disabled American Veterans Organization, has proved successful to help transportation disadvantaged and isolated Veterans get to and from their medical appointments. During COVID the van discontinued service for a brief time, and now continue to operate to help those Veterans in need.

#### **FDVA Benefits Guide**

FVF continues its mission to support the education, outreach and funding of the Florida Veterans Benefits Guide to the tune of printing over 150,000 copies last year.

### **Veterans Served - Foundation Successes - FVF Board & Staff - Collaborations**

FVF Projects	<b>Veterans</b>	<u>Value</u>
Financial Assistance Provided		\$373,000
Includes: Meals/Housing/Outreach/Vet Rel	ief/Education/	Special Services
FVF Staff Veterans Served	2,812	
FVF Board/Volunteers Veterans Served	67,823	
Facebook Education & Benefits Outreach	1,042,601	
Website Page Views	87,665	
Veterans Data Services	128,603	
VA Aid & Attendance Approved Claims	1,038	\$17,715,200.00 Yearly
MYFLVET Crisis Hotline Referrals	12,000+	
FVF Board Members & Volunteer Hours	14,802	
Veterans Honored for Service	300	
Veterans Benefits Guides Printed	150,000	

Chairman, Staff & Board of Directors' Participation Events:

Veteran Treatment Courts, County Council Meetings, Veteran Day Ceremonies, Mission United Advisory Council, Florida Veterans Council, Commanders Meetings, Veteran Awards Events, Homeless Veterans Stand Downs, Homeless Veterans Meals Served, Burial & Memorial Services, Chamber of Commerce Events, Senior Coalition Meetings, Statewide Association Conferences.

Acknowledgement: FVF is grateful for FDVA's partnership through the provisions of office space, administrative and legal collaboration efforts which helps to support FVF's mission objectives.

# Florida Veterans Foundation 3-Year Projection

# FY 2022– 2023

The Florida Veterans Foundation continues to pursue collective collaboration with agencies to fund initiatives that will bring continued revenue to the organization while providing unparalleled support and services to Florida Veterans. The Florida Veterans Foundation Chairman, Commander Dennis Baker, a US Navy Veteran Past President of the Foundation is posturing the FVF to make incredible strides in the upcoming fiscal year 2022-2023 through teaming with Florida Leadership and Legislation. The focus this year is to work with the FDVA and enhance our suicide prevention programs and services that include working with Florida Governors Challenge for the prevention of suicide among service members, Veterans and their families.

FVF will continue to seek recurring funding opportunities that will support FVF programs already created through the hard work of the Florida Veterans Foundation, seeking out new programs affecting Veterans and fund them as well. This will include funding for the Florida Veterans Benefits guide as a ready reference to all Florida Veterans on available benefits and services. It is

paramount that this organization be funded to continue the valuable services to Veterans in Florida. The absolute value of this organization cannot be stated as the network of Veterans throughout the state is without peer.

#### FY 2023 – 2024

The Florida Veterans Foundation will continue to expand its reach through its collaboration with associations and organizations to all areas of the Florida, connecting Veterans in need with resources available within their geographic regions. The additional collaborations will energize the base of supporters to seek better health and wellness to the Veteran community in a continued fight for elimination of opioid abuse and suicide.

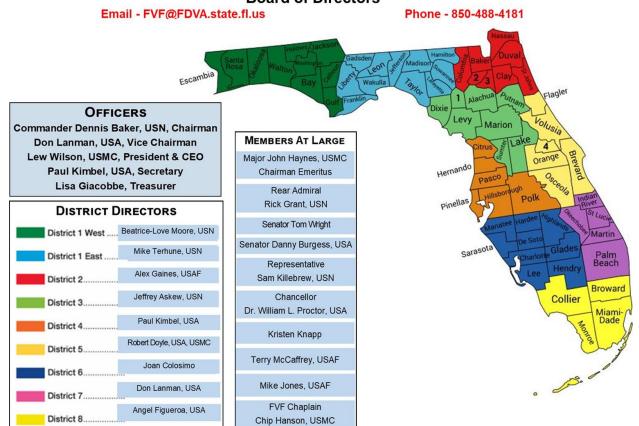
At the same time FVF will seek legislation to fund the Florida Veterans Memorial that will be placed in the Northeast corner of the Capitol grounds to honor all military services and Veterans. FVF will continue to partner in a public/private environment of a board that will commit resources of marketing and funding in support of Veterans.

#### FY 2024 – 2025

The Florida Veterans Foundation will continue to morph into an even greater creative body of service delivery to the Veteran population. To date the FVF has been establishing "Best Practices", which has been carried into the FDVA's Forward March. The basis for the Foundation has been to solicit the greatest talents and minds across Florida to predict events that future Veteran populations will face. The research and analysis of aging populations, medical, mental health, transition, legal, health and wellness, community, and benefits will continue to serve and forecast the necessary role that the Foundation will take on as time passes.

- **A.** Copy of the organizations code of ethics. (Exhibit A)
- **B.** Map of FVF districts. (Exhibit C)
- C. Copy of the board minutes
- D. Copy of the organization's most recent federal IRS Form 990 FY 2020-2021.

# FLORIDA VETERANS FOUNDATION, INC. Board of Directors





#### FVF Board Meeting - July 15, 2021, 1100am - Minutes

Roll Call – Board Members In attendance;

Dennis Baker Lew Wilson Lisa Giacobbe Mike Mason
Mike Terhune Jim Sigman Paul Kimbel Chip Hanson
Robert Doyle (Chip Proxy) Joan Colosimo Don Lanman Dr. William Proctor

Kristen Knapp Bob Asztalos (Ex Officio)

Recently appointed Chairman Dennis Baker opened the meeting at 11am and called on our new Chaplain, Chip Hanson for an opening prayer. Commander Baker then welcomed everyone and asked for a motion to accept April 9, 2021 board meeting minutes. Don Lanman made the motion to approve, seconded by Kristen Knapp.

Lisa Giacobbe reported on FY 20-21 financials with a forecast income of 258K and expenses at \$274K. Year-end financial reports were not complete as of the meeting date. The budget forecast for FY 21-22 income is \$532K and expenses of \$528K. The major change in funding is due to the FDVA allocation of \$245,000.

FDVA's Dep. Exec. Director Bob Asztalos and Ex-Officio of the FVF Board reported on several activates to include, FDVA nursing homes, focus on Vietnam Veterans and Female Veterans, upcoming early session and the opportunity to submit a repeat request for more funding from the legislature.

Lew Wilson reported on the License Plates current pre-voucher sales at 227 and marketing programs to include mailing, emailing flyers and brochures and calling gun stores across the state to help us get the word out. Increase social media marketing by developing a Facebook page specifically for the license plate. Two items have been donated to the foundation to give away as drawing prizes, a AR15 Rifle and Glock Pistol. Winners will be drawn from the pre-sale voucher sales once 3,000 vouchers have been sold.

