Required Report Citizen Support and Direct Support Organizations- s. 20.058, F.S.

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

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Florida College System Foundation P.O. Box 10503 Tallahassee, FL 32302 850-245-9494 www.fldoe.org/fcs/foundation	Section 1004.71, F.S.	The Florida College System Foundation is organized and shall be operated exclusively for charitable, cultural, scientific and educational purposes, and for the realization and attainment thereof for the following purposes: • To support the development of economic services to business and industry. • To promote public involvement and awareness of state educational policy issues. • To provide scholarships and other kinds of support services to students in furtherance of their postsecondary education. • To publicize and promote activities in support of the Florida College System. • To support the development of innovative programs. • To support the advancement of sound educational policies and programs. • To support the activities and staff of the Chancellor of the Florida College System as they relate to the mission of the Florida College System.		attached	The Florida College System is the primary access point to undergraduate education for Floridians, including recent high school graduates and returning adult students. The Florida College System (FCS) responds quickly and efficiently to meet the demand of employers by aligning certificate and degree programs with regional workforce needs. With an array of programs and services, The Florida College System's 28 institutions serve individuals, communities, and the state with low cost, high quality education opportunities. The FCS Foundation has been providing student scholarships to help these students succeed and enter the workforce since 1999. The Foundation has provided over \$10 Million in scholarships to students enrolled in Florida's 28 colleges since its inception. The FCS Foundation awarded \$1,198,361 in scholarships for the 2020-21 academic year. The Foundation also acts as the fiscal agent for many private grants aimed at student success programs for the

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

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Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Florida College System Foundation P.O. Box 10503 Tallahassee, FL 32302 850-245-9494 www.fldoe.org/fcs/foundation		 To solicit and receive by gift, devise or bequest, and to acquire by purchase, lease, exchange, or otherwise, or to dispose of by sale, exchange, transfer or otherwise, property, both real and personal, either as absolute owner of, as trustee thereof, and to manage and administer the same. To receive contributions, grants, gifts, from and to transfer property, both real and personal, to other organizations identified and associated with The Florida College System Foundation, Inc., which are tax exempt organizations under the provisions of Section 501 (c) (3) of the Internal Revenue Code of the United States of America or acts amendatory thereof or supplementary thereto. In furtherance of the above purposes, to conduct any and all activities permitted to an organization exempt under Section 501 (c) (3) of the Internal Revenue Code or acts amendatory thereof or supplementary thereto. 			Division of Florida Colleges and the system. The Foundation is a 501(c)(3) non-profit organization and the official direct support organization for the FCS. The Foundation is organized and operated exclusively to receive, hold, invest and administer property and to make expenditures to, or for the benefit of, the FCS institutions in this state. The Foundation acts as the fiscal agent for the Student Success Center (SSC) Grant. The SSC will create a robust, statewide framework for action to foster strategies grounded in developing student-centered pathways focusing on broad-scale change affecting the daily experience of Florida College System students. The SSC will unify college initiatives, programs and reform efforts to accelerate and scale best practices. The Florida College System Foundation supports the comprehensive mission of the Florida College System and its students to be the nation's leading advocate for postsecondary educational opportunity, access and student success while respecting and

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

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Name, Mailing Address, Telephone	Statutory	Mission	Strategic Plan	Code of Ethics/	Rationale for Continuation of Foundation
Number and Web Address	Authority			IRS Form 990	protecting the autonomy and local support of Florida's 28 colleges. Our strategic plan includes goals to increase statewide partnerships for student scholarships, and continue to expand system wide support with our local colleges with federal and private grants to promote student success and increase graduation rates. The 20 member Board of Directors will continue to cultivate public private partnerships for scholarships and programs.
ry.					



THE FLORIDA COLLEGE SYSTEM FOUNDATION

DSO Report 2022

325 West Gaines Street Suite 1244J Tallahasee, FL 32399

850-245-9494 www.floridacollegesystemfoundation.org

Florida College System – Strategic Plan 2018-2023

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

Goal 1 INCREASE STUDENT SUPPORT

Scholarships, Books, Technology, and other support programs

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

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

Goal 2 INCREASE SYSTEM SUPPORT

Grants, Programs, Marketing, and support for Division, Chancellor, Institutions and Faculty

Double system support through increased grants and programs

- Board members invite Chancellor and/or President to local industry to seek statewide partnership
- Pursue additional state settlement funds
- Pursue funds for startup or expansion of programs aligned with state workforce needs
- Secure gifts or grants to address college security and cybersecurity needs
- needs

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

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

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

CODE OF ETHICS POLICY - FOUNDATION BOARD

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

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

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

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

Signature	Printed Name	
Title	Date	

CONFLICT OF INTEREST POLICY

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

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

In light of this, the following Policy is established:

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

I acknowledge that I have received, read ar "Policy on Conflict of Interest."	nd understand this Florida College System Foundation, Inc
Signature	Date
Print or type name	

PUBLIC INSPECTION COPY

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

Your exemption application (Form 1023 or Form 1024), a copy of your IRS exemption acceptance, as well as the last three years (from filing date) annual information return must be available for public inspection to anyone who requests so in writing (Reg 301 6104(d)(3), (4), and (5)

For Depa	riment of the Trea	Do not enter social security numbers on this form as it may be a surry Social Social Security numbers on this form as it may be a social Security numbers on the security numbers of the security	ot private foundate made public formation	ons)	OMB No 1545-0047 2020 Open to Public Inspection
A B C	For the 2020 Check if applicable Address change Varne change	C Name of organization THE FLORIDA COLLEGE SYSTEM FOUNDATION INC	65	-053	mber 5-9494
H	Final return/ erminated	City or town state or province country and ZIP or foreign postal code	G Gr	oss receipts	7,970,485
	Amended return	F. Name and address of principal officer	H(a) is this a group ret		
_	Application pending	JUDY GREEN P.O. BOX 10503 TALLAHASSEE FL 32302-0503	H(b) Are all subordina	les include	d7 Yes No
_	Tax-exempt statu Website		H(c) Group exemption	number	
	Form of organizate		of formation 1994	l M	State of legal domicile FL
P		Summary			
8. Governance	SEE 2 Check	describe the organization's mission or most significant activities SCHEDULE O this box I if the organization discontinued its operations or disposed of more than 25 or of voting members of the governing body (Part VI, line 1a)	5% of its net asse	3 1	.8
Activities &	4 Number	r of independent voting members of the governing body (Part Vi, line 1b)			.8
Livit		umber of individuals employed in calendar year 2020 (Part V, line 2a)		5 C	21
Act		umber of volunteers (estimate if necessary) nrelated business revenue from Part VIII, column (C), line 12		7a	0
		related business taxable income from Form 990-T, Part I line 11	-	7b	0
-			Prior Year	00	Current Year
9		utions and grants (Part VIII, line 1h)	96,5 5,7	_	1,055,000
Revenue		m service revenue (Part VIII, line 2g)	1,110,2		1,622,518
Re	10 Investm	nent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,110,1		37
		evenue – add lines 8 through 11 (must equal Part VIII column (A), line 12)	1,212,4	55	2,677,555
		and similar amounts paid (Part IX, column (A), lines 1-3)	1,055,2	37	2,021,488
	14 Benefits	s paid to or for members (Part IX, column (A), line 4)		_	0
တ္ဆ	15 Salanes	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
Expenses		sional fundraising fees (Part IX, column (A), line 11e)			0
Š		indraising expenses (Part IX, column (D), line 25) ▶ 0	551,5	92	442,524
ш		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,606,8		2,464,012
		xpenses Add lines 13–17 (must equal Part IX, column (A), line 25) ie less expenses Subtract line 18 from line 12	-394,3		213,543
5 %	19 Revenu	le less expenses Subtract line to nont line 12	ginning of Current Y		End of Year
Net Assets or Fund Balances	20 Total as	ssets (Part X, line 16)	24,488,4		30,948,234
A A	21 Total lia	abilities (Part X, line 26)	2,7		1,293
뿔	22 Net ass	sets or fund balances Subtract line 21 from line 20	24,485,7	02	30,946,941
P	art II S	Signature Block	A	1 6	. Included a cod finite of
Ur	der penalties on e, correct and	of penury, I declare that I have examined this return, including accompanying schedules and stater I complete Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowled	ge III)	Michael and penell II
_			1		
Sig	n 📗	Signature of officer		Date	
Hei		JUDY GREEN PRESIDE	ENT		
		Type or print name and title	T Data		If PTIN
D	. '	pe preparer's name Preparer's signature CEEN E PROTHERS Preparer's signature CHU DOCUL MOTHUC	PA 04/29/22 s	Check	J.A.
Paid	DO FOR	CARROLY AND COMPANY CDAC	Firms E		59-3038528
	Only	2640-A MITCHAM DRIVE	FIIIIISE	1117	
U36	- 1	. маттарассын ыт 22200	Phone n	。 8.	50-877-1099
May	the IRS disc	cuss this return with the preparer shown above? See instructions			X Yes No
For DAA	Paperwork Re	eduction Act Notice, see the separate instructions			Form 990 (2020)

DAA

Form 990 (2020)	THE FLORIDA	COLLEGE SYSTEM	ı 65-	0530384		Page 2
Part III S	tatement of Progra	m Service Accomplis	shments			=
C	heck if Schedule O	contains a response or	note to any line in	this Part III		X
	onbe the organization's m	nission				
SEE SCH		; Insp)ecti	on C	COPY	
2 Did the orga	anization undertake any	significant program services of	lunng the year which we	ere not listed on the		
pnor Form !	990 or 990-EZ?				☐ Yes	X No
If "Yes," de:	scribe these new service:	s on Schedule O				
	anization cease conductii	ng, or make significant chang	es in how it conducts, a	any program	Vos	X No
services?	.1	Cabadalo A			☐ 160	
4 Describe th expenses \$	Section 501(c)(3) and 50	service accomplishments for 1(c)(4) organizations are requany, for each program service	ured to report the amou	st program services, as n int of grants and allocatio	neasured by ns to others,	
)(Expenses\$ MADE TO THE ACTIVITIES SU	FLORIDA COLLEG		021,488) (Rever SCHOLARSHIPS EGE SYSTEM.		s and
4b (Code N/A) (Expenses \$	ınctudır	ng grants of\$) (Rever	ue \$)
4c (Code N/A) (Expenses \$	ıncludir	ng grants of\$) (Rever	ue \$)
Ad Other press	am services (Describe or	Schedule ())				
4d Other progra (Expenses		including grants of\$)	(Revenue \$)	
	am service expenses	2,231,088				
DAA	our riso on salison p				Form 9	90 (2020)

Form **990** (2020)

	art IV Checklist of Required Schedules			
10	III IV Oncoriot of Italanou Sentatates		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
'	complete-Schodule A	1	X	
2	Is the organization required to complete Schedule B Schedule of Contributors (see instructions)?	72	7 X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	} \\/,	'	
•	candidates for públic office? If 'Yes, complete Schedule C, Part I	31/		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	ts 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	8		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			7.7
	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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	x	
	complete Schedule D, Part VI	718		
þ	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11b		х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1110		A
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11c		х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11d		x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		12a	x	
L.	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If			
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	125		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	_	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		**
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		~
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		A
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	LUD		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	x	
	domestic government on Part IX column (A) line 1? If "Yes," complete Schedule I Parts I and II		000	_

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

X Form 990 (2020)

Yes No

14

1a

Form	990 (2020) THE FLORIDA COLLEGE SYSTEM 65-0530384			age 6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, or	and fo	ora"	No"
1 5	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See	ınstr	uctions
	Check if Schedule O contains a response or note to any line in this Part VI			X
200	tion A-Governing Body and Management			
Sec		Π,	'Yes	No
1a	Enter the number of voting members of the governing body a the end of the tax, year (18) 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			i
	committee, explain on Schedule O Fates the number of voting members included on line 1a, above, who are independent 18			
b	Elifet the fighther of voting members included on the fat development of the fighther of the f			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		X
	one or more members of the governing body?	7 02		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		X
_	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follows:		_	
В		8a	X	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	-		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		X
-	the organization's mailing address? If "Yes" provide the names and addresses on Schedule O tion B Policies (This Section B requests information about policies not required by the Internal Revent	ie C	ode)	
Sec	tion B Policies (This Section & requests information about policies not required by the internal research		Yes	No
40.	The title and the least shorten bronches or affiliates?	10a		X
10a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
4.4	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	x	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
С	describe in Schedule O how this was done	12c	х	
42	Did the organization have a written whistleblower policy?	13	X	
13	Did the organization have a written document retention and destruction policy?	14	X	
14	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		X
h	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
U	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)s only) available for public inspection Indicate how you made these available Check all that apply			
	X 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			
. •	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DY GREEN PO DRAWER 10503		_	
	ALLAHASSEE FL 32302 850			
_		Fom	990	(2020)

Form 990 (2020) THE FLORIDA COLLEGE SYSTEM Part VIII 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

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

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

Check this box if neither the or (A) Name and title	(B) Average hours per week (list any	(do	not c	Pos theck ss pe	c) rtion more rson i	than on s both a	ne en	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated emount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099-MISC)	(W 2/1099-MISC)	organization and related organizations
(1) JUDY GREEN						П				-
PRESIDENT	40.00			x				0	92,230	40,779
	BRITTEN			A		\vdash			/	
(2) DR. OHEFREST TIME	1 00									
DIRECTOR	0.00	x						0	0	0
(3) TERESA BORCHECK										
	1.00									
CHAIR	0.00	X		X				0	0	0
(4) WILLIAM CRAMER										
	1.00								0	0
DIRECTOR	0.00	X	-		_	\vdash	-	0	0	
(5) TAMI CULLENS	1 00									
D.T.D.T.GEOD	1.00	x						0	0	0
DIRECTOR (6) CLAUDIA DAVANT	0 00	~			-					
(6) CHAUDIA DAVANI	1.00									
DIRECTOR	0.00	x						0	0	0
(7) HUNT DAWKINS			7							
(1/220212	1.00									
DIRECTOR	0.00	X						0	0	0
(8) DR. JOHN GYLLIN										
	1.00								_	^
DIRECTOR	0 00	X	_	_		-	_		0	0
(9) SHEROD HALLIBUR										
	1 00	x						o	0	0
DIRECTOR (10)MICHAEL HIGHTOW	0 00	Λ		-	-	-	-			
(10) MICHAEL HIGHTOW	1 00									
DIRECTOR	0 00	x			l .			0	0	0
(11) GEORGE I. PLATT										
, ,	1.00				1				_	
DIRECTOR	0 00	X						0	0	Form 990 (2020)

Form 990 (2020) THE FLOR	IDA COLI	ΕG	10	SY	ST	EM	65-0530		Page
Part VII Section A Officer	s, Directors, Ti	ruste	ees,	Key	Em	ploye	es, and Highest Compensa	ited Employees (continu	ed)
(A) Name and title	(B) Average hours per week (list any	box	c, unle	ss per	tion more 150n II	than one s both ar or/trustee)	n from the	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estmated emount of other compensation from the organization and
Publ	hours for related organizations below dotted line)	Individual trustee or-director	Institutional trustee	olikar O	Keyu employee	Highest compensated employee/	ecilo 1		Telated organizations
(12) MARVA JOHNSO									
	1 00							o	
DIRECTOR (13) DR. THOMAS E	0 00 FURLO	X	-	R	-	-	0	U	
(13) DR. THOMAS E	1 00	,	"	1					
DIRECTOR	0 00	x					0	0	
(14) KAREN MOORE									
DAGE GUATE	0 00	x		x			o	0	c
PAST CHAIR (15) TIM MORRIS	0 00	^	\vdash	_					
(15) TIM MOIEUR	1 00						1		_
TREASURER	0.00	X	_	X			0	0	
(16) VIOLETA SALU	1								
FINANCE CHAIR	1.00	x		x			o	0	C
(17) LYN STANFIEL									
	1.00							0	,
DIRECTOR	0.00	X	-	_	-	-	0	0	
(18) RANDALL VITA	1.00								
VICE CHAIR	0.00	x		x			0	0	(
(19) WENDY WALKER									
	1.00						o	٥	(
DIRECTOR 1b Subtotal	0.00	X			-			92,230	40,779
c Total from continuation she	ets to Part Vil	, Se	ctior	ı A		•			
d Total (add lines 1b and 1c)						<u> </u>		92,230	40,779
Total number of individuals (in reportable compensation from	ncluding but no	t limi	ited 1	to th	ose	listed	above) who received more to	זס טטט,טטר\$ nan	
									Yes No
3 Did the organization list any f employee on line 1a? If "Yes,	iormer officer, (" complete Sch	direc edul	tor, t	ruste for si	ee, k uch	cey em <i>Individ</i>	nployee, or highest compensi Iual	ated	3 X
4 For any individual listed on life	ne 1a. is the su	m of	rep	ortab	ole c	ompen	nsation and other compensati	on from the	
organization and related orga	anizations great	er th	an s	150	,000	r? If "Y	'es," complete Schedule J foi	r such	4 X
5 Did any person listed on line	1a receive or a	ссги	ie co	mpe	nsat	ton fro	om any unrelated organization	n or individual	5 X
for services rendered to the		"Yes	s ' cc	mple	ete S	Schedu	ule J for such person		0 1
Section B Independent Contract 1 Complete this table for your to	five highest con	npen	sate	d inc	lepe	ndent	contractors that received mo	ore than \$100,000 of	
compensation from the organ	ization Report	com	pens	ation	n for	the ca	alendar year ending with or t	within the organization's	iax year (C)
Name and	(A) business address				_		Description	(B) on of services	(C) Compensation
				_					
2 Total number of independent	contractor (- امرار	ng h	ıt no	of for-	nted to	those listed ahove) who		
2 Total number of independent received more than \$100 000	of compensati	on fr	om om	the c	orgai	nizatioi	n 🕨	0	- 000 :
DAA									Form 990 (2020

of contributions reported on line 1c)

9a Gross income from garning activities

10a Gross sales of inventory, less

returns and allowances

b Less cost of goods sold

c Net income or (loss) from fundraising events

c Net income or (loss) from gaming activities

c Net income or (loss) from sales of inventory

8b

9b

10a

10b

Business Code

900099

See Part IV, line 18

See Part IV, line 19

b Less direct expenses

b Less direct expenses

37

37

Miscellaneous Revenue

Form 990 (2020)

from a combined educational campaign and fundraising solicitation Check here ▶ If following SOP 98-2 (ASC 958-720)