Don Lanman reported the he received approval to market the license plate pre-sale voucher purchase information to approximately 2,500 Children of American Revolution members and pending,15K DAR members in Florida. He noted that Palm Beach area already has five Ambassadors with three more pending applications.

Lew also reported on fundraising activities that included two car shows have donated over \$6k, the golf tourney has already raised 8K+ and the WWII Project is still recruiting sponsors for the PBS documentary. Two other programs, Walgreens Rewards send FVF \$200 and the Target Rewards has committed \$23K to the Foundation. The appropriation monies should start coming in soon that will cover a soon to hire caseworker and monies for Veterans in need. Monthly disbursements to FVF from FDVA will be approximately \$20,000 per month. The Leatherneck Scramble Golf Tournament is now looking for sponsors, and to date has over \$8K in commitments.

Bob Wood reported on one grant awarded soon for Veterans Aid & Attendance programs for \$30K in the next week and five (5) grants pending approval for over \$100K.

Lew Wilson reported on a current FVF workshop program "Veterans in Transition", which features five speakers to help Veterans with job leads across the state and budgeting for new jobs or after loss of jobs. He also reported on the FVF annual board meeting at the State Capitol and encouraged everyone to attend. A per-diem of \$100 for out of town board members will be available. Any questions on the annual event to call Lew.

Dennis Baker thanked everyone and asked the District Directors to report on anything new. Don Lanman reported that his organization in Palm Beach was going to recognize a 91-year-old Female WWII Veteran with a drive by event to say thank you for her service. He also asked if anyone had any comments to make for the good of the Foundation. He reported that Sachs Media made a proposal to the foundation about

providing "A Legacy of Service" campaign where they will raise funds for the campaign, and provide a percentage to the foundation as a donation. The board is to respond to Lew with any questions.

Dennis Baker called for any other business, being none, asked for a motion to adjourn. Don Lanman so moved and it was seconded by Mike Mason. The meeting was adjourned at 11:45am.

Submitted by Lew Wilson, President & CEO, Florida Veterans Foundation Minutes Approved by Board Vote on 10/12/2021



# FVF Board Meeting - October 12, 2021, 11am Minutes

Roll Call – In attendance:

Dennis Baker Lew Wilson Lisa Giacobbe Mike Terhune
Beatrice Love-Moore John Haynes James Sigman Bill Proctor
Chip Hansen Robert Doyle Don Lanman Bob Asztalos

Guests Included: Steve Murray, FDVA Chris Salak & Kevin Warren w/James Moore Co.

Robert Wood, FVF Grant Writer

Chairman Dennis Baker called meeting to order at 1105 and opened with a prayer from Chaplain Chip Hansen. Roll call was taken by Lew Wilson and it was determined that a quorum was reached. A motion was made by Don Lanman and seconded by John Haynes to approve the July Board Meeting Minutes and the vote passed unanimously.

Chairman Baker introduced FVF's new hire Retired Gunnery Sergeant Ralph Salvas who will be the new Veterans Case Manager for the Foundation. The Chairman reported the Foundation sponsored a recent Legislative Breakfast for Military Veteran Legislators. He spoke with last year's sponsors Rep. Fiona McFarland and Senator Danny Burgess and they agreed to again support our new appropriation requests for this next session.

FVF Treasurer Lisa Giacobbe reported the quarterly Financial reports were late, but that the Foundation was in good shape. Our new auditors from James Moore & Company reported that the Audit for FY 20-21 was clean with no anomalies or suggested findings. A motion was made to accept the reports as given by Don Lanman, seconded by Beatrice Love Moore and passed unanimously.

Colonel Steve Murray with FDVA he reported on the recent training session for all County Veteran Service Officers was held in Safety Harbor. Committee weeks are in full swing with the legislature focusing on budgets and meetings. FDVA thanked FVF for their support of the Veterans Benefits Guides every year. FVF is looking to print over 100,000 guides in November. FDVA opened two new nursing homes this year.

President Lew Wilson reported on current FVF programs: Ambassador program is thirty strong and the State Capitol Ambassador Wall has been updated to include everyone. License Plate Voucher Sales are at 329 with only 2731 left to sell. Visit <a href="www.GadsdenFlagLicensePlate.com">www.GadsdenFlagLicensePlate.com</a>. Sachs Media Program is moving along nicely and need to address the not-for-profit 990T document that taxes income for advertising programs. Leatherneck Scramble Golf Tournament is in full swing and still needs sponsors, prizes and golfers for the November 15, 2021 event. Visit <a href="www.BirdiesforVeterans.com">www.BirdiesforVeterans.com</a>.

FVF Grant Writer Bob Wood reported that FVF received approval for two grants this quarter totaling \$40,000. \$147,000 grants are pending approval. FVF now has a total of over 400 volunteers who have contributed over 6,000 hours of assistance.

District Directors Reports: Beatrice Love Moore of Dist.1W reported that she was honored to be selected as the FVF representative for the FDVA Womens Council to support women Veterans. Mike Terhune of Dist. 1E reported he is busy with transporting fallen Veterans to their preferred place of rest anywhere in the country and working on a local 911 Memorial and Veterans Day Parade. Paul Kimbal, Dist. 4 reported he is working on helping a Veteran repair his trailer bathroom, connecting veterans with donations and helping with Afghanistan withdrawal support.

#### Page Two

Vice Chairman Don Lanman with Dist. 7 is working on Ambassador and donation recruitment with several organizations.

Nicholas Ancheta in Senator Tom Wrights office said the Senator has worked on the following fundraising programs for Veterans to include; Honor Chair for POW/MIA, Central Florida Honor Flights and Urban Ministries for Homeless Veterans.

Chairman Baker asked for any other input for the good of the Foundation. Being none, he called for a motion to adjourn. Major John Haynes made the motion, it was seconded by Beatrice Love Moore and passed unanimously.

Submitted by Lew Wilson, President, Florida Veterans Foundation Approved Unanimously at the January 21, 2022 Board Meeting



# FVF Board Meeting – January 21, 2022, 11am Minutes

Roll Call - In attendance:

Dennis Baker Lew Wilson Lisa Giacobbe Mike Terhune
Beatrice Love-Moore John Haynes Chip Hansen Don Lanman
Bob Asztalos Mike Mason Michael Terhune Paul Kimbel

Kristen Knapp Joan Colosimo

Guests Include: Chuck Faircloth, FDVA General Counsel.

Robert Wood, FVF Grant Writer

Chairman Dennis Baker called meeting to order at 1105. Roll call was taken by Lew Wilson and it was determined that a quorum was reached. A motion was made by Don Lanman and seconded by Jeffrey Askew to approve the October 2021 Board Meeting Minutes and the vote passed unanimously.

Chairman Baker introduced Bob Asztalos, FDVA. His update included FDVA nursing homes statistics, waiting lists for the homes because of staff shortages. Overview of the top Veterans legislative bills to include the MOS specialty bill. Possible monies to fund HBOT treatment with FVF fund distribution.

Chuck Faircloth, General Counsel with FDVA reviewed the Sunshine Law Regulations and the requirements for being compliant.

President Wilson reported the License Plate Voucher Sales are at 685 and growing due to an aggressive campaign with Strategic Digital Services and that anyone can purchase them online at www.HelpFLVets.org. The 2022 golf tourney is moving forward with the new Honorary Chairperson being Mrs. Chuck Yeager. The Sachs Media program is moving forward. They will be recruiting sponsors for a thirty-minute program and various commercials to be filmed later. All sponsors will become FVF Ambassadors. The potential for raising funds is around \$36,000.00.

Chairman Baker reported that FVF has received a special annuity that was referred by FDVA for \$78K. Another Veteran left FVF in his will, and we are waiting on the final determination and distribution as well. FVF also gave an inspiring presentation to the Florida Support Defense Task Force which outlined our mission. A round of applause was their response, along with the confirmation that FVF is a "one stop shop" for Veterans in need. Their Vice President has since filled out an application to be on our board.

District 4 Director Paul Kimbel reported that he has attended several events on our behalf and has also lined up a meeting with the Tampa Bay Lightning and FVF to see how we can partner. He is also moving ahead to recruit other potential partners.

FVF Grant Writer Bob Wood reported that FVF has sent several letters of intent and has about \$290,00 in pending grant approvals. FVF has received a recurring grant from Volunteer Florida to help recruit volunteers around the state. FVF's Volunteer Handbook is now completed for use as a guideline for volunteer recruitment. He thought the FVF Golf Tournament was stellar and cannot wait until November 2022.

#### Page Two

Treasurer Lisa Giacobbe reported that the balance sheet shows \$323,830 in our accounts. Year to date funds received total \$424,233. The Foundation is in a very good place at this time. A motion to approve the financials as submitted by John Haynes seconded by Joan Colosimo and approved unanimously.

District directors highlights included: District One East Beatrice Love Moore – Veterans Resource Fair and Celebration will take place Feb 16 and she will distribute license plate flyers to everyone. District One West Mike Terhune Attending Band of Brothers event and helped with a huge disaster event in Georgia. District Director Three Jeffrey Askew pointed out that all was good and they continue to help Veterans. District Director Four Paul Kimbel delivered 65 care packages to a Veterans Nursing Home and specialized medical equipment to the Disability Center for Veterans. He also has positive comments about the FVF golf tourney. District Five Dep Dir. & FVF Chaplain Chip Hanson delivered 11,000 wreaths to Veterans' graves, and works with Elite 8 group to handle negotiations, listen and assist Veterans. District Six Joan Colosimo continues grassroots Veterans events and works with equestrian assistance for Veterans. District Seven Don Lanman went to thirty events to help Vets, recruits Ambassadors and works closely with Palm Beach County Network.

Chairman Baker spoke about the upcoming Florida Dental Association's "Mission of Mercy" in Tallahassee on March 11 & 12 to help Veterans with needed dental work. FVF will be the sponsor.

President Wilson asked the board to nominate local Veterans Homeless Shelters to receive a distribution of \$1,000 each to help support their needs. He also mentioned that Major John Haynes was selected for the DAR Medal of Honor award to be presented soon. Major John Haynes added his heartfelt thanks to the entire board for their hard work and devotion in helping our Veterans in need.

FVF Chaplain Chip Hansen blessed the board and foundation with sage words during his closing prayer. A motion to adjourn was made by Jeffrey Askew, seconded by John Haynes and passed unanimously. Chairman Baker declared the meeting closed at 12:18PM.

Submitted by Lew Wilson, President, Florida Veterans Foundation FVF Board Minutes approved April 22, 2022



### FVF Board Meeting - April 22, 2022, 11am Minutes

Roll Call – In attendance;

Lew Wilson Dennis Baker Lisa Giacobbe Mike Terhune John Haynes Chip Hansen Don Lanman Angel Figueroa Paul Kimbel Bob Asztalos Mike Mason Michael Terhune Mike Jones Kristen Knapp Joan Colosimo Robert Doyle

Terry McCaffrey Senator Tom Wright

Guests Include: Robert Wood, FVF Grant Writer

Vice-Chairman Don Lanman called meeting to order at 1105. Roll call was taken by Lew Wilson and it was determined that a quorum was reached. Chip Hanson gave the opening prayer. A motion to approve the January 2022 Board Meeting Minutes was made by Bob Doyle, seconded by Terry McCaffrey and passed unanimously.

Vice-Chair Lanman gave the legislative report that included appropriations for FVF for \$250,000 once the Governor signs the bill into law. Also reported the Medal of Honor bestowed upon Major John Haynes by the Fort San Luis Chapter of the Daughters of the American Revolution in Tallahassee, FL.

Steve Murray, FDVA, thanked FVF for the support in printing 150,000 benefits guides. And reported about Honor Flight leaving tomorrow from Tallahassee, Alwyn C. Cash Nursing Home opening May 21<sup>st</sup> in Orlando and the Florida Veterans Hall of Fame ceremony in the Senate Chambers on April 27<sup>th</sup>.

President Wilson reported the License Plate Voucher Sales are at 873 and growing due to an aggressive campaign and anyone can purchase them online at www.GadsdenFlagLicensePlate.org. The 2022 golf tourney is moving forward with the new Honorary Chairperson being Mrs. Chuck Yeager and the goal is \$100,000 in gross revenues. We are currently recruiting the Sound Barrier Sponsors first for \$7,500.00 each. FVF is looking to add the Great Nonprofits Seal to the website with positive testimonials. Newsletter to come out soon, folks can subscribe on the FVF website. FVFs Volunteer Florida Grant has FVF recruiting upwards of over 500 Volunteers by District. Ambassador program booming with revenues YTD at \$40,000.

FVF Grant Writer Bob Wood \$160,000 in total grants with \$95,000 still undecided. Possible Suicide Prevention Grant to FVF in partnership with FDVA for the Governors Challenge funding in excess of \$750,000.

Lisa Giacobbe, Treasurer reported on the Balance Sheet and the YTD Budget versus Actual comparison sheet. Total actual income YTD \$551,622, Veterans Assistance at \$226,948 and net income for the year at \$153,561. A motion to approve the financials was made by Mike Mason, seconded by Joan Colosimo and passed unanimously. Lisa reported on the changes made to the Fiscal Policies and Procedures to update due to an increase in funding and other regulations, a motion to approve was made by John Haynes, seconded by Terry McCaffrey and passed unanimously.