30,946,941

30,948,234

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24,485,702

24,488,451

32

DAA

Net

32

33

Total net assets or fund balances

Total habilities and net assets/fund balances

Form	990 (2020) THE FLORIDA COLLEC	E SYSTEM	65-0530384			Pag	_{1e} 12
	rt XI. Reconciliation of Net Assets						120000
ت ما	Check if Schedule O contains a re	sponse or note to	any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A),			1	2,6	77,	555
2	Totalrexpenses (must equal-Part IX, column (A)		40 /	2		64,0	
3	Davening land own and Subtracting 2 from in			/3=			
4	Net assets or fund balances at beginning of year	(must equal Part	Cline 32, column (A))	1 4	11 (24:,4)	85,	702
5	Net unrealized gains (losses) on investments			5	6,2	47,6	596
6	Donated services and use of facilities	L		6			
7	Investment expenses			7			
8	Pnor penod adjustments			8			
9	Other changes in net assets or fund balances (e	xplain on Schedule	O)	9			
10	Net assets or fund balances at end of year Con	bine lines 3 through	h 9 (must equal Part X, line				
	32, column (B))			10	30,9	46,9	941
Pa	rt XII Financial Statements and Re	porting					
	Check if Schedule O contains a re	sponse or note to	any line in this Part XII			_	Ш
						Yes	No
1	Accounting method used to prepare the Form 9	90 Cash					
	If the organization changed its method of accou	nting from a prior ye	ear or checked "Other," explain in				
	Schedule O						i
2a	Were the organization's financial statements con	npiled or reviewed	by an independent accountant?		2a	1-	X
	If "Yes," check a box below to indicate whether		ents for the year were compiled or			1	ı
	reviewed on a separate basis, consolidated bas	s, or both			1		l i
	Separate basis Consolidated basis		dated and separate basis		1		- <i></i> '
Ь	Were the organization's financial statements au-	lited by an indepen	ident accountant?		2b	X	1
	If "Yes," check a box below to indicate whether	the financial stateme	ents for the year were audited on a				,
	separate basis, consolidated basis, or both						,
	X Separate basis Consolidated basis		fated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization I	ave a committee th	at assumes responsibility for oversight of			- T	
	the audit, review, or compilation of its financial s	tatements and sele	ction of an independent accountant?		2c	X	,
	If the organization changed either its oversight p	rocess or selection	process during the tax year, explain on				·
	Schedule O						!
3a	As a result of a federal award, was the organization	tion required to und	ergo an audit or audits as set forth in the				x
	Single Audit Act and OMB Circular A-133?		the state of the s		3a		-
b	If "Yes," did the organization undergo the require	ed audit or audits?	r the organization did not undergo the		3b		
	required audit or audits, explain why on Schedu	e O and describe a	ny steps taken to undergo such audits			m 990	1 (2000)
					ra	111 JJU	r (ZUZU)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

							Open to Public			
			r rn ▶G				and the	e latest inform	ation	
lame	of th	e organization	FOUNDATIO	N. INC.	SYSTEM	1(("			Employer to the first to the fi	384) \\//
	Part ! Reason for Public Charity Status (All organizations must complete this part) See instructions)/									
he	orga	nization is not	t a private foundation	because it is (For I	ines 1 through 1	12, check	only one	box)		
1	Ň	A church, co	nvention of churches,	, or association of cl	hurches describ	ed in sec	tion 170	(b)(1)(A)(i)		
2		A school des	scribed in section 17	'0(b)(1)(A)(II) (Attacl	h Schedule E (F	om 990	or 990-E	Z))		
3	П	A hospital or	a cooperative hospit	tal service organizati	on described in	section	170(b)(1))(A)(111)		
4	Н	A medical re	search organization of	operated in conjuncti	on with a hospi	tal descri	oed in se	ction 170(b)(1)(A)(m) Enter t	he hospital's name,
•		city, and stat								
5		An organizati	on operated for the b	penefit of a college of	or university own	ned or ope	erated by	a governmenta	al unit described	l in
•	لـــا		(b)(1)(A)(IV) (Comple		•	•				
6		A federal, sta	ate, or local governme	ent or governmental	unit described	ın sectioi	170(b)(1)(A)(v)		
7	X	An organizati	on that normally rece	eives a substantial p	art of its suppor	t from a g	overnme	ntal unit or fron	n the general p	ublic
	_		section 170(b)(1)(A)							
8	Ц	A community	trust described in se	ection 170(b)(1)(A)(vi) (Complete i	Part II)				
9	Ш	An agricultur	al research organizat	tion described in sec	ction 170(b)(1)	(A)(ix) op	erated in	conjunction wit	h a land-grant (college
			or a non-land-grant o	college of agriculture	(see instruction	s) Enter	tne name	e, city, and state	of the college	Oi
		university			00.4(00) = = = =		am aantn	hutone membe	archin foos and	Inroce
10	Ш	An organizat	ion that normally receivation activities related to it	eives (1) more man	subject to certa	an except	ions, and	(2) no more th	an 331/3% of a	S
		receipts from	gross investment inc	come and unrelated	business taxabl	e income	(less sec	tion 511 tax) fr	om businesses	
		acquired by t	the organization after	June 30, 1975 See	section 509(a)(2) (Con	iplete Pa	rt III)		
11		An organizati	ion organized and op	erated exclusively to	test for public	safety Se	e sectio	n 509(a)(4)		
12	Н	An organizati	on omanized and on	erated exclusively for	r the benefit of,	to perfor	n the fun	ictions of, or to	carry out the p	urposes
	لسا	of one or mo	are nublicly supported	omanizations descr	nbed in section	509(a)(1	or secti	on 509(a)(2) S	ee section 50	9(a)(3)
		Check the bo	ox in lines 12a throug	h 12d that describes	s the type of sup	oporting o	rganızatıc	on and complete	e lines 12e, 12f	, and 12g
	а	Type I A	supporting organiza	tion operated, super	vised, or contro	illed by its	support	ed organization	(s), typically by	giving
		the supp	orted organization(s) t	the power to regular	ty appoint or ele	ect a majo	onty of the	e directors or tr	ustees of the	
		supportin	g organization You	must complete Par	t IV, Sections /	A and B	41 1			
	b	Type II	A supporting organiza	ation supervised or o	controlled in cor	inection w	/πη πs su	pported organiz	zauon(s), by na	norted
		control of	r management of the lion(s) You must co	supporting organiza	itton vested in u	ie same į	Jersons r	nat control of fi	ialiage the sup	ported
		organizat	functionally integral	ted A supporting of	danization oper:	ated in co	nnection	with and funct	ionally integrate	d with.
	С	its suppo	rted organization(s)	(see instructions) Y	ou must compl	ete Part I	V, Section	ons A, D, and I	E	
	d	Type III	non-functionally int	egrated A supportu	no organization	operated	in conne	ction with its si	ipported organi	zation(s)
	_	that is no	ot functionally integrat	ted The organization	n generally mus	t satisfy a	ı dıstnbut	ion requirement	and an attentr	veness
		requireme	ent (see instructions)	You must comple	te Part IV, Sec	tions A a	nd D, an	d Part V		
	е	Check th	is box if the organizal	tion received a writte	en delermination	from the	IRS that	ıtıs a Type I, T	ype II, Type III	
			lly integrated, or Typ		niegraleu sup	porting of	ganizano	11		
	f	Enter the nul	mber of supported or following information	ganizations	l organization(s)					
	9				of organization		organization	(v) Amount o	f monetary	(vi) Amount of
(1)		e of supported partication	(h) EIN		on lines 1–10		ir governing	support		other support (see
		,			instructions))	docur	nent?	instruct	ions)	instructions)
						Yes	No			
(A)									- 1	
(B)										
						-				
(C)										
_										
(D)										
						+				
(E)										
7-4										

Sche	dule A (Form 990 or 990-EZ) 2020 THE	FLORIDA	COLLEGE	SYSTEM		-0530384	Page 2
	rt II Support Schedule for C	Organizations	Described in	Sections 17	0(b)(1)(A)(ıv) -	and 170(b)(1)(A)(vi)
	(Complete only if you che	ecked the box	on line 5, 7, o	r 8 of Part I or	r if the organiz	ation failed to	qualify under
	Part III If the organizatio	n fails to quali	fy under the te	ests listed belo	w, please cor	nplete Part III)	
	tion A_Rublic Support	п		<i>-</i> п			
Caler	dar year (or fiscal year beginning in)	(a) 2016	∑ (b) 2017	(c)=201,8	[%(d) 2019 //	¹³ (e)=2020√	77 (f) Total
1	Gifts grants, contributions, and	51111					/ \V/
'	membership fees received (Do not	0 11 10 0					J
	include any "unusual grants")	160,900	1,238,250	369,702	96,500	1,055,000	2,920,352
2	Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the	100.000	7.47 0.40	170 440	221 221	223,314	907,898
	organization without charge	132,863	141,042	179,448	231,231	1,278,314	3,828,250
4	Total Add lines 1 through 3	293,763	1,379,292	549,150	321,131	1,270,314	3,828,230
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						3,828,250
	tion B Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	293,763	1,379,292	549,150	327,731	1,278,314	3,828,250
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources	536,115	546,143	600,959	728,096	709,741	3,121,054
9	Net income from unrelated business						
•	activities, whether or not the business						662
	is regularly carried on			663			663
10	Other income Do not include gain or						
	loss from the sale of capital assets	#D 555	F0 FF0	17 007	5,702	37	147,769
	(Explain in Part VI)	73,665	50,558	17,807	3,702	3,	7,097,736
11	Total support. Add lines 7 through 10	/ann metrichen	1			12	119,428
12	Gross receipts from related activities, etc First 5 years If the Form 990 is for the	omanization's first	t second third fo	urth or fifth tax v	ear as a section 5	-	
13	organization check this box and stop he		, scoom, ama, re	arai, oʻ ilini tan y	our 20 2 0000011 0		▶ □
Sec	tion C Computation of Public S	Support Perce	entage				
14	Public support percentage for 2020 (line			lumn (f))		14	53 94 %
15	Public support percentage from 2019 Sci	nedule A, Part II,	line 14			15	47 76%
16a	33 1/3% support test-2020 If the orga	nization did not cl	heck the box on li	ne 13, and line 14	is 33 1/3% or m	ore, check this	. ==
	box and stop here. The organization qui	alifies as a publicl	y supported orga	nization			▶ 🕱
b	33 1/3% support test—2019 if the orga				ne 15 is 33 1/3%	or more, check	. □
	this box and stop here. The organization	qualifies as a pu	iblicly supported	organization		d torre d d an	
17a	10%-facts-and-circumstances test—20	020 If the organiz	ation did not ched	k a box on line 13	3, 16a, or 16b, an	Gunler 14 IS	
	10% or more, and if the organization me	ets the "facts-and	-circumstances" te	est, check this bo	x and stop nere	explain in	
	Part VI how the organization meets the	facts-and-circums	tances" test The	organization qual	mes as a publicly	supported	▶ []
	organization		ation and make when a	de a leur an long d'	3 16a 16h ar 17	o and line	
b	b 10%-facts-and-circumstances test—2019 If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain						
	in Part VI how the organization meets th	ni illeets uie "TäCt o "facte-ood orou"	o-anu-circumsiano metanceo tast Ti	he organization di	ualifies as a nubli	cly supported	
		e lacio-aliu-cittui	magnitus test II	ne organization qu	samee as a pabil	,	▶ □
18	organization Private foundation if the organization of	id not check a ho	x on line 13, 16a.	16b, 17a, or 17b.	, check this box a	nd see	
	Instructions		,,				▶ 🗌
	Like The Control of t				Si	chedule A (Form 99	0 or 990-EZ) 2020

33 1/3% support tests—2019 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
 Private foundation If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV: Supporting Org	anizations
-------------------------	------------

(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 F If you-checked box 12d, Part I, complete Sections A and D, and complete Part V)

	Sections A, Dr and E If you-checked box 12d, Part I, complete Sections A and Dr and com	plete	Par v)
Sect	on A Allr Supporting Organizations To The	700		
1	Are all of the organization's supported organizations listed by name in the organization's governing	[]]	\\Yes	No
	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	1	-	
2	Did the organization have any supported organization that does not have an IRS determination of status			i
	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)	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	3a		
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	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	20		i
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	-	1
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	4b		
	despite being controlled or supervised by or in connection with its supported organizations	40		
C	Did the organization support any foreign supported organization that does not have an IRS determination			1
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			l 1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		
_	purposes	70		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			1
	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)	5a		
_	Type I or Type II only Was any added or substituted supported organization part of a class already			:
b	designated in the organization's organizing document?	5b		
_	Substitutions only Was the substitution the result of an event beyond the organization's control?	5c		
С 6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
v	anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable 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	6		
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)	7		
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)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			i
	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	9a		
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	9b		
С	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	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			i
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below	10a		
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) Schedule A (For	10b	OF 600 t	E7\ 2020
	Schedule A (Fo	111 99U	O1 990-1	المالات ريب

Schedu	ule A (Form 990 or 990-EZ) 2020 THE FLORIDA COLLEGE SYSTEM 65-053038	4		Page 8
	t IV. Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, reither alone or together with persons described in lines 11b and	711a		
	11c below, the governing body of a supported organization?	116	\\ // \\ //	
D	A family member of a person described in line 11a above? A 35% controlled enuty of a person described in line 11a on 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110	1 //	
C	detail in Part VI	11c	7 ~	
Sect	ion 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			
	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)	100		1
	effectively operated supervised, or controlled the organization's activities. If the organization had more than one supported	7		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		-
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	2		
Conf	supervised or controlled the supporting organizations			
Secu	on C Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
ľ	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	on D All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	- ,		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		F
	the organization maintained a close and continuous working relationship with the supported organization(s)	-		
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	1 3		
	supported organizations played in this regard	3		
Sect	ion 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 instruct	ions)		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a governmental entity (see	ınstru		
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	2a		
	that these activities constituted substantially all of its activities Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
D	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 "Yes" describe in Part VI the role played by the organization in this regard	3b		

Sched	ule A (Form 990 or 990-EZ) 2020 THE FLORIDA COLLEGE SYSTEM		65-0530	384	Page 6			
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgar	nizations					
1	14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
	instructions All other Type III non-functionally integrated supporting organizations	must e	complete Sections A thro	ıgh E				
	tion A—Adjusted Net Income		(A) Prior Year	(B) Curren				
	Net short-term capital gain	=2		/ W				
2	Recovenes of phor-year distributions	3		11 2/				
3	Other gross income (see instructions)	_						
4		5						
5	Depreciation and depletion	-		-				
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_		7						
Sec.	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	(A) Pnor Year	(B) Curren				
		_	l	(options	ai)			
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year)	-						
&	Average monthly value of securities	1a						
t	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
	Total (add lines 1a 1b, and 1c)	1d			- 1			
E	Discount claimed for blockage or other factors							
	(explain in detail in Part VI)	-	1					
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		5						
	Multiply line 5 by 0 035	6						
7		7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
	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 pnor year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
_	emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionally integrat	ted Ty	rpe III supporting organiza	ilion				
	(see instructions)		Schedule A	(Form 990 or 99	90-EZ) 2020			

Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity 2 Amounts paid to perform activity furthers exempt purposes of supported organizations in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2020 from Section C line 6
1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (pnor IRS approval required—provide details in Part VI) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions
2 Amounts paid to perform activity—that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (pnor IRS approval required—provide details in Part VI) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions
organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (pnor IRS approval required—provide details in Part VI) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions
6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions
7 Total annual distributions Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions
(provide details in Part VI) See instructions
9 Distributable amount for 2020 from Section C line 6
10 Line 8 amount divided by line 9 amount
Section E - Distribution Allocations (see instructions) (i) (ii) (iii) Underdistributions Pre-2020 Amount for 2020
1 Distributable amount for 2020 from Section C line 6
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-explain in Part VI) See instructions
3 Excess distributions carryover, if any, to 2020
a From 2015
b From 2016
e From 2017
d From 2018
e From 2019
f Total of lines 3a through 3e
g Applied to underdistributions of prior years
h Applied to 2020 distributable amount
Carryover from 2015 not applied (see instructions)
Remainder Subtract lines 3g, 3h, and 3i from line 3f
4 Distributions for 2020 from Section D, line 7 \$
a Applied to underdistributions of pnor years
b Applied to 2020 distributable amount
c 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
8 Breakdown of line 7
a Excess from 2016
b Excess from 2017
c Excess from 2018
d Excess from 2019
e Excess from 2020 Schedule A (Form 990 or 990-EZ) 20

į	Schedule A (Form 990 or 990-EZ) 2020 THE FLORIDA COLLE	GE SYST		
ĺ	Part VI Supplemental Information Provide the explana	ations requir	ed by Part II, line 10, Part II, line	17a or 17b, Part
١	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c,	4b, 4c, 5a, 6	3, 9a, 9b, 9c, 11a, 11b, and 11c,	Part IV, Section
	B. lines 1 and 2, Part IV, Section C, line 1, Part I	V, Section [D, lines 2 and 3, Part IV, Section	E, lines 1c, 2a, 2b,
	3a, and 3b, Part-V, line 1, Part V, Section B, line	1e, Part V,	Section D, lines 5, 6, and 8, and	Part V, Section E,
	lines 2: 5 and 6: Also complete this partifor any	-additional [,] i	nformation:\(See instructions\) r/	7. 77
9	PART II, LINE 10 OTHER INCOME DETA			
	OTHER INCOME	Ş	28,341	
		•	04 400	
	SEMINAR REGISTRATION	Ş	84,428	
		•	35 000	
	ADMINISTRATIVE FEES	Ş	35 <i>,</i> 000	

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

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

Employer identification number Name of the organization [COLLEGE THE FLORIDA FOUNDATION ! INC. Organization type (check one) Filers of Section 3) (enter number) organization X 501(c)(Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt chantable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See

instructions

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entening "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, chantable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions **\$** totaling \$5,000 or more during the year

Caution An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule E	3 (Form 990 990-EZ or 990-PF) (2020)		E 1 OF 1 Page 2
Name of THE	organization FLORIDA COLLEGE SYSTEM		ployer identification number -0530384
Part I	Contributors (see instructions) Use duplicate copies of		
(a) No	Name, address, and ZIP, +4	Total contributions	Type of contribution
1		\$ 1,025,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

SCHEDULE D (Form 990)