**District Director Reports** 

Mike Terhune, District 1 East reported several events to include Honor Flight, Irreverent Warriors march, Tally Bike Fest, Military Honors at National Cemetery and more. He will be distributing the Gadsden Flag promotional cards and other information

Paul Kimbel, District 4 reported events such as On the Water with Veterans, Tampa Bay Lightning, Hernando Beach Yacht Club (Donations to FVF) and will be honorary speaker at the County Veterans Service Officer conference in Safety Harbor.

Robert Doyle & Chip Hanson working with Wreaths Across America, Veterans receiving honors at National Cemetery, Heroes Honors Festival in Daytona Beach to honor Vietnam Veterans on Memorial Day and helping family members of a Veteran victim to suicide, with benefits.

Joan Colosimo, District 6 reported on area Honor Flight, Veterans Expo's, Welcome Home to Veterans, Wounded Veteran events and distributing benefits guides and Gadsden flag promotional cards.

Don Lanman and Karen Christy of District 7, reported 37 events, recruiting ambassadors, helping homeless Veterans, honoring 100-year-old Veteran with FVF's Veterans Service Medal and several speaking engagements to include President Donald Trump. Distributing benefits guides and Gadsden flag promotional cards.

For the good of the Foundation, President Wilson gave his heartfelt thanks to the board for everything they do to help our Veterans. Vice-chair Lanman asked board members to help recruit Ambassadors which are a lifeblood of FVF, and for them to get in front of as many groups as possible to promote the Foundation, is mission and programs.

A motion to adjourn was made by Terry McCaffrey, seconded by Mike Terhune and passed unanimously. Vice Chairman Lanman declared the meeting closed at 12:02PM.

Submitted by Lew Wilson, President, Florida Veterans Foundation Approved by the Board of Directors July 22, 2022

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<u> </u>	OI III	e 2020 Calendar year, or tax year beginning 000 1, 2020 ar	iu enuning i	UUN 30, 2021		
<b>B</b> (a	Check if pplicab	C Name of organization		D Employer identifi	cation number	
	Addre	e   FLORIDA VETERANS FOUNDATION, INC				
	Name Chan	Doing business as		26-27488	11	
	Initial returr Final	/ PO.L	Room/suite	E Telephone numbe		
	⊥returr termi ated	// 				
	ated □Amer	<b>1</b>		G Gross receipts \$	273,557.	
L	returr	TAULAHASSEE, FL 32399		H(a) Is this a group re		
	Appli tion pend			for subordinates		
_		SAME AS C ABOVE		H(b) Are all subordinates in		
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(	1) or 52		list. See instructions	
		te: ► WWW.FLORIDAVETERANSFOUNDATION.ORG		H(c) Group exemption		
	orm o	f organization: X Corporation Trust Association Other ►  Summary	L Yea	r of formation: 2008  r	M State of legal domicile: FL	
	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDI	TLE O		
Activities & Governance	'	briefly describe the organization's mission of most significant activities.	БСПДВ	<u> </u>		
na.	2	Check this box  if the organization discontinued its operations or disp	osed of mor	e than 25% of its net as:	sets.	
Š	3			3	21	
ဇိ	4	Number of independent voting members of the governing body (Part VI, line 1b			21	
<b>ფ</b>	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0	
ij	6	Total number of volunteers (estimate if necessary)			0	
ţį	7 a			7a	0.	
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
		, , , , , , , , , , , , , , , , , , ,		Prior Year	Current Year	
_	8	Contributions and grants (Part VIII, line 1h)		240,683.	261,971.	
Σ	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		339.	20.	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-9,781.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		241,022.	252,210.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		218,243.	99,803.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		12,671.	0.	
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		9,552.	1,729.	
en Sen	h	Total fundraising expenses (Part IX, column (A), line 25)	360.	3,0021	27,230	
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		75,359.	145,163.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		315,825.	246,695.	
	19	Revenue less expenses. Subtract line 18 from line 12		-74,803 <b>.</b>	5,515.	
×	19	neverue less expenses. Subtract line 16 from line 12		eginning of Current Year	End of Year	
Net Assets or	20	Total assets (Part X, line 16)	۲	115,979.	121,409.	
ASSE Ball	21	Total liabilities (Part X, line 16)  Total liabilities (Part X, line 26)		1,200.	900.	
let/	22	Net assets or fund balances. Subtract line 21 from line 20		114,779.	120,509.	
Pa	art II	Signature Block		114,775	120,303.	
		alties of perjury, I declare that I have examined this return, including accompanying schedu	iles and statem	nents, and to the hest of my	knowledge and helief it is	
		ct, and complete. Declaration of preparer (other than officer) is based on all information of			r knowledge and belief, it is	
uu	, 60116	ti, and complete. Declaration of preparer (other than officer) is based on an information of	willon proparo	i ilas ally kilowicuge.		
Cia	_	Signature of officer		Date		
Sig:		LEW WILSON, PRESIDENT				
пеі	e	Type or print name and title				
			I	Date Check [	PTIN	
Paid		Print/Type preparer's name Preparer's signature  MARK PAYNE MARK PAYNE		00 (00 (01   i   i		
					59-3204548	
-	Only	*	<u> </u>	FITTI S EIN	<u> </u>	
USE	Only	Firm's address > 2477 TIM GAMBLE PLACE, SUITE 20 TALLAHASSEE, FL 32308-4386	, 0	Dhana na Q E	0-386-6184	
N 6 -	. 41 '			I Prione no. 6 3		
ıvıa\	/ τne l	RS discuss this return with the preparer shown above? See instructions			X Yes No	

INC

Pai	Statement of Program Service	-		
_	Check if Schedule O contains a respons	se or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission: TO SUPPORT THE FLORIDA	DEPT. OF VETERANS A	FFATRS THE VETERANS	OF THE
	STATE, AND CONGRESSIONA			
	BIIIII, IND CONGRESSIONII	DDI CIMICIDICAD VEIDIC	MY BERTY ICE CROSECTED III	10110 •
2	Did the organization undertake any significant	program services during the year which	ch were not listed on the	
_	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Sche			
3	Did the organization cease conducting, or mal		cts. any program services?	Yes X No
	If "Yes," describe these changes on Schedule		710, a.r., p. og. a oc. 11000	
4	Describe the organization's program service a		argest program services, as measured b	v expenses.
•	Section 501(c)(3) and 501(c)(4) organizations a			
	revenue, if any, for each program service repo	· · · · · · · · · · · · · · · · · · ·	,	
4a			99,803.) (Revenue \$	11,566.)
	COSTS INCURRED TO ASSIS			
	THOSE IN NEED OF EMERGE			
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
				,
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe on Schedule	e O.)		
	(Expenses \$ include	ling grants of \$	) (Revenue \$	)
4e	Total program service expenses	224,621.		
				Form <b>990</b> (2020)

# Form 990 (2020) FLORIDA VETE 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	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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	5		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	6		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	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	88		_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	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		_X_
С	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	11c		_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	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	, , , , , ,	14a		_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			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	l		37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

#### FLORIDA VETERANS FOUNDATION, INC 26-2748811 Page 4 Form 990 (2020) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... X 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ..... 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schodula O contains a response or note to any line in this Bart V

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

032004 12-23-20

# Form 990 (2020) FLORIDA VETERANS FOUNDATION, INC Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			₩.
	any contributions that were not tax deductible as charitable contributions?	6a		X
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  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?	7-		Х
a b	TENER IN THE TENER	7a 7b		21
	Did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	15		
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders  Cross income from other courses (De not not amounts due or paid to other sources against	1		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	_	990	(0000)

Form **990** (2020)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 21			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This social 2 logistic mismatch as sat policies to require by the mismatch as social)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble
. =	for public inspection. Indicate how you made these available. Check all that apply.	,)		-
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.		ui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LEW WILSON - 850-488-4181			
	400 S MONROE STREET, SUITE 2107 , TALLAHASSEE , FL 32399			

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Form **990** (2020)

# 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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LEW WILSON PRESIDENT & CEO	30.00	х		Х				60,000.	0.	0.
(2) JOHN L. HAYNES	2.00	21		- 22				00,000.	•	<u>``</u>
CHAIRMAN EMERITUS	2.00	х						0.	0.	0.
(3) MIKE MASON	2.00							•	•	
CHAIRMAN EMERITUS		х						0.	0.	0.
(4) DENNIS BAKER	6.00								•	
CHAIRMAN		Х		х				0.	0.	0.
(5) LISA GIACOBBE	2.00							-		
TREASURER		Х		Х				0.	0.	0.
(6) CHIP HANSON	2.00									
CHAPLAIN		Х						0.	0.	0.
(7) BEATRICE LOVE-MOORE	2.00									
DIRECTOR		Х						0.	0.	0.
(8) MIKE TERHUNE	2.00									
DIRECTOR		Х						0.	0.	0.
(9) JIM SIGMAN	2.00									
DIRECTOR		X						0.	0.	0.
(10) JEFFREY ASKEW	2.00									
DIRECTOR		Х						0.	0.	0.
(11) PAUL KIMBEL	2.00									_
DIRECTOR		Х						0.	0.	0.
(12) ROBERT DOYLE	2.00									
DIRECTOR		Х						0.	0.	0.
(13) JOAN COLOSIMO	2.00								•	
DIRECTOR	4 00	Х						0.	0.	0.
(14) DON LANMAN	4.00	.,		7.7					0	
VICE CHAIRMAN	1 2 00	Х		Х		$\vdash$	<u> </u>	0.	0.	0.
(15) ANGEL FIGUEROA	2.00	Х						0.	0.	_
OIRECTOR (16) RICK GRANT	2.00	Λ				$\vdash$	$\vdash$	0.	U •	0.
DIRECTOR	4.00	Х						0.	0.	0.
(17) SAM KILLEBREW	2.00	Λ						0.	0.	· ·
DIRECTOR	2.00	Х						0.	0.	0.
032007 12-23-20		27					l		<b>U</b> •	Form <b>990</b> (2020)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hi	ghes	st C	compensated Employee	s (continued)				
(A) (B)				(0				(D)	(E)	Т	(F)		
Name and title	Average	(do		Posi heck r			one	Reportable Reportable			Estimated		
	hours per	box	, unle	ss per	son i	is botl	h an	compensation	compensation			ount o	of
	week (list any		T an			1	1	from the	from related organizations		comp	other	tion
	hours for	Individual trustee or director				٥		organization	(W-2/1099-MISC)			m the	
	related	tee or	trustee			nsate		(W-2/1099-MISC)	(** = * * = = * * * * * * * * * * * * *			nizati	
	organizations	Itrust	nal tr		oyee	om pe					and	relate	∍d
	below	ividua	Institutional t	Officer	key employee	Highest compensated employee	Former				orga	nizatio	วทร
	line)	Pul	lus	Offi	Key	훈등	휸			+			
(18) CHANCELLOR EMERITUS	2.00	٠,,							•				^
DIRECTOR (19) DANNY BURGESS	2.00	Х				-		0.	U	1			0.
DIRECTOR	2.00	х						0.	0				0.
(20) WILLIAM WEBB	2.00	^						0.		$\div$			<u> </u>
DIRECTOR	2.00	Х						0.	0	.			0.
(21) TOM WRIGHT	2.00	25								$\div$			<u> </u>
DIRECTOR	2.00	х						0.	0				0.
(22) KRISTEN KNAPP	2.00					$\vdash$		•		┿			
DIRECTOR		x						0.	0	١.			0.
(23) BOB ASZTALOS	2.00	1				$\vdash$				Ť			
EX-OFFICIO		Х						0.	0	١.			0.
										T			
										$\perp$			
		1											
						<u> </u>				$\dashv$			
1b Subtotal		1					<b></b>	60,000.	C	١.			0.
c Total from continuation sheets to Part VI							<b>•</b>	0.	0	١.			0.
d Total (add lines 1b and 1c)							<b></b>	60,000.	0	١.			0.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
compensation from the organization													0
										_		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,		ee, k	кеу е	empl	oye	e, or	hig	phest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for si										.	3		<u> </u>
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150			•							.	4		<u> </u>
5 Did any person listed on line 1a receive or a											_		v
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedul	e J f	or st	ıch r	oers	on				Щ.	5		<u> </u>
Complete this table for your five highest contactors	mnensated inc	lene	nder	nt cc	ntr	acto	re th	nat received more than \$	100 000 of comper		on from		
the organization. Report compensation for t										Julia	011 1101		
(A)	<i>,</i>			<u> </u>				(B)			(C)	)	
Name and business	address	N	ONE	3				Description of s	ervices	Co	mpen	satior	1
							_						
							$\dashv$			—			
O Tabel combined in the control of t	and the second	- 4 .**											
2 Total number of independent contractors (in \$100,000 of componential from the organic	•	ot IIr	nited	ı to t	thos ۲	_	ted	above) who received mo	ore tnan				

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FLORIDA VETERANS FOUNDATION, INC 26-2748811 Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a 1b **b** Membership dues c Fundraising events ..... 38,221. 1c d Related organizations 1d 31,000. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 192,750. 1f g Noncash contributions included in lines 1a-1f 261,971. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue ..... g Total. Add lines 2a-2f Investment income (including dividends, interest, and 20. 20. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) \_\_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 38,221. of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses -21,347. -21,347. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11,566. 11 a MISCELLANEOUS INCOME 900099 11,566. d All other revenue 11,566. e Total. Add lines 11a-11d

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252,210.