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

OMB No 1545-0047 2020

· .		Part IV		ch to Form	;, 11tt, 110, 11t, 12a, 0 , 996	11 120		Open to Public
	ment of the Treasury I Revenue Service	▶ Go to w	www.irs.gov/Form990 fe			formation		Inspection
-	of the organization				4 []		yer Identif	ication number
THE FLORIDA COLLEGE SYSTEM S S S S S S S S S S S S S S S S S S S						384		
	rt I Organiza	ations Maintaining of the organization	Donor Advised F answered "Yes" of	unds or n Form S	Other Similar Fu 190, Part IV, line 6	nds or Ac	count	s],
					(a) Donor advised funds		(b) Funds	s and other accounts
4	Total number at end of	of year						
1			par)			-		
2	. .	ontributions to (during ye	eai)					
3		rants from (dunng year)						
4	Aggregate value at er	nd of year		16-4 16	- to bold in donor odis	end		
5	Did the organization is	inform all donors and do	nor advisors in writing	mat the as	sets neio in donor advi	seu		☐ Yes ☐ No
	funds are the organiz	zation's property, subject	to the organization's e	exclusive le	gal control?			☐ les ☐ Mo
6	Did the organization is	inform all grantees, dono	ors, and donor advisors	in writing	that grant tunds can be	e usea		
		rposes and not for the b	enefit of the donor or d	onor advis	or, or for any other pur	pose		ПипПи
	conferring impermissi	ble private benefit?						Yes No
Pa	rt_II Conserva Complete	ation Easements if the organization	answered "Yes" or	n Form 9	90, Part IV, line 7			
1		vation easements held b						
•	Preservation of la	and for public use (for ex	xample, recreation or e	ducation	Preservation of a hist	oncally impo	rtant land	d area
	Protection of natu		Autopie, (actionistic action		Preservation of a cert			
	H							
•	Preservation of op	rough 2d if the organizat	han hald a qualified cor	eon/ation	contabution in the form	of a conser	vation	
2	easement on the last		non neio a quanneu coi	ISCI VALIDIT	bolidibation in the form	0. 0 00.1001	Held a	at the End of the Tax Year
		•					a	
а	Total number of cons						b	
b		ted by conservation eas			<i>t</i> -\	_	c	
C	Number of conservati	ion easements on a cert	tified historic structure i	nciuaea in	(a)	1	-	
d	Number of conservati	ion easements included	in (c) acquired after 7/2	25/06, and	not on a	١.		
	historic structure listed	d in the National Regist	er				d	
3		ion easements modified	, transferred, released,	extinguish	ed, or terminated by th	e organizatio	on dunng	the .
	tax year							
4		ere property subject to o						
5		n have a written policy r			inspection, handling of			□ v □ v-
	violations, and enforce	ement of the conservation	on easements it holds?)				∐ Yes ∐ No
6	Staff and volunteer he	ours devoted to monitor	nng, inspecting, handlin	g of violation	ons, and enforcing con	servation ea	sements	during the year
7	Amount of expenses	incurred in monitoring, i	inspecting, handling of	violations,	and enforcing conserva	ation easeme	nts duni	ng the year
	▶\$				4	ti .		
8	Does each conservati	tion easement reported of	on line 2(d) above satis	fy the requ	urements of section 17	'0(h)(4)(B)(i)		
_	and section 170(h)(4)							Yes No
9		how the organization re	ports conservation ease	ements in i	ts revenue and expens	e statement	and	
-	halance sheet and in	clude, if applicable, the	text of the footnote to	the organiz	ation's financial statem	ents that de	scribes t	he
		nting for conservation ea						
. Pa	rt III Organiza	tions Maintaining	Collections of Ar	t. Histor	ical Treasures, or	r Other S	mılar .	Assets
	Complete	of the organization	answered "Yes" or	n Form 9	90, Part IV, line 8			
1a	If the organization ele	ected, as permitted unde	r FASB ASC 958, not t	o report in	its revenue statement	and balance	sheet w	rorks
	of art, historical treasu	ures, or other similar as:	sets held for public exh	ıbıtıon, edi.	cation, or research in f	furtherance of	of public	
	service, provide in Pa	art XIII the text of the foo	otnote to its financial sta	atements th	nat describes these item	ns		
b	If the organization ele	cted, as permitted unde	r FASB ASC 958, to re	port in its	revenue statement and	balance she	et works	s of
_	art, historical treasure	es, or other similar asset	s held for public exhibit	tion, educa	tion, or research in furt	therance of p	oublic se	rvice,
		amounts relating to thes						
		on Form 990, Part VIII,					▶ \$	
	(ii) Assets included in		, .				▶ \$	
2		ceived or held works of	art historical treasures	or other s	ımılar assets for financı	al gain, prov	ide the	
_	following amounts roa	quired to be reported uni	der FASR ASC 958 reli	ating to the	se items	5 ,,		
_							▶ \$	
		Form 990, Part VIII, line	- 1				▶ \$	
Ear F	Assets included in For	Act Notice, see the in	structions for Form 9	90				edule D (Form 990) 2020
DAA	ahaimoir Kannegoli	Aut House, see tile III	istiactions for Form 6					,

Sche	dule D (Form 990) 2020 THE FLOR	RIDA COLLEG	E SYSTEM		530384	Page 2			
-	rt III Organizations Maintaini	ng Collections o	f Art, Historical	Treasures, or C	ther Similar As	sets (continued)			
3	Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other reco	rds, check any of the	following that make	significant use of its				
a b c 4	Public exhibition Scholariy research Preservation for future generations Provide a description of the organization's	s collections and expl		the organization's exe					
5	During the year, did the organization solar assets to be sold to raise funds rather that	oit or receive donation an to be maintained a	is of art, historical tre s part of the organiza	asures, or other similation's collection?	ar	Yes No			
Pa	rt IV Fscrow and Custodial	Arrangements							
,=	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21								
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	todian or other interm	ediary for contribution	ns or other assets not		Yes No			
b	If "Yes," explain the arrangement in Part.	XIII and complete the	following table						
~		•				Amount			
С	Beginning balance				1c				
d	Additions during the year				1d				
6	Distributions during the year				1e				
f	Ending balance		84 (and teached account had	1f	Yes No			
2a	Did the organization include an amount of	n Form 990, Part X, I	ine 21, for escrow or	custodial account liat	nary r	I les Hito			
	If "Yes," explain the arrangement in Part. If V Endowment Funds	Alli Check here it the	explanation has bee	ar provided on rate A					
LFC	rt V Endowment Funds Complete if the organizat	on answered "Ye	s" on Form 990.	Part IV, line 10					
	Complete if the organization	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back			
1a	Beginning of year balance	16,002,230	16,002,230	16,002,230	16,002,230	16,002,230			
	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs					1			
	Administrative expenses	16 000 000	16 000 000	16,002,230	16,002,230	16,002,230			
_	End of year balance	16,002,230	16,002,230		10,002,230	10,002,230			
2	Provide the estimated percentage of the Board designated or quasi-endowment		nce (line 19, column	(a)) nelu as					
	Permanent endowment >100.00 %								
	Term endowment ▶ %								
•	The percentages on lines 2a, 2b, and 2c	should equal 100%							
3 a	Are there endowment funds not in the po		zation that are held	and administered for t	he	[n/] n/			
	organization by					Yes No			
	(1) Unrelated organizations					3a(I) X 3a(II) X			
	(ii) Related organizations If "Yes" on line 3a(ii), are the related orga	nizationa listed as re-	uurad on Schadule R	17		3b			
4	Describe in Part XIII the intended uses of			`					
	rt VI' Land, Buildings, and Ed	guipment							
	Complete if the organizati	on answered "Ye				Part X, line 10			
	Description of property	(a) Cost or other b (investment)	easis (b) Cost or o		Accumulated preciation	(d) Book value			
1a	Land								
b	Buildings	·							
	Leasehold improvements			18,565	7,243	11,322			
	Equipment		-	20,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Total	Other Add lines 1a through 1e (Column (d), mu	ıst equal Form 990. F	Part X, column (B), lin	e 10c)	b	11,322			
. 010	The state of the s	,			Schedu	ule D (Form 990) 2020			

Schedule D /F	orm 990) 2020 THE FLORIDA COLLEGE	SYSTEM	65-0530384	Page
Part VII	investments - Other Securities			NOO Dowl V June 10
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b See Form s	190, Part X, line 12
	(a) Description of security or category	(b) Book value	(c) Method (
Γ		- п	Cost or end-of ye	
(1) Financial o	tehvatives A I I A I I A C I A		12 11 2	7 201
(2) Closely, he	tehvatives' O O O O O O O O O)'\ <u>\</u>
(3) Other				
(A)	U			
(B)				
(C)			1	
(D)				
(E)				
(F)				
(G)				
(H)	(h) must equal Form 990. Part X. col (B) line 12)			
	n (b) must equal Form 990, Part X, col (B) line 12) Investments – Program Related			
Part VIII	Complete if the organization answered "Yes"	on Form 990 Part IV	Line 11c See Form 9	90. Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method (of valuation
	(a) Description of investment	(2,230	Cost or end-of ye	
(4)				
(1)				
(2)				
(3)		1		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	a (b) must equal Form 990, Part X, ∞l (B) line 13)			
Part IX	Other Assets			
Larriv	Complete if the organization answered "Yes"	on Form 990. Part IV	/. line 11d See Form 9	90, Part X, line 15
	(a) Description	• • • • • • • • • • • • • • • • • • • •	,	(b) Book value
(4)				
(1)				
(2)				
_(3)				
(4)				
(5)				
(6)				
_(7)		THE COLUMN TO TH		
(8)				
(9)				
	(b) must equal Form 990, Part X col (B) line 15)			
Part X	Other Liabilities	Farm 000 Bod N	/ line 11e or 11f See	Form 000 Part Y
	Complete if the organization answered "Yes"	on Form 990, Fait iv	, line the or the dee	romin 550, ran A,
	line 25			(b) Book value
1	(a) Description of liability			(17) 20011 1020
	ncome taxes			
(2)				
(3)				
(4)				
(5)	y 30 115 07 100 10			
(6)				
(7)	*****			
(8)				
(9)	(h) much amusi Form 000 Part V and (D) line 05 1		•	
i otai (Columi	(b) must equal Form 990, Part X, col (B) line 25)			L

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

Schedule D (Form 990) 2020

X

Part XIII Supplemental Information

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - FIN 48 FOOTNOTE

MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE FOUNDATION'S TAX-EXEMPT STATUS, AND BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2021 AND 2020

THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;
HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY TAX PERIODS.

Part XIII Supplemental Information (continued)

THE FOUNDATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS

FOR FISCAL MEANS JENDING PRITORS TO COPY

SCHEDULE (Form 990)
Department of the T

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

OMB No 1545-0047

epartment of the Treasury) Attach to Form 990								Open to Public Inspection		
								loyer Identification number -0530384		
Part General Information on Grants an	d Assistance									
Does the organization maintain records to substantiate the selection criteria used to award the grants or assis	tance?				grants or assistan	ce, and	X	Yes [No	
2 Describe in Part IV the organization's procedures for m Part II Grants and Other Assistance to I					Complete of the	organization	ancusared	"Voe" on E	orm 00	
Part IV, line 21, for any recipient that							answered	res on r	OIIII 990	
1 (a) Name and address of organization			(d) Amount of cash				(b) Di	irpose of grant		
or government	(b) EIN	(c) IRC section	grant	(e) Amount of non- cash assistance	(f) Method of valuation (book FMV appraisa)	(g) Description of noncash assistance	1 1	assistance		
(1) BROWARD COLLEGE		(If applicable)	gidin	OGDIT GDGIOGETOG	other)	TORREST CONSTRUCT	1	500,000,100		
225 EAST LAS OLAS BLVD							VARIOUS	AWADDS		
	23-7181959	2	171,443				VARIOUS	ANALUS		
(2) CHIPOLA COLLEGE	23-1101939		1/1,443							
3094 INDIAN CIRCLE							VARIOUS	MMADDE		
MARIANNA FL 32446	59-2074070	2	26,624				VARIOUS	AMARDS		
(3) COLLEGE OF CENTRAL FLORIDA	39-2074070	3	20,024							
P O BOX 1388							VARIOUS	AMADING		
OCALA . FL 34478	59-6139037	,	37,790				VARIOUS	AWARDS		
(4) COLLEGE OF THE FLORIDA KEYS	39-0139037	3	31,190				-			
5901 COLLEGE ROAD							VARIOUS	элдаша		
KEY WEST FL 33040	59-6173174	3	20,360				VILLEGOD	111121200		
(5) DAYTONA STATE COLLEGE	33 01/31/4	-	20,300		+		1			
P O BOX 2811							VARIOUS	AWARDS		
DAYTONA BEACH FL 32120	59-1581805	3	63,269				***************************************			
(6) EASTERN FLORIDA STATE COLLEGE		-	30 /23				1			
1519 CLEARLAKE ROAD, BLDG 2,RM 22	5				1		VARIOUS	AWARDS		
COCOA FL 32922	59-1747177	3	60,617				1			
(7) FLORIDA GATEWAY COLLEGE			50,521		1					
149 SE COLLEGE PLACE							VARIOUS	AWARDS		
LAKE CITY FL 32025	59-1627997	3	33,080				V2E(2005	************		
(8) FLORIDA SOUTHWESTERN STATE COLLEC		ļ	35,000		 		1			
P 0 BOX 60210							VARIOUS	AWARDS		
FORT MYERS FL 33906	59-6173638	3	91,642							
(9) FLORIDA STATE COLLEGE AT JACKSON		† -	52,542		1		1			
501 WEST STATE ST						1	VARIOUS	AWARDS		
	23-7168438	3	97,732							
2 Enter total number of section 501(c)(3) and governme	-		Ass.		-		▶ 2	В	-	
3 Enter total number of other organizations listed in the	_						▶ 0	-		
For Panerwork Reduction Act Notice see the Instruction								I /Form 990	1) (2020)	

Schedule I (Form 990) (2020)

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

OMB No 1545-0047

Open to Public Inspection

No

Employer Identification number

65-0530384

Department of the Treasury Internal Revenue Service Name of the organization

Go to www irs gov/Form990 for the latest information THE |FLORIDA / COLLEGE | SYSTEM | 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 Yes the selection cnteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	''	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	1 1 /	urpose of grant assistance
(1) GULF COAST STATE COLLEGE								
5230 W HIGHWAY 98		_					VARIOUS	AWARDS
PANAMA CITY FL 3		3	33,544					
(2) HILLSBOROUGH COMMUNITY (COLLEGE				1			
P O BOX 31127							VARIOUS	AWARDS
TAMPA FL 3	33631 59-1810717	3	131,923					
(3) INDIAN RIVER STATE COLLE	EGE							
3209 VIRIGINA AVE							VARIOUS	AWARDS
FORT PIERCE FL 3	34981 59-1105591	3	64,486					
(4) LAKE-SUMTER STATE COLLEG	E						1	
9501 US HIGHWAY 441	1						VARIOUS	AWARDS
LEESBURG FL 3	34788 59-1990323	3	40,730					
(5) MIAMI DADE COLLEGE						-	1	
300 NE SECOND AVE #4102	l e						VARIOUS	AWARDS
MIAMI FL 3	33132 59-6169745	3	203,994					
(6) NORTH FLORIDA COLLEGE								
325 NW TURNER DAVIS DRIV	7E						VARIOUS	AWARDS
MADISON FL 3	32340 59-6179948	3	27,364					
(7) NORTHWEST FLORIDA STATE	COLLEGE							
100 COLLEGE BLVD							VARIOUS	AWARDS
NICEVILLE FL 3	32578 59-2865698	3	36,518					
(8) PALM BEACH STATE COLLEGE	3				<u>† </u>		1	****
4200 CONGRESS AVE			1				VARIOUS	AWARDS
LAKE WORTH FL 3	33461 59-1818556	3	106,343					
(9) PASCO-HERNANDO STATE CO		-	100,040					
10230 RIDGE ROAD							VARIOUS	AWADING
	34654 59-1731676	3	62,524				AWYTOOR	AMARDS
THE PART PART OF THE PARTY OF T	24024 29 T12T010	3	02,524	I.		L	4	

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

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

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

Schedule I (Form 990) (2020)

SCHEDULE I		Grants a	and Ot	her Assistance	e to Organiza	ations,			OMB No 1545-0047
(Form 990)		Governme	nts, ar	nd Individuals	in the United	d States			2020
				n answered "Yes" o	Form 990, Part IV			.	2020
Department of the Treasury)		([] [] FG0	to www.	Attach to Form goviForm990, for t	he latest information	7 // mg			Open to Public Inspection
Name of the organization THE	I FLORIDATION, INC.	ejsystem						Employer Identificati	
Part I General In	formation on Grants a	nd Assistance							
Does the organization rethe selection criteria us	maintain records to substantiate ed to award the grants or assistantiation's procedures for r	the amount of the stance?	_	_		grants or assistan	ce, and		Yes No
	d Other Assistance to e 21, for any recipient the								"Yes" on Form 99
, ,	dress of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book FMV appraisal other)	(g) Description of noncash assistan	, ,	urpose of grant assistance
(1) PENSACOLA STATE 1000 COLLEGE BI PENSACOLA	TAD	E0 (1720F7		55 414				VARIOUS	AWARDS
(2) POLK STATE COLI 999 AVE H, NE	FL 32504 LEGE	59-6173057	3	55,414				VARIOUS	AWARDS
WINTER HAVEN	FL 33881	59-1819213	3	70,257					
(3) SANTA FE COLLECTION 3000 NORTHWEST	GE 83RD ST							VARIOUS	AWARDS
GAINESVILLE	FL 32606	51-0240884	3	46,584					
(4) SEMINOLE STATE 100 WELDON BLVI	COLLEGE OF FLORID D	A.						VARIOUS	AWARDS
SANFORD	FL 32773	23-7033822	3	64,545					
(5) SOUTH FLORIDA : 13 EAST MAIN ST								VARIOUS	AWARDS
AVON PARK	FL 33825	59-3050497	3	31,094					
5001 ST JOHNS		00 000000		F4 004				VARIOUS	AWARDS
PALATKA	FL 32077	23-7336585	3	54,991		1			
(7) ST PETERSBURG P O BOX 13489								VARIOUS	AWARDS
ST PETERSBURG	FL 33733	59-1954362	3	109,784					
P O BOX 1849	OF FLORIDA, MANATE							VARIOUS	AWARDS
BRADENTON	FL 34206	59-1843274	3	60,044					
(9) TALLAHASSEE COI 444 APPLEYARD								VARIOUS	AWARDS
TALLAHASSEE	FL 32304	59-2091480	3	48,103					
	section 501(c)(3) and government	•	sted in the	line 1 table				>	

SCHEDULE I		Grants a	and Oti	her Assistanc	e to Organiza	ations.		OMB No 1545-0047
(Form 990)				nd Individuals				2020
	t e	Complete if the	organizatio	on answered "Yes" o	n Form 990, Part IV	, line 21 or 22		2020
Department of the Treasury) Internal Revenue Service		<u> </u>	o to www ii	Attach to Form	990 the latest information	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		Open to Public Inspection
È	HE FLORIDA / COLLEG OUNDATION , INC.		<u> </u>					nployer Identification number 5-0530384
Part I General	Information on Grants ar	nd Assistance						
the selection criteria	n maintain records to substantiate used to award the grants or assis he organization's procedures for r	stance?			• •	grants or assistar	nce, and	Yes No
Part II Grants a		Domestic Org	anization	ns and Domestic	Governments			answered "Yes" on Form 99
• •	address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VALENCIA COLL								
P O BOX 3028 ORLANDO		02 7440705	_	170 600				VARIOUS AWARDS
(2)	FL 32802	23-7442785	3	170,689				
(2)								
(3)								
(3)								
(4)	- 311							
(5)								
(6)		, že						
(7)								
(8)								-
(9)					V			
	of section 501(c)(3) and government of other organizations listed in the		sted in the	line 1 table		1		<u> </u>

Schedule I (Form 990) (2020) THE FLORIDA	COLLEGE SYST	em 6	5-0530384		Page 2
Part III Grants and Other Assistance	to Domestic Individ	luals Complete if t	he organization ansv	vered "Yes" on Form 990	, Part IV, line 22
Part III can be duplicated if add	ditional space is need				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of	(d) Amount of	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			1 11		
	<u> </u>				
2					
3					
4					
5					
6		_			
7					
Part IV: Supplemental information P	rovide the information	required in Part I,	line 2, Part III, colum	nn (b), and any other add	ditional information

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

THE FOUNDATION MAKES SCHOLARSHIP AWARDS TO ALL COLLEGES IN THE

FLORIDA COLLEGE SYSTEM. THE COLLEGES DISTRIBUTE THE SCHOLARSHIPS TO

STUDENTS ENROLLED IN THEIR COLLEGES BASED ON PREDETERMINED CRITERIA AND

SUBMIT A LISTING OF ALL SCHOLARSHIP RECIPIENTS AND AMOUNTS OF AWARDS TO THE

FOUNDATION.

OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information Open to Public ▶ Attach to Form 990 or 990-EZ Department of the Treasury Internal Revenue Service Go to www irs gov/Form990 for the latest information Inspection number Employer identification Name of the organization THE | FTORIDA COLLEGE SYSTEM 65-0530384 INC FOUNDATION,

FORM 990 - ORGANIZATION'S MISSION

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

FORM 990, PART I, LINE 6

THE FOUNDATION RECEIVED DONATED SERVICES FROM THE FLORIDA DEPARTMENT OF THIS INCLUDES THE COMPENSATION REPORTED FOR EDUCATION TOTALING \$223,314 THE PRESIDENT ON FORM 990, PART VII, SECTION A IN ADDITION, THE FOUNDATION RECEIVED OFFICE SPACE AND THE USE OF OFFICE EQUIPMENT AT NO CHARGE FROM THE FLORIDA DEPARTMENT OF EDUCATION.

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

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE DRAFT FORM 990 IS REVIEWED BY THE FINANCE AND INVESTMENT COMMITTEE AND PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY DURING THE ANNUAL NOMINATING COMMITTEE, THE CONFLICT OF INTEREST STATEMENT AND REQUIRED DISCLOSURES ARE INCLUDED IN THE BOARD PACKET FOR EACH BOARD MEMBER TO REVIEW AND UPDATE AS NEEDED.

Name of the organization

Employer identification number

THE FLORIDA COLLEGE SYSTEM

65-0530384

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE FOUNDATION S GOVERNING DOCUMENTS CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE.

FORM 990, PART VII - ADDITIONAL INFORMATION

THE PRESIDENT OF THE FOUNDATION IS AN EMPLOYEE OF THE FLORIDA DEPARTMENT

OF EDUCATION. HER COMPENSATION IS AN IN-KIND CONTRIBUTION TO THE

FOUNDATION.

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Attach to your tax return Department of the Treasury ► Go to www.irs.gov/Form4562 for instructions and the latest information Internal Revenue Service Name(s) shown on return THE FELORIDA COLLEGE SYSTEM Identifying number .65-2053038**4**√\))r d foundation, INC Business or activity to which this form relates

INDIRECT DEPRECIATION 7 Election To Expense Certain Property Under Section 179 Part I Note If you have any listed property, complete Part V before you complete Part I 1,040,000 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 2,590,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If mained filing separately, see instructions 5 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2021 Add lines 9 and 10 less line 12 Note Don't use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions 15 Property subject to section 168(f)(1) election 3,592 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property See instructions) Part III Section A 0 MACRS deductions for assets placed in service in tax years beginning before 2020 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only-see instructions) (b) Month and year placed in (d) Recovery (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property penod service 19a 3-year property 5-year property b 7-year property d 10-year property 15-year property f 20-year property 25 yrs S/L g 25-year property S/L MM 27 5 yrs h Residential rental ММ S/L 27 5 yrs property 39 yrs MM S/L Nonresidential real MM S/L property Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs S/L b 12-year S/L 30 yrs MM c 30-year 40 yrs MM S/L d 40-year Summary (See instructions) Part IV 21 21 Listed property Enter amount from line 28 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 3,592 22 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Required Report Citizen Support and Direct Support Organizations- s. 20.058, F.S.

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

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Florida Endowment for Vocational Rehabilitation (dba The Able Trust) 1709 Hermitage Blvd Suite 100 Tallahassee, FL 32308 850-224-4493 www.abletrust.org	Section 413.615, F.S.	The Able Trust's mission is to be a key leader in providing Floridians with disabilities opportunities for successful employment.	The board, in conjunction with staff, has recently completed a three-year strategic plan: Inclusive Florida Powered by The Able Trust. Over the next three fiscal years, the organization plans to: Enhance its fundraising and grant writing efforts to secure additional private and public gifts, grants, and endowed funds in order to maintain and grow its grant-making efforts that support rehabilitation and employment opportunities benefiting Floridians with disabilities; Continue its focus on programs directed at youth and young adults, particularly the continuation and expansion of the High School High Tech; Enhance its communications and research efforts in order to better promote and encourage employment opportunities for Floridians with disabilities, with particular engagement around Disability Employment Awareness Month and focused industry recognition activities, encouragement of internship and work experience opportunities, and information and resources to assist employers and individuals with disabilities as they work together to build employment opportunities; Strengthen relationships with business leaders through awareness campaigns, mentoring opportunities,	See Attached	Remains true to its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDOE Division of Vocational Rehabilitation (VR); Has maintained fiscal and operational processes that ensure sound fiscal management and transparency, reviewed annually by an outside independent auditor. Is an effective vehicle for cultivating meaningful partnerships between the FDOE and VR and other stakeholders. Is actively engaged in developing and successfully executing innovative programs such as its statewide High School High Tech program, the development of business outreach and engagement programs, And outcome focused statewide employment activities conducted with a variety of partnering organizations. Works with various public and private partners including CareerSource Florida and the Department of Economic Opportunity on issues connected to the employment of people with disabilities and provides assistance to employers who include or plan to include people with disabilities in their workforce. Supported a number of community organizations in FY2O22 with technical and staff assistance as well as funding. The

Required Report Citizen Support and Direct Support Organizations- s. 20.058, F.S.

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

	El Sig	industry showcases, and business resources; Strengthen awareness and relationships among the state legislature through advocacy and education activities; and realign grant making with the employment goals and outcomes of the federal WIOA legislation and those of the state Vocational Rehabilitation program.	organization provided \$1,196,000 in grants and related support.
Gr.		The Able Trust will also continue to expand its support for Division of Vocational Rehabilitation training activities and events, as well as focus on the sustainability and reauthorization of the organization, currently due to be "sunset" by 1 October 2023 unless saved from repeal before that date. See the attached Strategic Plan Document.	

2



Powered by THE ABLE TRUST

STRATEGIC PLAN

FY 2023-2025



WHO IS THE ABLE TRUST?

The Able Trust is a unique organization that takes a comprehensive view of disability employment conditions and challenges facing our state. We provide leadership in identifying research-based solutions and work in partnership with the state vocational rehabilitation program to fund, scale, and fully implement these solutions.

The Able Trust was created by the Florida legislature in 1990 to be a direct support organization to the state vocational rehabilitation program. The legislature recognizes the value that persons with disabilities bring to Florida's workforce while at the same time recognizing the need for more resources—including funding and partnerships-to support a disability inclusive workforce.

The Able Trust was created to be a stable and growing financial resource to provide planning, research, and policy development for disability employment in Florida. It is our role to identify the most effective and efficient means for increasing employment of Floridians with disabilities and to work with the Florida Department of Education, Division of Vocational Rehabilitation (VR), and our many other partners to fund and fully implement solutions which move us closer to full employment of Floridians with disabilities.

OUR PROMISE TO FLORIDA STAKEHOLDERS

- **VOCATIONAL REHABILITATION:** The Able Trust increases employment and business outcomes for VR through an effective use of research, capacity building, and improved business relationships.
- **EMPLOYMENT SERVICE PROVIDERS:** The Able Trust increases employment outcomes through research-based impact projects and scaling of best-and evidenced-based practices.
- **BUSINESSES:** The Able Trust enhances the business community by addressing hiring needs through disability workforce solutions.
- **EDUCATORS:** The Able Trust supports education through interventions that target successful transitioning of students with disabilities from education to employment.
- INVESTORS/PHILANTHROPIC PARTNERS: The Able Trust believes in the importance of financial stewardship and generating maximum and lasting impact. The Able Trust provides the opportunity to invest in social impact leading to more prosperous Florida communities.
- LEGISLATORS: The Able Trust is the state leader and resource for research, data, and solutions positively impacting employment of Floridians with disabilities.
- CITIZENS OF FLORIDA: The Able Trust works tirelessly to ensure an additional 300,000 Floridians with disabilities enter their local workforce in the next 10 years.







STRATEGIC PRIORITY #2:

BE THE LEADER IN BUILDING SYSTEM CAPACITY AND SCALING EVIDENCED-BASED SOLUTIONS THAT INCREASE EMPLOYMENT OUTCOMES ON A STATEWIDE BASIS.

As the leader and source of rich data, we will identify evidenced-based practices which are the most effective in preparing, securing, and retaining employment for Floridians with disabilities. These practices will guide our outreach, capacity building, and collaborations focused on closing the disability workforce inclusion gap. Creating and supporting The Able Network is key to success in achieving this priority.

THE ABLE NETWORK

ABLE BUSINESSES – a network of Florida businesses who are committed to disability workforce inclusion and recruiting persons with disabilities from VR, Able Providers and Able Educators.

ABLE PROVIDERS – network of employment service providers who embrace the goals and methods of Inclusive Florida.

ABLE EDUCATORS – a network of education institutions including secondary and post-secondary who are committed to preparing students with disabilities for Florida's workforce and working with Florida businesses to recruit and hire.

ABLE THINK TANK – a driver of continuous innovation and policy advocacy made up of Florida's thought leaders for closing the disability workforce gap.

"Inclusive Florida will provide the foundational information we need to understand how to create meaningful improvements in areas such as education and workforce development. Florida must implement programs that are based on indisputable evidence rather than anecdotes and assumptions. This is even more important as we all work together to ensure a strong and robust workforce that includes all Floridians who are able and willing to work."

KEVIN CARR • CEO, FloridaMakes

To achieve this goal, The Able Trust will:

- Identify evidenced-based practices through listening tours, data and research, and with the leadership of The Able Think Tank.
- Use impact projects grounded in the scientific method to validate evidenced-based practices.
- Partner with VR for scaling evidenced-based practices.
- Establish standards for the Able Network to ensure quality implementation, collaboration, and partnerships.
- Create and utilize the Able Network for scaling solutions statewide.
- Facilitate collaboration and shared learning of The Able Network through state summits and ideasharing events.

FY23 METRICS

- Complete a scaling map for funding and implementing 2-3 validated evidenced-based practices
- Develop a summit vision and plan for execution in FY2024
- Hold a minimum of one idea sharing event (i.e., TED style event).



ABLE TRUST PROGRAMS & INITIATIVES



The Able Trust administers HSHT in 39 Florida counties in partnerships with local school districts and community nonprofits. HSHT is based on the nationally recognized and evidence-based Guideposts for Success. Students are provided a wide variety of opportunities to explore in-demand industries and careers through experiences including industry and post-secondary education tours, work-based experiences, workshops, and career mentoring. HSHT boasts a 99% high school graduation rate with 80% of graduates attaining post-secondary education or employment.



DEAM is part of a national initiative highlighting career paths and industries for students and job seekers with disabilities. The Able Trust promotes DEAM with Florida businesses as an opportunity to:

- Participate in career exploration workshops and conduct job site tours to provide persons with disabilities the opportunity to explore the daily life of their career interest.
- Introduce other businesses and organizations to the capabilities and profitability of this talented labor market.





The Able Trust created Project Venture as a business development competition, focused on creating a hands-on experience for HSHT youth. Students are given the choice to create a plan for a business or product, in any sector of their choice.

The only limit is their creativity. Some of the projects have resulted in successful, real businesses located at the students' school.

The goals of Project Venture are to:

- Introduce students to entrepreneurism and the entrepreneurial spirit.
- Facilitate students working in teams on real-world applications.
- Allow students to develop workplace communication and other soft skills.





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

POLICY STATEMENT

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

BOARD OF DIRECTORS

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

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

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

AMBASSADORS

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

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

PRESIDENT AND CEO

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

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

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

EMPLOYEES

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

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

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

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

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

FINANCIAL PRACTICES

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

FUNDRAISING ACTIVITIES

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

TREATMENT OF INDIVIDUALS SERVED

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

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

ACKNOWLEDGEMENT:

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

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

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

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

Accepted: ______ Date: _____

Print Name:

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

Open to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2021

Inspection

A	or the	= 2020 calendar year, or tax year beginning JUL 1 , 2020 and ending	JUN 30, 202	1
_		The state of the s	D Employer ident	
B C	heck if oplicable	THE FLORIDA ENDOWMENT FOUNDATION		
	Addres	THE PHORIDIT BROOMSTEEL - CONTROL		
	Name		59-3052	307
<u> </u>	change Initial	Doing business as THE ABLE TRUST Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone num	ber
 	return Final	1709 HERMITAGE BLVD	850-224	-4493
	return/ termin ated	1/05 HERMITAGE BEVE	G Gross receipts \$	6,854,410.
_	ated Amend		H(a) Is this a group	return
-	Jreturn		for subordina	77
<u> </u>	Application pendir	SAME AS C ABOVE		es included? Yes No
				a list. See instructions
11	ax-exe	MANU ARLETRIIST ORG	H(c) Group exemp	tion number 🕨
JV	/ebsi1	organization: X Corporation Trust Association Other L	ear of formation: 1991	M State of legal domicile: FL
KF	orm of	organization: X Corporation		
Pa	REI	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O	
8	1	Briefly describe the organization's mission of most significant additions.		
Governance		Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	nore than 25% of its net	assets.
le l	2	Number of voting members of the governing body (Part VI, line 1a)	1	3 2
Ó	3	Number of voting members of the governing body (Fait V), line 129 Number of independent voting members of the governing body (Part VI, line 1b)		4 9
ФĎ	4	Number of Independent voting members of the governing body (1 art v), into 127,		5 8
ties	5	Total number of volunteers (estimate if necessary)		6 9
Activities &	6	Total number of volunteers (estimate in necessary) Total unrelated business revenue from Part VIII, column (C), line 12	-	'a 0.
AC	7a	Net unrelated business taxable income from Form 990-T, Part I, line 11	-	ъ 0.
_	Ь	Net unrelated dusiness taxable income from one 350-1, Fact, into 77	Prior Year	Current Year
	_	Contributions and grants (Part VIII, line 1h)	4,199,830	604,260.
Revenue			30,810	
	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,458,453	
E E	10	Investment income (Part VIII, Column (A), lines 5, 4, and 70)	41,886	
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,730,979	2,621,580.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,887,107	
	13	Grants and similar amounts paid (Part IX, Column (V), line 4)		. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	904,358	567,390.
9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	Z CONTRACTOR	W. Talandari Santan
X	ь	Total fundraising expenses (Part IX, Column (D), line 25)	508,076	685,918.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3, 299, 541	. 2,653,958.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,431,438	
- 80	19	Revenue less expenses, Subtract line 18 from line 12	Beginning of Current Yes	
Net Assets or Fund Balances			25,045,138	. 28,817,434.
Sset	20	Total assets (Part X, line 16)	748,894	
돭	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	24,296,244	
킱	22	Net assets or fund balances. Subtract line 21 from line 20		
PE	IT III	ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of	my knowledge and belief, it is
Unde	er pena	t, and complete. Declaration of preparer other than officer) is based on all information of which prej	parer has any knowledge.	
true,	correc	t, and complete. Declaration of prepared other than officer) is beset on all information of the pared of the	15/1	2/2022
		Signature of officer	Date	
Sign	1	ALLISON CHASE, PRESIDENT AND CEO		
Her	е	Type or print name and title		
			Date Check	PTIN
		I this i ye big and i a think i a th	5/12/2022 if self-am	P01371120
Paid		TOTAL OF TRANSPORT TOTAL PROPERTY TO A	Firm's EIN	E0 0406040
	arer	COLE COMPANY DITTO CITTOR 200	1 Hill & Brite	
Use	Only	Firm's address 2615 CENTENNIAL BLVD., SUITE 200 TALLAHASSEE, FL 32308	Phone no. 8	50-668-8100
_			11 110110 1101	X Yes No
May	the II	RS discuss this return with the preparer shown above? See instructions	·	Fer 990 (0000)

Other program services (Describe on Schedule O.)

Total program service expenses

Including grants of \$ 1,954,502.

r ai	CITY Officering of frequency consultation		Yes	No
	20 47(1)(4) (a) a visite a private for indiction)?		100	7.50
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		X
	public office? If "Yes," complete Schedule C, Part I	3	-	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		x	
	during the tay year? If "Yes." complete Schedule C. Part II	4	Δ	_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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			
0	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Э	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
40	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11				
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	X	
	Part VI	110		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		-
ď	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	44.4		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.44	X	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	A	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D. Parts XI and XII	12a	X	-
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			- U
	If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
140	Did the organization maintain an office, employees, or agents outside of the United States?	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
4.5-	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	Litto the organization report more than \$15,000 or gross income north garning additions of the section of the s	19		X
	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	Did the organization operate one or more hospital facilities? If res, complete schedule if	20b		
	If "Yes" to line Zua, did the organization attach a copy of its audited illialicial statements to this retains			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	domestic government on Part IX, column (A), line 17.11 res, complete schedule I, Parts I and II			-

Pa	t IV Checklist of Required Schedules (continued)		,	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
04-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
248	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		X
_	Schedule K. If "No," go to line 25a	24b		
Ь	Did the organization invest any proceeds of tax-exempt borids beyond a temporary period exception:			
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			X.
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		A
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	was the organization a party to a business transaction with one of the following parties (as a series of the following parties of the following parties (as a series of the following parties of the following parties (as a series of the following parties of the following parties (as a series of the following parties of the following parties (as a series of the following parties of the following parties of the following parties of the following parties (as a series of the following parties of the followin			1.3
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		X
	"Yes," complete Schedule L, Part IV	28b		X
b	A family member of any individual described in line 28a? if "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	000		x
	"Yes," complete Schedule L, Part IV	28c	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	l		x
	contributions? If "Yes," complete Schedule M	30	_	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34		34	X	
or -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
358	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	within the meaning of section 512(D)(13) (11 Tes, Complete Scriedule 11, 1 art v, 111 2 2	-		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		X
	If "Yes," complete Schedule R, Part V, line 2	30	-	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		- 22
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Nictor All Form 990 filers are required to complete Schedule O	38	X	_
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			_
_	Check if Schedule O contains a response or note to any line in this Part V			_
			Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable)	- 3	
~	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	- 27		
Ū	(gambling) winnings to prize winners?	10		
	Agentine and the second			

032004 12-23-20

Form 990 (2020) FOR VOCATIONAL REHABILITATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) FOR VOCATIONAL REHABILITATION, INC.

			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 2a 2a 2			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
h	If "Ves " has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>
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).			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
Ъ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Δ
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			-
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	_	_
7	Organizations that may receive deductible contributions under section 170(c).			₩.
а	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?	7a	_	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			•
	to file Form 8282?	7c	-	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	Α
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			77.0
	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		9b		
10	Section 501(c)(7) organizations. Enter:		463	- 1
a	Initiation fees and capital contributions included on Part VIII, line 12			100
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100	1	30.
11	Section 501(c)(12) organizations. Enter:	E (*1)	37	10.
a	Gross income from intellibers of shareholders	-	500	48.
b	Gross income from other sources (Do not net amounts due or paid to other sources against	R =	197	
	amounts due or received from them.)	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	150		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		_
а	Is the organization licensed to issue qualified health plans in more than one state?	108		
	Note: See the instructions for additional information the organization must report on Schedule O.	74		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	9,33	100	
	organization is licensed to issue qualified health plans	0	1	
C	Enter the amount of reserves on hand	14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	170		$\overline{}$
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X
	excess parachute payment(s) during the year?	-13		
	If "Yes," see instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		W	
	If "Yes," complete Form 4720, Schedule O.	Forn	990	(2020)

THE FLORIDA ENDOWMENT FOUNDATION 59-3052307 FOR VOCATIONAL REHABILITATION, INC. Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 9 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 $\overline{\mathbf{x}}$ Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8Ь b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization 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 X 16a taxable entity during the year? 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?

20	ction	C	Dieclosure

List the states with which a copy of this Form 990 is required to be filed ▶FL

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Other (explain on Schedule O) X Upon request Another's website X Own website

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records > _ DELIA FINNERTY - 850-878-6189 2075 CENTRE POINTE BLVD #200, TALLAHASSEE,

032006 12-23-20

Page 7

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

Check this box if neither the organization n (A)	(B)			((2)			(D)	(E)	(F)
Name and title	Average	l (do	Position (do not check more			than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	\vdash	Jer an	Uau	PLIL	17000	loe,	from	from related	other
	(list any	Tects						the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e ar d	1 <u>8</u> 2			sater		(W-2/1099-MISC)	(11 2) 1000 111100)	organization
	organizations	Individual trustee or director	Institutional trustee		幺	in per		(**************************************		and related
	below	dual	ation	ь	Kay employee	Salco oyee	<u>_</u>			organizations
	line)	휼	Instit	Officer	Key	Highest compensated employee	윤			
(1) ANTONIO T. CARVAJAL	50.00									04 605
PRESIDENT & CEO UNTIL 12/31				X				185,707.	0.	21,607.
(2) GUENEVERE CRUM	40.00							111.000	ا م	14 450
SENIOR VICE PRESIDENT				X		_	_	114,826.	0.	14,456.
(3) ALLISON CHASE	50.00							111 000	_	14 425
INTERIM PRESIDENT & CEO(1/1-6/30/21)			_	X		_	_	114,200.	0.	14,425.
(4) JOSEPH D'SOUZA	40.00							76 005	0.	10,264.
VICE PRESIDENT	4 00	_	_	X		_		76,825.	0.	10,204.
(5) JAMES BYERS	1.00								0.	0.
SECRETARY	4 00	X	_	X	_	_	_	0.	0.	0.
(6) LAURIE SALLARULO	1.00							0.	0.	0.
CHAIR	4 00	X	_	X		_	_	0.	υ.	0.
(7) MAVARA AGRAWAL	1.00			.,				0.	0.	0.
VICE-CHAIR	1 00	X	_	X	_	-	_	Ų .	· ·	0.
(8) DOUG HILLIARD	1.00	1,,		3,				0.	0.	0.
TREASURER	1 00	X	_	X	-	-	-	0.	0.	
(9) LORI FAHEY	1.00	x						0.	0.	0.
DIRECTOR	1.00	_	-		-		-	0.	•	- 0.
(10) ALEXIS DOYLE	1.00	x						0.	0.	0.
DIRECTOR	1.00	1	-	-	-	\vdash	-	- 0.	•	
(11) ALLISON PLANAGAN	1.00	x						0.	0.	0.
DIRECTOR (12) TODD JENNINGS	1.00	Α.	\vdash	-	-	-		-		-
	1.00	x						0.	O.	0.
DIRECTOR (13) ED FINDER	1.00		\vdash		_					
	1.00	x						0.	0.	0.
DIRECTOR		1								
		1								
		1								
						Т				
		1								
								II.		

Form	990 (2020) FOR VOCA	TIONAL E	REF	IAI	BII	ıI?	ראיז	TI(ON, INC.	59-30	52:	307	P	age 8
Par	VII Section A. Officers, Directors, Trus									es (continued)				
	(A) Name and title	(B) Average hours per week (list any	(do box offic	not c	Posi heck r ss per id a di	tion	than d	one h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		an	(F) timate nount other pensa	of
		hours for related organizations below line)	Individual Iruslae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	7)	org	om th anizat d relat anizati	ion ed
											_			
											4			
											\dashv			
			_				_				\dashv			
									401 550		0.	- 6	0,7	5 2
1b	Subtotal Total from continuation sheets to Part V	II. Section A		••••	••••			▶	491,558.		0.			0.
	Total (add lines th and 1c)							▶	491,558.		0.	6	0,7	52.
2	Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed al	voc	e) wi	no re	eceived more than \$100	J,000 or reportable				3
						laura		r bio	wheet company ted emi	nlovee on	ſ		Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,		3	200	X
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	um of reportab	le c	omp <i>mol</i>	ensa ete S	atior Scho	n and edul	d otl	her compensation from for such individual	the organization		4	x	
5	Did any person listed on line 1a receive or	accrue compe	nsal	ion i	from	any	y uni	elat	ted organization or indiv	idual for services		5		х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ens	ation 1	irom	
	the organization. Report compensation for	the calendar y	ear	end	ing v	vith	or w	rithir T	n the organization's tax (B)	year.		((>)	
	(A) Name and business	address	N	ON	E			\dashv	Description of s	services		ompe	nsatio	n
								\dashv						
							_	\dashv						
			_	_				\dashv						
				_		_		_			_			
	Total number of independent contractors	including but r	not li	mite	ed to	tho	se li	ster	d above) who received r	nore than		-		
2	\$100,000 of compensation from the organ	ization	41				0						000	0000

		Check if Schedule O contains a response of	r note to any line	in this Part VIII	(B)	(C)	(D)
				(A) Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Giffs, Grants Revenue and Other Similar Amounts	b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f HSHT PROGRAM YOUTH LEADERSHIP TRAINING DEAM/DMD INCOME	2,985. 549,823. 51,452. Business Code 900099 900099	21,025. 3,025. 1,050.	21,025. 3,025. 1,050.		
P.	e	All other program service revenue					
	a	Total. Add lines 2a-2f		25,100.			
	3 4 5	Investment income (Including dividends, interest other similar amounts) Income from investment of tax-exempt bond properties.	st, and	746,051.			746,051.
	6 a	Gross rents 6a 6b 6c (i) Real 6c 6c	(ii) Personal	Elizant 1.29			Skelled
<u>o</u>	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b 4,232,830	(ii) Other				
Other Revenue	d	Gain or (loss) 7c 1,184,390. Net gain or (loss) 6ross income from fundraising events (not including \$ of contributions reported on line 1c). See	>	1,184,390.			1,184,390.
	С	Part IV, line 18 Less: direct expenses 8b Net income or (loss) from fundraising events Gross income from gaming activities. See					
	С	Part IV, line 19 9a Less: direct expenses 9b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances 10a	>				
		Less: cost of goods sold10b					And the state of t
	C	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	ADMINISTRATIVE FEES	900099 900099	60,966. 813.	813.		60,966.
ella							
Misc	¢	All other revenue		61,779.	-		Y 3 6 75
	12	Total revenue. See instructions		2,621,580.	25,913,	. 0	1,991,407. Form 990 (2020)

032009 12-23-20

Part IX | Statement of Functional Expenses

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

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
C-	not include amounts reported on lines 6b,	(A)	(B)	(0)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	1 400 650	1,400,650.		
	and domestic governments. See Part IV, line 21	1,400,650.	1,400,650.		
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,	463,553.	197,010.	266,543.	
	trustees, and key employees	403,3331	23,7020	200,000	
6	Compensation not included above to disqualified	1			
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	68,762.	56,000.	12,762.	
7	Other salaries and wages Pension plan accruals and contributions (include	00,,021			
8	section 401(k) and 403(b) employer contributions)				
_					
9	Other employee benefits	35,075.	14,384.	20,691.	
10	Payroll taxes		•	·	
11	Management				
a					
b	Legal	78,736.		78,736.	
d.	Lobbying	123.		123.	
u	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	182,022.		182,022.	
g	- use and a second at the of the DE				
9	column (A) amount, list line 11g expenses on Sch O.)	203.		203.	
12	Advertising and promotion	125,959.	113,721.	12,238.	
13	Office expenses	12,202.	4,789.	7,413.	
14	Information technology	23,538.	9,954.	13,584.	
15	Royalties				
16	Occupancy	130,202.	65,101.	65,101.	
17	Travel				
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,281.	35,860.	2,421.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,888		3,888.	
23	Insurance	12,780.		12,780.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If			100	
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	29,526.	28,965.	561.	
а	GRANTS ADMINISTRATION YOUNG PROFESSIONALS PRO	24,979.	19,979.	5,000.	
b	DUES & SUBSCRIPTIONS	11,450.	25/5/50	11,450.	
C	TEAT COULON /IITOU MECH	4,434.	4,434.		
d		7,595.	3,655.	3,940.	
	All other expenses	2,653,958.	1,954,502.	699,456.	0.
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	2,000,000			
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here It following SOP 98-2 (ASC 958-720)				
_	0 12-23-20				Form 990 (2020

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 Cash - non-interest-bearing 1 1,383,528. 1,882,215. 2 Savings and temporary cash investments 2 911,157. 795,768. 3 Pledges and grants receivable, net 3 19,078. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 20,379. 6,204. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 331,239. 10a basis. Complete Part VI of Schedule D 120,261. 210,978. 124,149. 10c Less: accumulated depreciation ______ 10b b 22,135,052. 26,261,281. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 101,750. 101,750. 15 Other assets, See Part IV, line 11 15 25,045,138. 28,817,434. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 49,447. 40,582. 17 Accounts payable and accrued expenses ______ 17 18 Grants payable 18 823,701. 708,312. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 873,148. 748,894. 26 Total liabilities. Add lines 17 through 25 .. 26 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 24,423,042. 21,107,472. Net assets without donor restrictions 27 3,521,244. 3,188,772. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 24,296,244. 27,944,286. Total net assets or fund balances 32 28,817,434. 25,045,138. Total liabilities and net assets/fund balances Form 990 (2020)

	990 (2020) FOR VOCATIONAL REHABILITATION, INC.	59-3	052307	Pag	e 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш.
	Official and a service of the servic				~ ^
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,621		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,653		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,296		
5	Net unrealized gains (losses) on investments	5	3,680	, 4	20.
	Donated services and use of facilities	6			
6 7	Investment expenses	7			
-	Prior period adjustments	8			
8	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,				
IU	column (B))	10	27,944	1,2	86.
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
			-	Yes	MO
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 1183	- 1	
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:		0.53		
	Separate basis Consolidated basis Both consolidated and separate basis			77	
b	Were the arganization'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	te basis,			
	consolidated basis, or both:			4.9	
	Y 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	e audit,			x
	review, or compilation of its financial statements and selection of an independent accountant?		2c	III C	
	If the exceptation changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.	115.236	1	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	"		X
	Ast and OMP Circular A.1332		Ja	_	Λ
b	If "Ves " did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audi	ا ا		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(0000)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service Name of the organization

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. Employer identification number 59-3052307

Pa	rt I	Reason for Public	Charity Status. (All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organi	zation is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches describe	d in sectio	n 170(b)(1	I)(A)(i).	
2	\sqcap	A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3	一	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(i	ii).	
	H	A medical research organiz	ation operated in con	niunction with a hospita	I described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
4			ation operated in our	ijunotion with a moopile				
		city, and state: An organization operated for	the beauth of a sal	lle ere en contramité access	d or operat	ted by a d	overnmental unit describ	ned in
5				lege of university owner	d of obeig	led by a g	Over I internet with account	JOG #1
		section 170(b)(1)(A)(iv). (C	Complete Part II.)				4.5	
6	Ш	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	Ily receives a substa	ntial part of its support i	from a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)			
9	\Box	An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
J		or university or a non-land-g	rent college of sprice	ulture (see instructions).	Enter the	name, city	v. and state of the colleg	e or
			grant conego or agric	altale food menadensi				
		university: An organization that norma	H	than 22 1/20/ of the cur	nort from	contributio	ons membership fees a	nd gross receipts from
10		An organization that norma	lly receives (1) more	than 33 1/376 of its sup	bolt light	mara tha	22 1/20% of its support	from gross investment
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) 110	more mai	ind higher commission	offer June 20, 1075
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	lired by the organization	alter Julie 50, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized	and operated exclusi	vely to test for public sa	afety. See:	section 50)9(a)(4).	_
12	X	An organization organized	and operated exclusi	vely for the benefit of, to	o perform	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and con	plete lines	s 12e, 12f, and 12g.	
а	ΓX	Type I. A supporting orga	enization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving
-		the supported organization	on(s) the nower to re	nularly appoint or elect	a maiority	of the dire	ctors or trustees of the s	supporting
		organization. You must o						
		Type II. A supporting org	-indica curerised	or controlled in connec	tion with it	e sunnort	ed organization(s), by ha	ivina
b	L	Type II. A supporting org	anization supervised	or controlled in connec	TION SOM	one that or	entrol or manage the sur	norted
		control or management o			anie persu	JIS UIAL CL	Althor or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.			. (7 15 16 . 5 . 4	ماعتد بر الد
C	L	Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functionally integrati	ea with,
		its supported organization	n(s) (see instructions). You must complete l	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	y integrated. A supp	orting organization oper	rated in co	nnection v	with its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	plete Part IV, Sections	s A and D,	and Part	٧.	
_		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
-	-	functionally integrated, or	r Type III non-function	nally integrated support	ina oraani	zatlon.		
	F-1-	r the number of supported						1
		r the number of supported tide the following information		d organization(s)	,			
9	Prov) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your govern	nization listed	(v) Amount of monetary	(vi) Amount of other
	- 1	organization	(1) 2.11	(described on lines 1-10	Yes	No No	support (see instructions)	support (see instructions)
_				above (see Instructions))	163	Ito		
		EPT OF EDUC.	50 0484851	6	x		1,957,099.	
DI	V	OF VOCATIONAL	59-3474751	66			1,331,033+	
_								
_								
_			_				1.957.099.	0.

59-3052307 Page 2

Schedule A (Form 990 or 990 EZ) 2020 FOR VOCATIONAL REHABILITATION, INC. 59-30523

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

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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in) 🔊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3 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,		Internative 1	1			
	column (f)						
	Public support, Subtract line 5 from line 4.						
_	etion B. Total Support	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2016	(0) 2017	(0)2010	107,2010		
	Amounts from line 4						
8	Gross income from interest,		1				
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
_	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			Con R. E.		TURETURE.	
12	Gross receipts from related activities.	etc. (see instruct	ions)		***************************************	12	
12	First Evenre If the Form 990 is for th	e organization's f	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stor	here					
Se	organization, check this box and storection C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (ine 6, column (f),	divided by line 11,	, column (f))	,	14	
45	Dublic support percentage from 2019	Schedule A. Parl	t II. line 14			15	9/
168	33 1/3% support test - 2020. If the	organization did ne	ot check the box	on line 13, and line	14 is 33 1/3% or	more, check this bo	x and
	eton have. The organization qualifies	as a publicly supp	oorted organizatio	n		*****************	
Ŀ	33 1/3% support test - 2019. If the c	organization did n	ot check a box on	line 13 or 16a, and	d fine 15 is 33 1/3	% or more, check th	lis box
	and ston here. The organization qual	ifies as a publicly	supported organia	zation			
178	1 10% -facts-and-circumstances tes	t - 2020. If the or	ganization did not	check a box on lin	ie 13, 16a, or 16b	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstan	ces test, check th	is box and stop he	e re. Explain in Par	(VI now the organiza	auon
	meets the facts-and-circumstances to	st. The organizat	ion qualifies as a p	oublicly supported	organization	170 and line 15 is:	10% or
ŧ	10% -facts-and-circumstances tes	t - 2019. If the or	ganization did not	cneck a pox on lin	ie 13, 108, 100, 01	in Part VI how the	1070 OI
	more, and if the organization meets to	ne facts-and-circu	mstances test, ch	eck this box and s	itop nere. Explain	nization	b
	organization meets the facts-and-circ	umstances test. T	ne organization q	uaimes as a public	b check this boy	and see instruction	s
18	Private foundation. If the organization	n did not check a	DOX on line 13, 10	oa, 100, 1/a, or 1/	D, CHECK WIS DOX	edule A (Form 990	or 990-EZ1 2020
					301	Caste & 1. Or 11 220	U. 000 MM/ MOE

Schedule A (Form 990 or 990-EZ) 2020 FOR VOCATIONAL REHABILITATION, INC.