**12 Total revenue.** See instructions

11,566.

	on 501(c)(3) and 501(c)(4) organizations must compl		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	99,803.	99,803.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				<u> </u>
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management	66,000.	59,400.	3,300.	3,300.
b	Legal	61.	, -	61.	•
c	Accounting	7,200.		7,200.	
d	Lobbying	,		,	
e	Professional fundraising services. See Part IV, line 17	1,729.			1,729.
f	Investment management fees	.,			
g	Other. (If line 11g amount exceeds 10% of line 25,				
ອ	column (A) amount, list line 11g expenses on Sch 0.)	23,325.	23,325.		
12	Advertising and promotion	1,262.	40.		1.222.
13	Office expenses	4,522.		3,413.	1,222. 1,109.
14	Information technology	-,		-,	_,
15	Royalties				
16	Occupancy				
17	Travel	1,524.	1,524.		
18	Payments of travel or entertainment expenses	1,041	±,52±•		
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19					
20	Interest				
21	Payments to affiliates	305.	305.		
22	. Г	630.	303.	630.	
23	Other expenses, Itemize expenses not covered	0.50 •		030•	
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) VETERANS SERVICES	36,956.	36,956.		
a	AWARDS & CERTIFICATES	3,268.	3,268.		
D	BANK & MERCHANT FEES	110.	5,200.	110.	
C	DAME & MERCHANI PEDS	110.		110.	
d	All abben and and				
	All other expenses	246 605	224 621	14,714.	7 260
<u>25</u>	Total functional expenses. Add lines 1 through 24e	246,695.	224,621.	14,/14.	7,360.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2020
					- 000 (-

Form **990** (2020)

Form 990 (2020)
Part X Balance Sheet

Part .	<b>^</b>	Balance Sneet					
		Check if Schedule O contains a response or	note to an	y line in this Part X		·····	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			114,700.	1	112,219
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3	8,000		
		Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B				9	
1	0a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	3,041.			
	b	Less: accumulated depreciation		3,041.	304.	10c	0
1	1	Investments - publicly traded securities			975.	11	1,190
1	2	Investments - other securities. See Part IV, lin	e 11			12	
1	3	Investments - program-related. See Part IV, lin	ne 11			13	
1	4	Intangible assets				14	
1	5	Other assets. See Part IV, line 11				15	
1	6	Total assets. Add lines 1 through 15 (must e	qual line 3	33)	115,979.	16	121,409
1	7	Accounts payable and accrued expenses			1,200.	17	900
1	8	Grants payable		18			
1	9	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
္   2	2	Loans and other payables to any current or for	ormer offic	er, director,			
≝		trustee, key employee, creator or founder, su	bstantial d	contributor, or 35%			
		controlled entity or family member of any of t	nese pers	ons		22	
<sup>⊒</sup>   2	23	Secured mortgages and notes payable to uni	elated thi	rd parties		23	
2	24	Unsecured notes and loans payable to unrela	ted third	oarties		24	
2	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			1,200.	26	900
		Organizations that follow FASB ASC 958, o	heck her	e ▶ X			
Se		and complete lines 27, 28, 32, and 33.					
<u> </u>	27	Net assets without donor restrictions			114,779.	27	112,509
B 2	28	Net assets with donor restrictions		<u></u>		28	8,000
		Organizations that do not follow FASB ASC	958, che	eck here 🕨 🔲			
בַ		and complete lines 29 through 33.					
2 2	9	Capital stock or trust principal, or current fun				29	
ğ   3	0	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
₹   3	1	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	2	Total net assets or fund balances			114,779.	32	120,509
	3	Total liabilities and net assets/fund balances			115,979.	33	121,409

Form **990** (2020)

Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2 <u>,2</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			95. 15.		
3	Revenue less expenses. Subtract line 2 from line 1						
4							
5	Net unrealized gains (losses) on investments	5		2	<u> 15.</u>		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	12	0,5	09.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		2c		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin						
	Act and OMB Circular A-133?	-	За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L		
	<del>-</del>		Form	990	(2020)		

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#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

FLORIDA VETERANS FOUNDATION, INC

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.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

1		A church convention of chi	urchos or associatio	on of churchos doscribos	lin <b>coctic</b>	n 170/h)/1	IVAV:\			
2	H	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .  A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E (Form 990 or 990-EZ).)								
3	H	A scribor described in <b>section 170(b)(1)(A)(iii).</b> A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>								
4	H	A medical research organization					•	the hospital's name		
-		city, and state:	ation operated in co	njanotion with a noopital	accombca	III SCCIIO	11 17 0(B)(1)(A)(III). Entor	the noopital o name,		
5		An organization operated for	or the benefit of a co	llege or university owner	l or operat	ed by a go	wernmental unit describe	ed in		
3	ш			nege of difficersity owner	or operat	ed by a go	Werninental unit describe	5 <b>u</b> III		
_		section 170(b)(1)(A)(iv). (C				70/1-1/41/41	<i>(-</i> )			
6	$\square$	A federal, state, or local gov	_							
7	Ш	An organization that norma	•	ntial part of its support f	om a gove	ernmentai	unit or from the general	public described in		
_		section 170(b)(1)(A)(vi). (C		(4VAV 1) (0	\					
8	Н	A community trust describe			-					
9		An agricultural research org				-	-	•		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	eor		
	Ū	university:								
10	X	An organization that norma								
		activities related to its exem		· ·				-		
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.		
		See section 509(a)(2). (Cor	•							
11	Ш	An organization organized a	•	•	•			_		
12		An organization organized a	· ·	•	-		•			
		more publicly supported or						Check the box in		
		lines 12a through 12d that								
а		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. <b>You must o</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 mus								
С		Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,								
	_	its supported organization								
d			=				• • • • •	* *		
		that is not functionally int	-	•	-			veness		
		requirement (see instructi	•	- ·						
е		□ Check this box if the organic					Type I, Type II, Type III			
		functionally integrated, or	Type III non-functio	nally integrated supporti	ng organiz	ation.				
		er the number of supported o	•							
g		vide the following information			(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	(	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	ili your governi	ig accument?	support (see instructions)	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No	Support (See motractions)	Support (See motraotions)		
			i	1			i	1		

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Schedule A (Form 990 or 990-EZ) 2020

#### 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.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.								
	tion B. Total Support			•	•				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 4								
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	<b>Total support.</b> Add lines 7 through 10								
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12			
	First 5 years. If the Form 990 is for the	•				01(c)(3)			
	organization, check this box and stop	) here			• • • • • • • • • • • • • • • • • • • •				
Sec	tion C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%		
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%		
16a	33 1/3% support test - 2020. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and		
	stop here. The organization qualifies								
b	33 1/3% support test - 2019. If the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact								
	meets the facts-and-circumstances te				•		<b>&gt;</b>		
b	10% -facts-and-circumstances test	_			-	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-circu				-		<b>&gt;</b>		
18	<b>Private foundation.</b> If the organization				•		s <b>▶</b> □		
			, :=			dule A (Form 990			

#### 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								
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")	587,747.	235,636.	746,736.	240,683.	261,971.	2072773.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	587,747.	235,636.	746,736.	240,683.	261,971.	2072773.	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
k	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						0.	
(	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						2072773.	
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total	
9	Amounts from line 6	587,747.	235,636.	746,736.	240,683.	261,971.	2072773.	
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,734.	379.	138.	339.	20.	2,610.	
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,734.	379.	138.	339.	20.	2,610.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					11,566.	11,566.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	589,481.	236,015.	746,874.	241,022.	273,557.	2086949.	
14	First 5 years. If the Form 990 is for the	· ·		,		( )( )	· —	
_	check this box and stop here						<b>&gt;</b>	
	ction C. Computation of Publi					[	00 20	
	Public support percentage for 2020 (I					15	99.32 %	
16	Public support percentage from 2019					16	99.88 %	
	ction D. Computation of Inves			101 (*)		47	12 ~	
	Investment income percentage for 20			10				
18	, ,							
198	19a 33 1/3% support tests - 2020. 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							
	more than 33 1/3%, check this box ar  33 1/3% support tests - 2019. If the							
ľ	line 18 is not more than 33 1/3%, che	•				,	. $\square$	
20	Private foundation If the organization		-	•		-		

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
6		
7		
8		
9a		
<u>.</u>		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported	•		
~	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	, ,			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			<u> </u>
	Ton Or Type in Supporting Organizations		Vaa	N <sub>a</sub>
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	Ton B. All Type in Supporting Organizations		· ·	T
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ı <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		l

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t v   Type III Non-Functionally integrated 509(	(a)(3) Supporting Orga	ınızatıons <sub>(continu</sub>	ued)	
Secti	on D - Distributions			-	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	 S	3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
ее	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
<u>a</u>	Excess from 2016				
<u>b</u>	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

## Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

### **Schedule of Contributors**

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

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

INC

OMB No. 1545-0047

2020

Name of the organization

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

FLORIDA VETERANS FOUNDATION

**Employer identification number** 

26-2748811

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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

Name of organization Employer identification number

# FLORIDA VETERANS FOUNDATION, INC

26-2748811

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF FLORIDA DEPARTMENT OF VETERANS' AFFAIRS  400 S MONROE ST, UNIT 2107  TALLAHASSEE, FL 32399	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LEON COUNTY CARES		Person X Payroll
	301 S MONROE ST  TALLAHASSEE, FL 32301	\$ 25,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WILLIAM R. KENAN, JR CHARITABLE TRUST  PO BOX 3858  CHAPEL HILL, NC 27515	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	VOLUNTEER FLORIDA  1545 RAYMOND DIEHL ROAD, SUITE 250  TALLAHASSEE, FL 32308	\$ 9,964.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)  Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	COMMUNITY FOUNDATION OF TAMPA BAY, INC.  4300 W CYPRESS STREET #700  TAMPA , FL 33607	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PERFECT GOLF EVENT  3208 SAWGRASS VILLAGE CIRCLE	\$9,801.	Person X Payroll  Noncash
	PONTE VEDRA BEACH, FL 32082	Cabadula D /Farra	(Complete Part II for noncash contributions.)

Name of organization Employer identification number

# FLORIDA VETERANS FOUNDATION, INC

26-2748811

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** FLORIDA VETERANS FOUNDATION, INC 26-2748811 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FLORIDA VETERANS FOUNDATION, INC

**Employer identification number** 26-2748811

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	,		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	rvation easements during the year
_	Annual of constant in constant in the state of the state		and the state of t
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	es satisfy the requirements of section 170/b	\(A\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8			
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservati		
3	balance sheet, and include, if applicable, the text of the footr	·	
	organization's accounting for conservation easements.	lote to the organization's infancial statemen	its that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	i8, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for put	·	
	service, provide in Part XIII the text of the footnote to its final	· ·	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

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

Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Similar <i>A</i>	Ssets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	make sig	nificant use	of its	•		
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲 ı	Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exem	ot purpose	in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "	Yes" on F	orm 990, F	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	contributions	s or other ass	ets not in	cluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:							
									Amount	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fo					-	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i		swered	"Yes" on Fo	1						
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back (	d) Three yea	rs back	(e) Four	years	s back_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g	ı, column (a)	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ssion of the organiza	ition that	are held ar	nd administer	ed for the	organizatio	on	Г		Τ
	by:								<b>a</b> m	Yes	No_
	(i) Unrelated organizations								3a(i)		+
	(ii) Related organizations								3a(ii)		+-
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fu	unas.							
ı aı			Dort IV	lino 11a C	oo Form 000	Dort V lie	no 10				
	Complete if the organization answered						cumulated	$\Box$	(d) Dool	r vale	
	Description of property	(a) Cost or o basis (investr			or other (other)	. ,	reciation		(d) Bool	k valu	Je
	Land	<u> </u>	,								
	Buildings										
	Leasehold improvements										
	Equipment				3,041.		3,041				0.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X colum	ın (B) line 1ı	0c.)			<b>▶</b>			0.
	i Columni (a) must e	gadi i onni ood, i dil.	coluiti				············	<del>. '</del>			

Schedule D (Form 990) 2020

(a) Descri	Investments - Other Securities.  Complete if the organization answered "Yes" or ption of security or category (including name of security)	n Form 990, Part IV, line		
(1) Financ		TI OHIH 330, I alt IV, IIIIC	11h See Form 990 Part Y	line 12
(1) Financ	3 3 1 2	(b) Book value		n: Cost or end-of-year market value
	ial derivatives			·
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	Investments - Program Related.			
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8)				
(9)	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	Complete if the organization answered "Yes" or	n Form 990 Part IV line	11d See Form 990 Part X	line 15
		escription	114. 000 1 01111 000, 1 411 71,	(b) Book value
(1)	·	·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990. Part X. col. (B) line	15.)		<b>&gt;</b>
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or (a) Description of liability	n Form 990, Part IV, line	11e or 11f. See Form 990, F	Part X, line 25.  (b) Book value
<u>1.</u>	· · · · · · · · · · · · · · · · · · ·			(b) book value
	deral income taxes			
(2)				
(4)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

(5) (6) (7) (8)

Provide the descriptions required for Part	I	I
--	---	---

Part XIII Supplemental Information.