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 be	low, please comp	piete Part II.]				
-	ction A. Public Support	110020	11.0047	(=) 0010	(4) 2010	(e) 2020	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(6) 2020	(i) iotai
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	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 bus- iness 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)				1 354 1	ank fig. 4	
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ⊳	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses			1			
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	organization's fi	irst second third	fourth, or fifth tex	year as a section !	501(c)(3) organizat	ion,
14	check this box and stop here						▶□
900	ction C. Computation of Public	Support Pe	rcentage				
15	Public support percentage for 2020 (lin	ne 8 column /6 /	divided by line 13	column (fi)		15	%
10	Public support percentage for 2020 (iii Public support percentage from 2019 s	Schedule A: Part	III. line 15			16	%
16 Sec	ction D. Computation of Inves	tment Incom	e Percentage	***************************************			
47	Investment income percentage for 202	O (line 10c, colur	nn (f), divided by I	ine 13. column (fl)		17	%
17	Investment income percentage for 202	119 Schedule A	Part III. line 17	, , , , , , , , , , , , , , ,		18	%
18	notestment income percentage from 2013 1/3% support tests - 2020. If the content is a support tests is 2020.	organization did r	not check the box	on line 14 and lin	e 15 is more than 3		17 is not
198	more than 33 1/3%, check this box an	detan here The	organization guali	fies as a publicly	supported organiza	ation	▶□
,	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the c	uatop nere. 1116 vraanization did :	organization quali	line 14 or line 19	a. and line 16 is mo	ore than 33 1/3%.	and
ь	line 18 is not more than 33 1/3%, chec	k this hovendet	on here. The area	nization qualifies	as a publicly suppo	orted organization	
مد	Private foundation. If the organization	in title box atitiet	hox on line 14.10	a, or 19b, check t	his box and see in	structions	D
	Private foundation. If the organization	GIO HOL CHECK &	NOV OUT HE LA	a, c. top, oncon	Sch	edule A (Form 99	0 or 990-EZ) 2020

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

- 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?
- 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 ?? 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	x	
2		x
3а		x
3b		
3c		
4 a		X
4b		
4c		III
5a	120	x
5b 5c		
6		x
7		х
8		х
9a		x
9b		х
9c		х
		x

Sched	iule A (Form 990 or 990 EZ) 2020 FOR VOCATIONAL REHABILITATION, INC.	3230	, PE	ty e 5
Par	IV Supporting Organizations (continued)		Ven	Ma
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	110		Х
	11c below, the governing body of a supported organization?	11a	\vdash	X
b	A family member of a person described in line 11a above?	11b	\vdash	
Ċ	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			X
	detail in Part VI.	11c	لسا	Λ
Sect	ion B. Type I Supporting Organizations		V	Ma
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	x	
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			17
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations		T	
			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 now control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported groanization(s).	1		
Sec	tion D. All Type III Supporting Organizations		_	
-			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	140		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	_	_
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	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	_	
•	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		1 3	
3	significant voice in the organization's investment policies and in directing the use of the organization's	1011 L		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	100	TX	
	income or assets at all times during the lax year to year, and a second second in this record	3		
Con	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).		
1	Check the box next to the method that the organization associated with the second to satisfy the method that the organization associated with the second to satisfy the method that the organization associated with the second to satisfy the method that the organization associated with the second to satisfy th	•		
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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ons).	
C	The organization supported a governmental entity. Describe in Part 1, now you supported a governmental entity.		Yes	No
2	Activities Test. Answer lines 2a and 2b below.	335		
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	0.00	100	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1300		
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities.	20	+	\vdash
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	17		
	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	-	\vdash
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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 "Yes," describe in Part VI the role played by the organization in this regard.	3b		_

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions
1	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
		11		
1	Net short-term capital gain	2		
2	Recoveries of prior-year distributions	3		
3	Other gross income (see instructions)	4		
4	Add lines 1 through 3.	5		
5	Depreciation and depletion	+*+		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	6		
	maintenance of property held for production of income (see instructions)	7		
7_	Other expenses (see instructions)	8		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)			(B) Current Year
Sect	ion B - Minimum Asset Amount		(A) Prior 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
_	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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
1	Enter 0.85 of line 1.	2		
2	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
3		4		
4	Enter greater of line 2 or line 3.	5		
5	Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to		WITH STREET	
6		6		
6	emergency temporary reduction (see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 FOR VOCATIONAL REHABILITATION, INC. 59-3052307 Page 7

Da-	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (contin	uedl	
_		(=)(s) 4= L = 1 2 3 . 2 ·	COMM	000/	Current Year
	on D - Distributions Amounts paid to supported organizations to accomplish exe	emot purposes		1	
	Amounts paid to supported organizations to accompany see				
2	organizations, in excess of income from activity		2		
_	Administrative expenses paid to accomplish exempt purpose	s	3		
	Amounts paid to acquire exempt-use assets	000,000		4	
	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
5	Other distributions (describe in Part VI). See instructions.			6	
6	Total annual distributions. Add lines 1 through 6.			7	
7	Distributions to attentive supported organizations to which to	he organization is responsive			
8	(provide details in Part VI). See instructions.	110 019411111111111111111111111111111111		8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
10	Ellie o amount divided by line o amount	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see Instructions)	Excess Distributions	Underdistribution Pre-2020	ons	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.	1 X 2 1 Y 1			
3	Excess distributions carryover, if any, to 2020				
а	From 2015				The Production
b	From 2016	THE PARTY OF THE		2 2 2	
ċ	From 2017				
d	From 2018		X M CHEE	1.59	1 (V) V 10(G) (V)
е	From 2019	- market market		9.14	
f	Total of lines 3a through 3e			Jan San S	Statement of the
g	Applied to underdistributions of prior years			-	
h	Applied to 2020 distributable amount		MEZET BEREIT	-	
i	Carryover from 2015 not applied (see instructions)			200	ALCOHOLD STATE OF THE STATE OF
j	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.		AT-1924 - 21 11.	-	
4	Distributions for 2020 from Section D,	AND STREET		1	
	line 7: \$				
a	Applied to underdistributions of prior years	COLUMN ESTATE OF		2	
b	Applied to 2020 distributable amount		CONTRACTOR OF	N 1	
Ċ	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if			ä	
	any. Subtract lines 3g and 4a from line 2. For result greater			1	
	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			H SEM	
	Part VI. See instructions.		Details and the second	-	
7	Excess distributions carryover to 2021. Add lines 3j			300	
	and 4c.			1/21	
8	Breakdown of line 7:				
а	Excess from 2016	waith states and			
b	Excess from 2017	TO DESCRIPTION OF THE PARTY OF			
С	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020		The The		

THE FLORIDA ENDOWMENT FOUNDATION

makin tara	(Form 990 or 990-EZ) 2020	FOR V	OCATIONAL	REHABIL	ITATION.	INC.	59-3052307	Page 8
Schedule A Part VI	Supplemental Inform Part IV, Section A, lines 1, 2	nation. F 2, 3b, 3c, 4	rovide the explana b, 4c, 5a, 6, 9a, 9l	itions required b 5, 9c, 11a, 11b, a 5, lines 1c, 2a, 2	y Part II, line 10; and 11c; Part IV, b. 3a, and 3b; P	Part II, line 17a o , Section B, lines ' art V. line 1: Part '	r 17b; Part III, line 12; 1 and 2; Part IV, Sectlor V. Section B, line 1e; Pa	n G.
	Section D, lines 5, 6, and 8 (See instructions.)	; and Part	V, Section E, lines	2, 5, and 6. Also	complete this p	eart for any addition		
-								
,								

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, IN

Employer identification number

59-3052307

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

Organization type (check one):							
Filers of:		Section:					
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990)-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Check if	your organization is ly a section 501(c)(covered by the General Rule or a Special Rule. 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 property) from any	filing Form 990, 990-ÈZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special I	Rules						
	For an organization described in section 501(c)(3) filling 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						
but it mu	aution: 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), at 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 ertify 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.

Name of organization

THE FLORIDA ENDOWMENT FOUNDATION

FOR VOCATIONAL REHABILITATION, INC.

Employer identification number

59-3052307

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE BATCHELOR FOUNDATION, INC. 1680 MICHIGAN AVE MIAMI, FL 33139	\$15,000.	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
2	STATE OF FLORIDA DEPARTMENT OF EDUCATION 2002 OLD ST. AUGUSTINE ROAD, BLDG A TALLAHASSEE, FL 32301	\$549,823.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. Employer identification number

59-3052307

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

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		*	
(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
		\$	
	or on	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Employer identification number Name of organization THE FLORIDA ENDOWMENT FOUNDATION 59-3052307 FOR VOCATIONAL REHABILITATION, INC. 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 Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

LUX	/ (Occ populate in		,			
•	Section 501(c)(4), (5), or (6) or	rganizations: Complete Part III.			
Nan	ne of organization		FLORIDA ENDOWMEN			loyer identification number
		FOR	VOCATIONAL REHAB	ILITATION, INC		59-3052307
Pa	art I-A Comp	lete if th	ne organization is exemp	t under section 501(c	e) or is a section 527 of	rganization.
2	Political campaigr	n activity ex	organization's direct and indirect xpenditures campaign activities		> \$	
-	ALD Come	lata if th	ne organization is exemp	t under section 501/c	3(3).	
Pa	art I-B Comp	nete ii ui	ise tax incurred by the organization	on under section 4955	<i>y</i> ,(<i>y</i>). ▶ \$	
1	Enter the amount	of any exci	ise tax incurred by organization r	nonneare under section A95	35 S	
2	Enter the amount	ot any exci	ise tax incurred by organization in	1300 for this user?	υς , Ψ	Yes No
			a section 4955 tax, did it file Form			
			***************************************			les les
_ t	If "Yes," describe	in Part IV.	ne organization is exemp	t under section 501/c	A except section 501	(c)(3)
Pa	art I-C Comp	lete if th	ne organization is exemp	t under section 501(c	etion activities	(0)(0).
1	Enter the amount	directly ex	pended by the filing organization	tor section 527 exempt fun	coction 527	
2	Enter the amount	of the filing	g organization's funds contributed	a to other organizations for	Section 527	•
	exempt function a	ictivities				
3	Total exempt fund	tion expen	nditures. Add lines 1 and 2. Enter	here and on Form 1120-PO	JL,	,
	line 17b			***************************************		Yes No
4	Did the filing orga	nization file	Form 1120-POL for this year?			Tes Mo
5	Enter the names,	addresses	and employer identification num	ber (EIN) of all section 527 p	political organizations to which	ch the filing organization
	made payments.	For each or	rganization listed, enter the amou	ant paid from the filing organ	nization's funds. Also enter ti	ne amount of political
	contributions rece	eived that w	were promptly and directly deliver	red to a separate political or	rganization, such as a separa	ate segregated fund of a
	political action co	mmittee (P	AC). If additional space is needed	d, provide information in Pa	rt IV.	
	(a) Nan	ne	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

THE FLORIDA ENDOWMENT FOUNDATION

	777 TO	CATION	AL REHABIL	ITATION, INC	59-3	3052307 Page 2
Part II-A Complete if the orga	anizatio	n is exem	pt under sectio	n 501(c)(3) and file	ed Form 5768 (e	lection under
section 501(h)).						
Check Filing organizati	ion belong	s to an affilia	ated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share						
3 Check Dif the filing organizati				ovisions apply.		
Limite	s on Lobby	ying Expend			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence publi	c opinion (a	rassroots Johnving)			
b Total lobbying expenditures to influ	once publi	ielative podr	(Idirect Johnving)			
c Total lobbying expenditures (add lin	on to and	1h)	(directions)ing/			
 d Other exempt purpose expenditures e Total exempt purpose expenditures 	S	/bt bos ot				
f Lobbying nontaxable amount. Enter	the emou	int from the	following table in bot	h columns.		
		The labb	ying nontaxable am	ount is:		
If the amount on line 1e, column (a) or	(0) 18,		ne amount on line 1e			
Not over \$500,000	000		plus 15% of the exc			
Over \$500,000 but not over \$1,000		\$100,000	plus 15% of the ext	cess over \$1,000,000.		
Over \$1,000,000 but not over \$1,50			plus 5% of the exce			
Over \$1,500,000 but not over \$17,0	000,000			135 UVE! \$ 1,000,000.		-
Over \$17,000,000		\$1,000,00	JU			
and the second decided	0E0/ of	line 16				
g Grassroots nontaxable amount (ent						
h Subtract line 1g from line 1a. If zero	or less, er					
i Subtract line 1f from line 1c. If zero	or less, en	iter -U-	no 4: did the organiz	ation file Form 4720		
j If there is an amount other than zer	o on eitner	riine 1n oriii	ne II, old the organiz	ation the Forth 4720.		Yes N
reporting section 4911 tax for this y	/ear/		aging Period Under	Section 501/h)	*******	
(Some organizations th	at made a	section 50	aging Period Onder 1(h) election do not te instructions for li	have to complete all o	f the five columns	below.
	Lobby	ying Expend	ditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount		. 263		0 1.02-33		
(150% of line 2a, column(e))		17.17				
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount		11/0	- 1-1-1-1			
(150% of line 2d, column (e))					N. N. S.	
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 FOR VOCATIONAL REHABILITATION, INC.

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

-or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)		(t	o)
	o lobbying activity.	Yes	No		Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:		Х	.		
а	Volunteers?		X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
	Media advertisements?		X			
	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X	_		
f	Grants to other organizations for lobbying purposes?	x	Δ	-		123.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	\vdash	Х	_		123.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			_		
i	Other activities?		X	-		123.
j	Total. Add lines 1c through 1i	LATER	***	_		143.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	-		
b	If "Yes," enter the amount of any tax incurred under section 4912			-		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	10.01		_		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				47	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), 0	r sec	tion	
	501(c)(6).					
			_	-	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	ne prior year	?	3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal		73		
_	expenses for which the section 527(f) tax was paid).			1		
	Current year			2a		
	Carryover from last year			2b		
	Total			2c		
_	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3		
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical				
	expenditure next year?			4		
<i>E</i>	Taxable amount of lobbying and political expenditures (See instructions)			5		
	t IV Supplemental Information					
2000	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II	-A, line	s 1 ar	nd 2 (See	
nstru	actions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:					
DIE	RECT CONTACT WITH LEGISLATORS AND GOVERNMENT OFFICE	ALS TO) MC	rin	OR	
LEC	SISLATION THAT AFFECTS VOCATIONAL REHABILITATION.					

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

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. **Employer identification number** 59-3052307

Par			r Accounts. Complete if the
7	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised lunus	(b) i dilda aita otriar accodina
1	Total number at end of year	50,000.	
2	Aggregate value of contributions to (during year)	50,000.	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	80,821.	
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	Tunds X Yes No
	are the organization's property, subject to the organization's	exclusive legal control?	*****************
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose cor	Terring X Yes No
	impermissible private benefit?	18Viet in Form 000 Dad	
Par			TV, little 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	tatavia the important land area
	Preservation of land for public use (for example, recrea	, <u> </u>	istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		at a second at an Alex Inst
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	Held at the End of the Tax Year
	day of the tax year.		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, nandling of	Yes No
	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	valion easements during the year
	<u> </u>		a cooments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	leasements during the year
	> \$	attifaction and increase of postion 170/h\/	AVDV6)
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(ii)(Yes No
	and section 170(h)(4)(B)(ii)?	to the second and expense of	
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense si	e that describes the
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linancial statement	a diat dopotipos tito
	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures, or Oth	er Similar Assets.
Pa	Complete if the organization answered "Yes" on Form	990 Part IV line 8	
	If the organization elected, as permitted under FASB ASC 95	9 not to report in its revenue statement and	balance sheet works
1a	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in furth	erance of public
	of art, historical treasures, or other similar assets field for put	cold statements that describes these items	(a), (1) = 1, (2) = 1, (3)
	service, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 95	9 to report in its revenue statement and bal	ance sheet works of
Ь	If the organization elected, as permitted under FASE ASC 93	overline and setting or research in further	ance of public service.
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in taration	an 100 01 page 2011.120,
	provide the following amounts relating to these items:		▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X	seures, or other similar assets for financial or	ain, provide
2	If the organization received or held works of art, historical tre	esures, or outer similar assets for illianciary:	entre les acciones
	the following amounts required to be reported under FASB A	SO SOO FEIDUNG TO THESE ITEMS.	▶ \$
а	Revenue included on Form 990, Part VIII, line 1	······································	
_ь	Assets included in Form 990, Part X	e for Form 990	Schedule D (Form 990) 2020
LHA	For Paperwork Reduction Act Notice, see the Instruction	2 IALT ALII SAA!	

032051 12-01-20

THE FLORIDA ENDOWMENT FOUNDATION 59-3052307 Page 2 FOR VOCATIONAL REHABILITATION, INC. Schedule D (Form 990) 2020 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d d Additions during the year Distributions during the year Ending balance No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (e) Four years back (c) Two years back (a) Current year (b) Prior year 24,929,298 24,179,771. 25,310,580. 23,334,524 21,234,168 1a Beginning of year balance 87,124 84,747. 38,393 51,344, 362,827. Contributions 1,857,780, 1,558,158, 4,162,270. -1,807,908. 5,543,172. Net investment earnings, gains, and losses 154,000. 243,000, d Grants or scholarships e Other expenditures for facilities 950,000. 2,306,897 1,110,000 2,254,627. 2,424,741 and programs Administrative expenses 24,929,298. 25,310,580, 21,234,168. 26 674 413. 23,334,524. g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 100,0000 Board designated or quasi-endowment % b Permanent endowment Term endowment > The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No bv: X 3a(i) (i) Unrelated organizations X 3a(ii) (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Description of property	Description of property (a) Cost or other basis (investment)		(c) Accumulated depreciation	(d) Book value	
1a Land					
b Buildings		164,921.	50,430.	114,491.	
c Leasehold improvements		33,438.	29,188.	4,250.	
d Equipment		132,880.	131,360.	1,520.	
e Other	l Form 990, Part X, colur	nn (B), line 10с.)	Þ	120,261.	

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 FOR VOCATIONAL REHABILITATION, INC.	59-3052307 Page 3
Part VII Investments - Other Securities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line	e 12.
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: C	Cost or end-of-year market value
1) Financial derivatives	
(2) Closely held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line	e 13. Cost or end-of-year market value
(a) Description of investment (b) Book value (c) Method of valuation: C	Cost of end-or-year market value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	As North Control of the San
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line	e 15.
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part	t X, line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(6)	
(8)	

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 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

FOR VOCATIONAL REHABILITATION, INC. 59-3

Part :	Reconciliation of Revenue per Audited Financial Statemen	IF2 AA1	ni veseine bei u	CLUIII	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	6,302,000.
	otal revenue, gains, and other support per audited financial statements	,	, 4		0,502,000
	mounts included on line 1 but not on Form 990, Part VIII, line 12:	28	3,680,420.		
	et unrealized gains (losses) on investments	2b	5,000,1201	1 1	
	onated services and use of facilities	-		1 1	
	ecoveries of prior year grants			1	
	ther (Describe in Part XIII.) Id lines 2a through 2d			2e	3,680,420.
	ubtract line 2e from line 1			3	2,621,580.
	mounts included on Form 990, Part VIII, line 12, but not on line 1:				
4 A	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
b C	ther (Describe in Part XIII.)	4b			
	dd lines 4a and 4b			4c	0.
e T	atal revenue Add lines 2 and 4c (This must equal Form 990, Part I, line 12.)			5	2,621,580.
Part	XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1 T	otal expenses and losses per audited financial statements			1	2,653,958.
	mounts included on line 1 but not on Form 990, Part IX, line 25:				
a D	onated services and use of facilities	2a		- 1	
	rior year adjustments			1	
	ther losses			-	
d O	ther (Describe in Part XIII.)	2d			•
e A	dd lines 2a through 2d			2e	0.
	ubtract line 2e from line 1			3	2,653,958.
	mounts included on Form 990, Part IX, line 25, but not on line 1:			210	
	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
	ther (Describe in Part XIII.)				^
c A	dd lines 4a and 4b			4c	0.
5 T	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,653,958.
Part	XIII Supplemental Information.				
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines	1b and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines 20	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional int	formation.		
PARI	V, LINE 4:				
	THE PROPERTY OF THE PROPERTY AND THE PRO	דאדי	TECTED IN DE	יאסקי	אידוויי שידוויי
PERM	ANENT ENDOWMENTS RECEIVED FROM DONORS ARE	TIA	AFOIED TH EE	IXL III.	LOTII WIII
	RIBUTIONS DESIGNATED MOSTLY FOR THE ABLE	מוזקיי	TT'S GENERAL	. PUI	RPOSES.
DIST	RIBUTIONS DESIGNATED MOSTLI FOR THE ADDE	IIIO	or of other		12.00207
	A FEW OF THE PERMANENT ENDOWMENT FUNDS D	ESTO	NATED FOR H	IGH	
MT.T.F	A PEW OF THE PERMANANT ENDOWNERT FORDS 2		2241111122 2 001 21		
cauc	OL/HIGH TECH PROGRAMS OR RELATED PROGRAMS	. TI	HE BOARD DES	IGN	ATED
SCAC	OL/HIGH IECH INOGRAMO ON NEDMINE INOGRAMO				
ENTO C	WMENTS REPRESENT RESOURCES CONTRIBUTED BY	THI	FOUNDATION	OT	INCREASE
EMDC	WHIMID INDING HOUSE TOURS				
TNV	STMENT PRINCIPAL.				
TIAAT	DIMMI IIIMOIII				
PART	X, LINE 2:				
THE	FOUNDATION HAS FILED ALL REQUIRED TAX RET	URN	S IN ALL JUR	IDI	CTIONS IN
WHIC	H IT OPERATES. TAX YEARS AFTER 2017 REMAI	N St	JBJECT TO EX	IMA	NATION BY
THE	APPLICABLE TAXING AUTHORITIES.				
020054 1	0.01.00			Sched	ule D (Form 990) 2020

\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		FLORIDA EN	DOWMENT REHABII	FOUNDATION,	ON INC.	59-3052307	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Info	ormation	(continued)					
- Complete the control of the contro							
	-						

SCHEDULE 1 (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

> Attach to Form 990.

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

Open to Public Inspection

		ENT FOUNDAT: ABILITATION					Employer identification number 59-3052307
Part I General Information on Grants at			,				
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	tance?		****************				tion X Yes No
Part II Grants and Other Assistance to I	Domestic Organi	zations and Domestic	Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	5,000. Part II can	be duplicated if additi	onal space is need	led.	78.7	y	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABILITIES, INC. OF FL DBA SERVICE SOURCE - 2735 WHITNEY ROAD -						5	
CLEARWATER, FL 33760-1610	59-0874493	501(C)(3)	66,000.	0.			VOCATIONAL PROGRAMS
ABILITY 1ST 1823 BUFORD COURT TALLAHASSEE, FL 32308	59-2091522	501(C)(3)	66,000.	0.			VOCATIONAL PROGRAMS
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE, ROOM 900 ARLINGTON, VA 22202	13-1623888	501(C)-(3)	5,000.	0.			VOCATIONAL PROGRAMS
AMERICA'S SECOND HARVEST OF THE BIG BEND - 110 FOUR POINTS WAY - TALLAHASSEE, FL 32305	59-2610345	501(C)(3)	5,000.	0.			VOCATIONAL PROGRAMS
ARC JACKSONVILLE 1050 NORTH DAVIS ST. JACKSONVILLE, FL 32209	59-6209603	501(c)(3)	66,000.	0.			VOCATIONAL PROGRAMS
BEST BUDDIES INTERNATIONAL, INC. 105 E. ROBINSON ST., #540 ORLANDO, FL 32801	52-1614576	501(c)(3)	105,000	. 0.			VOCATIONAL PROGRAMS
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization							

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) BREVARD SCHOOLS FOUNDATION 2700 JUDGE FRAN JAMIESON 59-2895155 22,000. 0 VOCATIONAL PROGRAMS WAY VIERA, FL 32940-6699 501(C)(3) BROOKS HEALTH FOUNDATION 3599 UNIVERSITY BLVD, S. JACKSONVILLE, FL 32216 59-2249340 5,000 0. 501(C)(3) VOCATIONAL PROGRAMS CAREER SOURCE FLORIDA CROWN 1389 US HIGHWAY 90 W, SUITE 170B LAKE CITY, FL 32055 59-3531927 501(C)(3) 88,000 0 VOCATIONAL PROGRAMS CENTER FOR IND LIV OF BROWARD 4800 N. STATE ROAD 7 BLDG, F. SUITE 102 - FT, LAUDERDALE, FL 65-0292125 44,000 0 VOCATIONAL PROGRAMS 33319 501(C)(3) CHAUTAUOUA CHARTER SCHOOL 1118 MAGNOLIA AVE. 86-1145087 0 VOCATIONAL PROGRAMS PANAMA CITY FL 32401 501 (C) 3 22,000 CENTER FOR IND. LIVING JACKSONVILLE - 2709 ART MUSEUM DR. - JACKSONVILLE, FL 32207 88,500 0. 59-1842440 501(C)(3) VOCATIONAL PROGRAMS CENTER FOR IND, LIVING N. CENTRAL FL - 222 SW 36TH TERRACE -59-2177488 501(C)(3) GAINESVILLE, FL 32607 132,000, 0 VOCATIONAL PROGRAMS COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TR. 59-6000557 GOVT NAPLES, FL 34109 22,000 0. VOCATIONAL PROGRAMS DYSLEXIA RESEARCH INSTITUTE 1934 STATE ROAD 30A PORT ST. JOE, FL 32456 59-1820902 501(c)(3) 0 VOCATIONAL PROGRAMS 22,000

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization:	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government.	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EC CHILDREN'S ADVOCACY CENTER							
P.O. BOX 1237							
NICEVILLE, FL 32588	59-3454168	501(C)(3)	53,253.	0.			VOCATIONAL PROGRAMS
EDUCATIONAL FOUNDATION OF LAKE							
COUNTY - 2045 PRUITT ST	F0 0764174	F647m\/2\	22 200				TOGATIONAL PROGRAMS
LEESBURG, FL 34748 EMBRACE FAMILIES FORMERLY	59-2764174	501(C)(3)	22,000.	0,			VOCATIONAL PROGRAMS
COMMUNITY INIT - 4001 PELEE STREET, SUITE 200 - ORLANDO, FL							
32817	01-0631375	501(C)(3)	22,000.	0.			VOCATIONAL PROGRAMS
FLAGLER COUNTY EDUCATION FOUNDATION - 1769 E. MOODY BLVD., BLDG. 2 - BUNNELL, FL 32110	59-3006312	501(C)(3)	22,000.	0.			VOCATIONAL PROGRAMS
FOUNDATION FOR ORANGE CO. PUBLIC SCHOOLS - 550 S. EOLA AVE ORLANDO, FL 32801	59-2788435	501(C)(3)	44,000	. 0.			VOCATIONAL PROGRAMS
FRIENDS OF ARROW ROCK P.O. BOX 124 ARROW ROCK, MO 65320	43-6051356	501(C)(3)	8,982	. 0			VOCATIONAL PROGRAMS
GOODWILL EASTER SEALS GULF (AL) 2440 GORDON SMITH DR.	63-0363472	E01/0\/3\	44.000	0			VOCATIONAL PROGRAMS
MOBILE, AL 36617-2319	03-03034/2	501(C)(3)	44,000	•	1	+	VOCATIONAL PROGRAMS
GULFSTREAM GOODWILL INDUSTRIES, INC 1715 TIFFANY DRIVE EAST - WEST PALM BEACH, FL 33407	59-1197040	501(C)(3)	22,000	. 0			VOCATIONAL PROGRAMS
HARDEE COUNTY SCHOOL DISTRICT 200 SOUTH FLORIDA AVE.							
WAUCHULA, FL 33873	59-6000631	GOVT	22,000	. 0			VOCATIONAL PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic G	overnments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACDONALD TRAINING CENTER							
5420 W. CYPRESS ST.							
TAMPA, FL 33607	59-0777827	501(C)(3)	88,500.	0.			VOCATIONAL PROGRAMS
MADISON COUNTY SCHOOL BOARD							
210 NE DUVAL AVE.							
MADISON, FL 32340	59-6000721	GOVT	22,000.	0.			VOCATIONAL PROGRAMS
MIAMI DADE COLLEGE]						
11011 SW 104TH STREET BUILDING 9, MIAMI, FL 33176	59-1210485	501(C)(3)	82,000.	0.			VOCATIONAL PROGRAMS
HIAMI, PB 55170	33-1210403	501(0)(3)	02,000.	Ů.			VOCATIONAL PROGRAMS
MIAMI LIGHTHOUSE FOR THE BLIND	1						
601 SW 8TH AVENUE							
MIAMI, FL 33130	59~0637847	501(C)(3)	44,000.	0.			VOCATIONAL PROGRAMS
NASSAU COUNTY SCHOOL DISTRICT							
1201 ATLANTIC AVE.							
FERNANDINA BEACH, FL 32034	59-6000756	GOVT	22,000.	0.			VOCATIONAL PROGRAMS
POLK COUNTY PUBLIC SCHOOLS						1	
1915 SOUTH FLORAL AVE.			20.000				
BARTOW, FL 33830	59-6000807	GOVT	22,000	0	-	-	VOCATIONAL PROGRAMS
SCHOOL DISTRICT OF DESOTO COUNTY			1				
494 N. MANATEE AVE.	1		1				
ARCADIA, FL 34266	59-6000580	GOVT	22,000	. 0		1	VOCATIONAL PROGRAMS
	1		<u> </u>				
THE HAVEN	1					1	
4405 DESOTO ROAD							
SARASOTA, FL 34235	59-1305522	501(C)(3)	49,000	. 0			VOCATIONAL PROGRAMS
VOLUSIA COUNTY SCHOOL DISTRICT		1					
1250 REED CANAL RD.							
PORT ORANGE, FL 32129	59-6000884	GOVT	22,000	. 0	•		VOCATIONAL PROGRAMS

Schedule I (Form 990) 2020

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	tion required in Part I, li	ne 2; Part III, colur	nn (b); and any other a	additional information.	
PART I, LINE 2:					
ALL GRANTS ARE MADE VIA CONTRA	CTS THAT REQ	UIRE REGU	LAR REPORT	ING - 2 OR 3	
TIMES PER YEAR, DEPENDING ON T	HE TERMS OF	THE CONTR	RACT. THE FO	OUNDATION'S	
STAFF REVIEWS PERIODIC REPORTS	FROM GRANTE	EES TO DET	ERMINE IF (CONTRACT	
DELIVERABLES ARE BEING MET. SI	TE VISITS AF	RE ALSO CO	NDUCTED TO	ASSESS HOW	
GRANTEES ARE MEETING DELIVERAB	SLES.				
2					

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. THE FLORIDA ENDOWMENT FOUNDATION

FOR VOCATIONAL REHABILITATION, INC.

Employer identification number 59-3052307

1.0	IT Questions Regarding Compensation	Yes	No
	the following to or fax a parson listed on Form 990	100	140
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990.		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use		
	The succession of the successi	1 3	
	Travel for companions Payments for business use of personal residence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		_
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	_	
	Iladicoo, and onlosis, more and		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	132	
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	1 15	
	establish compensation of the CEO/Executive Director, but explain in Part III.	1 = 1	
	X Compensation committee Written employment contract		
	Independent compensation consultant X Compensation survey or study	1	
	Form 990 of other organizations X Approval by the board or compensation committee		
	Politi 990 of other organizations		133
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling	100.0	
4	organization or a related organization:	1 18	Vac-
_	Receive a severance payment or change-of-control payment?		X
a	Participate in or receive payment from a supplemental nonqualified retirement plan?		X
D	Participate in or receive payment from an equity-based compensation arrangement?		X
¢	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		100
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts to		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		2
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
	contingent on the revenues of:	103	
а	The organization?	-	X
	Any related organization?	_	Х
	If "Yes" on line 5a or 5b, describe in Part III.	1150	26-
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	540	201
_	contingent on the net earnings of:	1	-
а	The organization?	_	X
	Any related organization?		X
	If "Yes" on line 6a or 6b, describe in Part III.	1988	100
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	177	100
•	not described on lines 5 and 6? If "Yes," describe in Part III		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1/2	100
Ü	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		
3	Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)-(III) for each listed Individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits (B)(i)-(D)		in column (B) reported as deferred on prior Form 990
(1) ANTONIO T. CARVAJAL	(i)	184,739.	968.	0.		12,358.	207,314.	0.
PRESIDENT & CEO UNTIL 12/31	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(1)			-				-
	(ii)						-	
	(i)			-				
	(ii)			<u> </u>			+	
	(i). (ii)				-			
					+	-		+
	(I) (II)		<u> </u>		-	 	 	
	(i)						1	
	(ii)				1		—	—
-	(i)							
	(ii)							

Schedule J (Form 990) 2020	FOR VOCATIONAL REHABILITATION,	INC.	59-3052307	Page 3
Schedule J (Form 990) 2020 Part III Supplemental Information				
Provide the information, explanation	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5	5a. 5b. 6a. 6b. 7. and 8. and for Part II. Also	complete this part for any additional information.	
Toride the information, explanation,	or accompanies required for region, into the first of the true	and and and the them of string the tell file 1 100	and the same to th	-
			210	
×				
P. Comments of the Comments of				
(-				
			and a second second	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for the latest information. THE FLORIDA ENDOWMENT FOUNDATION

FOR VOCATIONAL REHABILITATION, INC.