Add lines 2a through 2d

**b** Other (Describe in Part XIII.) c Add lines 4a and 4b

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

Schedule D (Form 990) 2020

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

c Add lines 4a and 4b

Add lines 2a through 2d

1

2

1

3

THE FOUNDATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS OF THE FOUNDATION.

#### PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES -21,347.

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2020

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

lame of the organization						Employer ide	ntification number
	VETERANS FOUNDATION	ON,	INC			26-2748	811
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" on	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individendments</li> <li>b If "Yes," list the 15,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total     List all states in which the organizatio or licensing.		ontrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2020

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF (add col. (a) through TOURNAMENT col. (c)) (event type) (event type) (total number) 38,111. 110. 38,221. 1 Gross receipts 110 38,111. 38,221. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 5,604. 5,604. Rent/facility costs 36. 36. 7 Food and beverages 8 Entertainment 15,707.14,209. 1,498. Other direct expenses 21,347. **10** Direct expense summary. Add lines 4 through 9 in column (d) -21,34711 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 FLORIDA VETERANS FOUNDATION, INC 26-2	748811	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization  \$\bigs\\$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D-	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	t III, lines 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	FLORIDA	VETERANS	FOUNDATION,	INC	26-2748811	Page 4
Part IV	Supplemental Infor	mation <sub>(contin</sub>	ued)				
-							
-							

#### 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.

► Attach to Form 990.

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

2020 Open to Public

Inspection

Schedule I (Form 990) 2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization 26-2748811 FLORIDA VETERANS FOUNDATION, INC Part I **General Information on Grants and Assistance** 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 X No criteria used to award the grants or assistance? Yes 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) NATIONAL ASSOCIATION OF VETERANS & FAMILIES - 1300 COOKS LN - GREEN 26-2016374 501(C)(3) COVE SPRINGS, FL 32043 0 ASSIST VETERANS 90,000. AMERICAN LEGION: PROJECT VET RELIEF - 1912A LEE ROAD - ORLANDO 47-1474102 501(C)(3) FL 32810. 5,303. 0. VETERAN EMERGENCY FUNDS 3. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
Supplemental Information. Provide the information	required in Part L lin	e 2: Part III. columi	(h): and any other ad	ditional information	
- Cappionental mormation 1 Toylde the mormation	Toquilou IIII are i, iiii	<u> </u>	r (b), and any other ad	Millional Information.	

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 2748811

FLORIDA VETERANS FOUNDATION, INC   20-2/40011					
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:					
TO SUPPORT THE FLORIDA DEPT. OF VETERENS AFFAIRS, THE VETERANS OF THE					
STATE, AND CONGRESSIONALLY CHARTERED VETERAN SERVICE ORGANIZATIONS.					
FORM 990, PART VI, SECTION B, LINE 11B:					
THE ORGANIZATION PROVIDES A COPY OF THE FORM 990 TO BOARD MEMBERS FOR THEIR					
REVIEW AND COMMENT PRIOR TO SIGNING THE RETURN AND SENDING IT TO THE IRS.					
FORM 990, PART VI, SECTION B, LINE 12C:					
THE ORGANIZATION REQUIRES THE MEMBERS OF THE BOARD TO SIGN A CONFLICT OF					
INTEREST STATEMENT ANNUALLY.					
FORM 990, PART VI, SECTION C, LINE 19:					
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND					
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.					

# Form **2848**(Rev. January 2021)

Department of the Treasury Internal Revenue Service

Power of Attorney

Part I

# Power of Attorney and Declaration of Representative

► Go to www.irs.gov/Form2848 for instructions and the latest information.

OMB No.	1545-0150
For IRS	Use Only

For IRS Use Only
Received by:
Name
Telephone

Caution: A separate Form 2848 must be completed for each taxpaye	Function				
purpose other than representation before the IRS.	Date / /				
1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.					
Taxpayer name and address  FLORIDA VETERANS FOUNDATION, INC 400 S MONROE STREET TALLAHASSEE, FL 32399		Taxpayer identification number(s) 26-2748811			
		Daytime telephone number 850-488-4181	Plan number (if applicable)		
hereby appoints the following representative(s) as attorney(s)-in-fact:					
2 Representative(s) must sign and date this form on page 2, Part II.					
Name and address			)312-03960R		
CORINNE TURCOTTE			01500189		
5931 NW 1ST PL		· ·	352-378-1331		
GAINESVILLE, FL 32607-2063	77		(352)372-3741		
Check if to be sent copies of notices and communications	X		elephone No. Fax No. 312 – 13529R		
Name and address DANIEL ROCCANTI			201787074		
2477 TIM GAMBLE PLACE, SUITE 200			350-386-6184		
TALLAHASSEE, FL 32308-4386		· ·	350-422-2074		
Check if to be sent copies of notices and communications	X		elephone No. Fax No.		
Name and address			0313-26673R		
CHERI SWAN			02047185		
2477 TIM GAMBLE PLACE, SUITE 200			350-386-6184		
TALLAHASSEE, FL 32308-4386		Fax No.	350-422-2074		
(Note: IRS sends notices and communications to only two representatives.)		Check if new: Address T	elephone No. Fax No.		
Name and address		CAF No.			
		PTIN			
		Telephone No.			
		Fax No.			
(Note: IRS sends notices and communications to only two representatives.)		Check if new: Address T	elephone No Fax No		
to represent the taxpayer before the Internal Revenue Service and perform the following ac					
3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).					
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift,		Tax Form Number Ye	ear(s) or Period(s) (if applicable)		
Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	(1040, 941, 720, etc.) (if applicable)		(see instructions)		
EXEMPT STATUS	990	20	018-2023		
4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of	attornev is fo	r a specific use not recorded on CA	AF. check		
	-	•			
this box. See Line 4. Specific Use Not Recorded on CAF in the instructions  5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):  Access my IRS records via an Intermediate Service Provider;					
Authorize disclosure to third parties; Substitute or add representative(s); Sign a return;					
Other acts authorized:					
			_		

Form 2848 (Rev. 1-2021) b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability. List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you do not want to revoke a prior power of attorney, check here YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT. Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER. 7 Signature FLORIDA VETERANS FOUNDATION, Print name Print name of taxpayer from line 1 if other than individual Part II **Declaration of Representative** Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent enrolled as an agent by the IRS per the requirements of Circular 230.
  - **d** Officer a bona fide officer of the taxpayer organization.
  - e Full-Time Employee a full-time employee of the taxpayer.
  - f Family Member a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.
  - k Qualifying Student or Law Graduate receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).
    - ► IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. Bar, license, certification, Designation Licensing jurisdiction (State) or other registration, or Insert above licensing authority enrollment number Signature Date letter (a-r). (if applicable) (if applicable) В FLAC44881 В FLORIDA AC49856 В **FLORIDA** AC52933

Form **2848** (Rev. 1-2021)