Employer identification number 59-3052307

FOR VOCALIDATE NAMED CO., T
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO BE A KEY LEADER IN PROVIDING FLORIDIANS WITH DISABILITIES
OPPORTUNITIES FOR SUCCESSFUL EMPLOYMENT.
OTTORIONITIES TOTAL SOCIETIES TO STATE OF THE STATE OF TH
FORM 990, PART VI, SECTION A, LINE 4:
POLICIES WERE CREATED FOR PROCUREMENT OF CAPITAL ASSETS.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 AND ACCOMPANYING SCHEDULES ARE PREPARED BY AN INDEPENDENT
ACCOUNTING FIRM. THE ORGANIZATION'S MANAGEMENT REVIEWS THE FORM 990 AND
ACCOMPANYING SCHEDULES. ALL QUESTIONS AND ISSUES ARE RESOLVED WITH THE
INDEPENDENT ACCOUNTING FIRM PRIOR TO FILING WITH THE INTERNAL REVENUE
SERVICE CENTER. FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE AND THEN
SENT TO THE FULL BOARD FOR REVIEW AND VOTE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MONITORS THE POLICY
ANNUALLY AND PERIODICALLY AS IS APPROPRIATE.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE BASE SALARY
AND ANNUAL INCENTIVE OPPORTUNITIES OF THE PRESIDENT. THE PRESIDENT DID NOT
RECEIVE A RAISE DURING THE FISCAL YEAR ENDING JUNE 30, 2021. THERE WILL BE
AN EXECUTIVE COMMITTEE IN PLACE FOR FISCAL YEAR ENDING JUNE 30, 2022.
MY EVECOTIAN COMMITTING IN INCIDENT AND

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

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

Schedule O (Form 990 or 990-EZ) 2020

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

Employer identification number 59-3052307

Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity			(e) ne End-of-year		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	D, Part IV, line 34, i	pecause it had one	e or more related tax-	exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 5 (2(b)(13) trolled tity?
				501(c)(3))		Yes	No
THE ABLE CHARITABLE FOUNDATION, INC 82-1822879, 8177 BLUE QUILL TRAIL,			E04/21/21	LINE 7			x
TALLAHASSEE, FL 32312	CHARITABLE	FLORIDA	501(C)(3)	LINE /	N/A		

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(i)	(0)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domiclie (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		Percentage ownership
		country)		sections 512-514)		40000	Yes	No	K-1 (Form 1065)	Yes N	0
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contra enti	
	-								

Schedule R (Form 990) 2020

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1 During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed	in Parts II-IV?			23 10			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X			
b Gift, grant, or capital contribution to related organization(s)						X			
c Gift, grant, or capital contribution from related organization(s)	44444444444		20	1c	Х				
d Loans or loan guarantees to or for related organization(s)				1d		X			
e Loans or loan guarantees by related organization(s)		······		1e		X			
f Dividends from related organization(s)				1f		х			
g Sale of assets to related organization(s)				Ig		X			
h Purchase of assets from related organization(s)	*************			1h		X			
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k Lease of facilities, equipment, or other assets from related organization(s)				1k		х			
l Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses				1p		x			
q Reimbursement paid by related organization(s) for expenses						X			
r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)						x			
2 If the answer to any of the above is "Yes," see the instructions for information on w				15	1				
	(b)	(c)	(d)						
(a) Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amoun	t involved					
1) THE ABLE CHARITABLE FOUNDATION, INC.	С	2,985.	FMV/ACTUAL						
2)						_			
3)									
4)									
5)									
6)									

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partner	S Sec.	Share of	Share of	Dispri	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	Percentage
of entity	·	(state or foreign	(related, unrelated,	501(0	(3)	total	end-of-year	alfocat	ions?	amount in box 20 of Schedule K-1	partn	ownership
		country)	sections 512-514)	Yas	No	income	assets	Yes	No	(Form 1065)	Yes	vo l
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Schedule R (Form 990) 2020

Required Report Citizen Support and Direct Support Organizations- s. 20.058, F.S.

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

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Blind Services Foundation of Florida, Inc. 325 W. Gaines St. Room 1114, Turlington Building, Tallahassee, Florida 32399 1-800-342-1828 www.blindservicesfoundation.org	Section 413.0111, F.S.	The Blind Services Foundation of Florida, Inc., serves Florida's blind citizens with intensity. Our efforts are to use funds of the Foundation to support programs of the Florida Division of Blind Services; and to conduct programs and activities, and initiate developmental projects for the benefit of citizens of Florida who are blind and/or visually impaired.	Over the next three fiscal years, the Blind Services Foundation will focus on: Supporting the Florida Division of Blind Services by raising funds and bringing public awareness for outreach programs and educational opportunities. Internal controls developed and implemented during fiscal year. We will recruit at least one new member to replace a member of the Board who has resigned. Distribute marketing posters of the Bikers Care motorcycle tag to various entities. We will continue to look for innovative projects that enhance the effectiveness of the Division of Blind Services. We expect to continue our work for many years to come and appreciate the chance to serve people who are blind in the Sunshine State.	See attached	The rationale to continue the Blind Services Foundation of Florida, Inc., is that the foundation: • Maintains its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDBS; • Serves as an efficient fiscal agent for statewide initiatives and developmental projects for the benefit of blind and/or visually impaired Floridians, through fundraising and advocacy groups for the blind and/or visually impaired Floridians; • Is an effective vehicle for cultivating meaningful partnerships between the FDBS and other stakeholders; and • Is actively engaged in developing and successfully executing innovative programs such as the Bikers Care Tag initiative and supports the efforts of the FDBS regarding services to support the blind and/or visually impaired community.

7/27/21

Required Report Citizen Support and Direct Support Organizations- s. 20.058, F.S.

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

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Number and Web Address Blind Services Foundation of Florida, Inc. 325 W. Gaines St. Room 1114, Turlington Building, Tallahassee, Florida 32399 1-800-342-1828 www.blindservicesfoundation.org	Authority			IKS FORM 990	 The Foundation funded and is overseeing the development of the Vocational Evaluation Project that created a vocational evaluation tool that has garnered interest in its use nationwide and in Canada, the development of a manual to accompany the tool, the creation of a listing of related tests that could be used in conjunction with the tool, and an outline of the specific value of this approach to assessing the vocational readiness of people who are blind or have low vision. The Foundation will focus on marketing initiatives such as a new brochure, outreach, technology and training for older blind.
					 The primary value of the Foundation lies with the projects it supports each year that the Division of Blind Services cannot sponsor due to funding restrictions.

Same

Blind Services Foundation of Florida Inc.

Annual Report 2021-2022

During this year, the Blind Services Foundation was involved with three projects. First, we continued to work on the vocational educational tool which we devoted two years of funding to develop. We allocated some additional dollars to accomplish a number of outcomes that we felt were still required. First, Karen Wolffe worked with the Division of Blind Services to accomplish the transfer of the various elements of the project from Ms. Wolffe's account to one owned and operated by the Division of Blind Services. Second, Ms. Wolffe worked with the two individuals from the Division of Blind Services who were responsible for the maintenance of the tool to make sure they knew how to score the tool and how to perform other maintenance tasks. Third, there remains some work to be completed with regard to the manual and it emerged by the end of the legislative session that we could move forward with copyright efforts. So, Ms. Wolffe will be working on this element as well. Finally, at least two additional training sessions for two distinct groups will be completed in the Fall of 2022. Training for DBS staff & training for those doing vocational evaluations are being planned.

The second project we continued to support was the Rate Study which was our primary project for last year. We received what was expected to be a final report from Chip Kenney on behalf of San Diego State University. However, he indicated that a substantial number of agencies had not data that would allow the inclusion of their information in the final report. Chip Kenney and Amy Grissom from Florida Agencies Serving the Blind (FASB) agreed to work together to see if more data could be collected. As soon as this element is finalized, we will have completed our involvement with the rate study.

Our project for this year involved developing and implementing a program to make training available in the use of technology for older people who are blind. For a variety of reasons, the project is just at the beginning of its implementation. At the end of this fiscal year, the Board decided that it was likely they would add funds to this project and add children to the mix. An initial proposal has been developed that includes both groups and it is expected that the whole project will begin October 1, 2022.

This project has been difficult to envision. As it currently is envisioned, online training, in person training that may be videoed so it can be placed online, and the provision of some relatively low-cost equipment are all included. The Chair of the Blind Services Foundation, the Executive Director of FASB and a designated representative from the Division of Blind Services will meet at least once a month to act as the management component of this project. We expect deliverables to be available by May 1, 2023 and believe we can serve at least sixty individual clients by that time.

We have continued to work on the development of a poster which is now in the process of being printed. It is expected that it will be distributed to DBS offices and efforts will be made to place them in licensing offices and elsewhere. We have scheduled an opportunity to evaluate how well the posters work by looking at whether our income increases. We also want to contact motorcycle clubs and dealers. We have also discussed other methods we can use to publicize our work.

We currently keep the Florida Rehabilitation Council for the Blind informed of our activities and, through them, most districts of the Division of Blind Services know what we are doing. We also provide information to the three main consumer organizations in the state: the Blind Veterans Association, the National Federation of the Blind of Florida, and the Florida Council of the Blind. During this year, Karen Wolffe presented to the Florida Association for the Education and Rehabilitation of the Blind and Visually Impaired (FAERBVI) on our vocational education tool and Paul Edwards, Chair of the Foundation and Robert Doyle, Director of the Division of Blind Services, presented in December to the conference of the National Council of State Agencies for the Blind (NCSAB). Both these presentations were well received and helped publicize the work of the foundation in supporting the mission of the Division.

We have actually prepared an initial outline that can be used to solicit proposals to the Foundation. That procedure has actually been approved by the Board but has not yet been implemented. This is because we have, so far, either been continuing projects or have had projects in mind that have been proposed either at Board meetings or from elsewhere. Our Board meets at least five times a year. In addition, our Budget Committee adopts a budget which is presented to the Board for its approval. The document for soliciting proposals may be tried out this year for some small projects to see how well it works.

Internal controls are very stringent. We meet five times a year and provide a complete treasurer's report at each meeting. Every expenditure is discussed prior to its being approved and the Board would have to approve any deviation from the budget before it could happen. We have not had to modify our budget and have significantly underspent our items that involve internal operation of the Foundation. We have spent no money for travel and most of our regular expenditures relate to maintaining Foundation status with the state and paying for our new and improved web site.

Over the next three years it is our expectation that we will continue to function in a relatively similar way that we operate now. We now have our posters and brochures; we have begun to develop a plan to publicize what we are doing; we have developed an approach for soliciting proposals which we expect to trial this year. We will recruit at least one new member to replace a member of the Board who has resigned. We will continue to look for innovative projects that enhance the effectiveness of the Division of Blind Services.

A review of our last five major initiatives demonstrates how valuable our efforts are. Currently we are providing funds to provide technological training and equipment to two categorically

underserved populations: older people who are blind and children not old enough to be served by the Vocational Rehabilitation element of DBS. Our previous project created a clear and measurable study to assure that the rates that were being paid by the Division of Blind Services to local service providers were fair and appropriate. Before that, we worked to develop and test a Vocational Evaluation Tool that is the only current, blindness specific evaluation system that is available in the world. I could go further back but I think it is clear that the Foundation has utilized its major projects to make a substantive difference in the lives of people who are blind in Florida and beyond.

Those of us who serve on the Blind Services Foundation Board continue to appreciate the opportunity to do what we can to make the lives of people who are blind or have low vision in Florida better. We believe that we have been good stewards of the funds under our care and have used the money we have raised to underwrite programs which have significantly affected the success of the Division of Blind Services, local lighthouses, and the people with vision loss in our state. At the heart of what we do is a desire to find projects that can make a real difference to the success of the Division and of the people who are blind that the Division serves. We appreciate the honor it is to be able to make a difference!

Respectfully submitted,

Paul Edwards, Chair
Blind Services Foundation of Florida

BLIND SERVICES FOUNDATION OF FLORIDA, INC. 'ENABLING THE BLIND'

State of Florida Direct Support Organization Code of Ethics

Policy Statement

The Blind Services Foundation of Florida, Inc., is a not-for-profit corporation created by the Florida Legislature in 2004 under s. 413.0111 F.S., The purpose of the Foundation is to raise funds to support services provided by the Florida Department of Education (FDOE), Florida Division of Blind Services (FDBS). The Blind Services Foundation of Florida is committed to lawful and ethical behavior in all of its activities and requires officers, directors, volunteers, and employees to act in accordance with all applicable laws, regulations and policies and to observe high standards of business and personal ethics in the conduct of their duties and responsibilities.

Board of Directors

Board members serve in a volunteer capacity and subscribe to the following:

- No member of the Board of the Foundation shall have any financial interest, direct or indirect, with any firm engaged in turniness transactions for the Foundation, unless fully disclosed and approved by a majority;
- Take no action that could result in personal benefit or is in conflict with the bylaws of the Foundation, as referred to in the Conflict of Interest Questionnaire;
- No member of the Board of the Foundation shall request, solicit, demand, accept, receive
 or agree to receive any gift, favor, service, or other thing of value from any individual or
 firm transacting business under the supervision or regulation of the Foundation;
- Ensure that the Foundation is operated in a manner that upholds the Foundation's integrity and merits the trust and support of the public;
- 5. Uphold all applicable laws and regulations;
- Deal with employees, volunteers, individuals served and the public in an honest, confidential and trustworthy manner;
- 7. Be a responsible steward of the Foundation's resources;
- Carefully consider the public perception of personal and professional actions and the
 effect they could have, positively or negatively, on the Foundation's reputation in the
 community and elsewhere;
- 9. Comply with the requirements of the Sunshine Amendment;
- 10. Uphold and act in compliance with the Code of Ethics for Public Officers (F.S. 112.313).

Employees

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

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

Under the Board of Directors, employees of the Foundation will work diligently to fulfill the mission according to approved goals and objectives and in compliance with approved policies and ascribe to the following:

- No employee of the Foundation shall have any financial interest, direct or indirect, with any firm engaged in business transactions for the Foundation, unless fully disclosed and approved by a majority;
- Take no action that could result in personal benefit or is in conflict with the bylaws of the Foundation, as referred to in the Conflict of Interest Questionnaire;
- No employee of the Foundation shall request, solicit, demand, accept, receive or agree to
 receive any giff, favor, service, or other thing of value from any individual or firm
 transacting business under the supervision or regulation of the Foundation;
- No employee of the Foundation shall accept any compensation that is given to influence their actions while acting on behalf of the Foundation;
- No employee of the Foundation shall use or attempt to use his or her position with the Foundation to secure a special privilege, benefit or exemption for himself, herself or others;
- 6. Create and maintain a climate of loyalty, trust and mutual respect;
- Support the decisions of management. Employees are encouraged to provide input, but the staff must ultimately follow management's decisions;
- Uphold all applicable laws and regulations to protect and enhance the Foundation's ability to meet its mission;
- Be a responsible steward of the Foundation's resources;
- 10. Strive for personal and professional growth to improve effectiveness of job duties;
- Carefully consider the public perception of personal and professional actions and the
 effect they could have, positively or negatively, on the Foundation's reputation in the
 community and elsewhere;

- 12. Safeguard any information about a donor, agency or any internal business, documents, decisions and policies. All such information will be treated as confidential and will be used and disclosed only for legitimate Foundation business;
- Use caution and discretion to protect the confidential nature concerning transactions or personal information about present and prospective agencies or donors;
- 14. Safeguard proprietary market research reports and data, financial information and other confidential and proprietary information regarding the Foundation. This information will not be released to any person unless it has been published in reports or otherwise made available to the public in accordance with applicable disclosure regulations currently in effect;
- 15. Safeguard personnel information;
- 16. As private citizens, employees are free to participate in the political process; however, any participation must be as an individual, and employment with the Foundation cannot be used or exploited in any way.

Financial Practices

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

Fundraising Activities

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

CODE OF ETHICS

BLIND SERVICES FOUNDATION OF FLORIDA, INC.

State of Florida Direct Support Organization

BOARD MEMBERS:
PAUL EDWARDS
BRUCE MILES
ROBERT KELLY
SHERYL BROWN
PATRICIA LIPOVSKY
DWIGHT SAYER

EX OFFICIO: ROBERT L. DOYLE, III DIRECTOR, DIVISION OF BLIND SERVICES





F

Treatment of Individuals Served

The following will serve as guiding principles when dealing with individuals served by the Foundation:

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

Acknowledgement

Each board member and employee shall sign a statement affirming that he/she:

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

Any employee who violates one of the Foundation's Code of Ethics may face corrective action. Board action may be taken with any director who violates the Code of Ethics. Statements of acknowledgement of board members and employees shall be kept in appropriate files in the office of the Chairman of the Board of Directors.

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ROGERS WOOD HILL STARMAN & GUSTASON, P.A. 606 BALD EAGLE DRIVE SUITE 400 MARCO ISLAND, FL 34145 239-394-7502

November 3, 2021

Blind Services Foundation of Florida,Inc 325 W Gaines St Turlington Bldg Suite 1114 Tallahassee, FL 32399

Dear Client:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Scot A. Shepard, CPA

Obcatelhepard

TAXPAYER'S COPY
PREPARED BY
ROGERS WOOD HILL STARMAN & GUSTASON
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS
806 BALD EAGLE DRIVE, SUITE 408
MARCO ISLAND, FL 34145

Form **990-EZ**

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZfor instructions and the latest information

OMB No. 1545-0047 2020

Open to Public Inspection

		ne 2020 calendar year, or tax year beginning 7/01 , 2020, and ending 6/30	,	2021
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		ite: www.floridablindservices.org		or 990-PF).
		rempt status (check only one) — [X] 501(c)(3)		
K	Form	of organization: X Corporation Trust Association Other		
		ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	. >\$	81,081.
Pa		The service and Changes in Net Assets or Filling Balances (See IIIe IIIS) us	ו פווטווג	OF Part 1)
		Check if the organization used Schedule O to respond to any question in this rait i		79,662.
	1	Contributions, gifts, grants, and similar amounts received.	2	75,002.
	2	Program service revenue including government fees and contracts		
	3	Membership dues and assessments	4	1,419.
	4	Investment income.	342.9	27.23.
	5 a	Gross amount from sale of assets other than inventory	100	
	þ	Less, cost of other pasis and spice expenses	5 c	
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	DOM:	
	6	Gaming and fundraising events:	Fac	
ĕ	а	Gross income from gaming (attach Schedule & it greater than \$10,000)	12.0	
Je.	b	Gross income from fullidiality events (not wicklong 4	128	
Revenue		of such gross income and contributions exceeds \$15,000,	415	
_	c	Less; direct expenses from gaming and fundraising events	100	
		(leas) from coming and fundraising events (add lines 6a and	1962	
		Shand cubtract line htt	6 d	
	7 a	Gross sales of inventory, less returns and allowances	919	
	. a.	Leggi cost of goods sold	7 c	
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).	8	
	8	Other revenue (describe in Schedule O).	9	81,081.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	77,120.
	10	Grants and similar amounts paid (list in Schedule O)	111	11,120.
	11	Benefits paid to or for members.	12	
8	12	Salaries, other compensation, and employee benefits	13	345.
Expenses	13	Professional fees and other payments to independent contractors	14	3.01
×	14	Occupancy, rent, utilities, and maintenance	15	
ш	15	Printing, publications, postage, and shipping	16	2,203.
		Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16.	17	79,668.
	17	Total expenses. Add lines 10 through 16. Excess or (deficit) for the year (subtract line 17 from line 9).	18	1,413.
ы	18	(A) (must agree with end-of-year	533	
Se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	97,201.
Net Assets	20	Other changes in not accets or fund balances (explain in Schedule O)	20	
Š	20	Net assets or fund balances at end of year. Combine lines 18 through 20.	21	98,614.
	21	Net assets of fund balances at the or job.		Form 990-EZ (2020)

	990-EZ (2020) Blind Services F	Coundation of Flor	ida Inc	55	-0888	147 Page 2
Par	t I Dolomon Chante (con the inst	ructions for Part II)				ээ гээээээ 🗍
	Check if the organization used Sched	lule O to respond to any que:	stion in this Part II	Designing of the	26	(B) End of year
			(A) Beginning of year	I no.	
22	Cash, savings, and investments			97,201	, 22	98,614.
23	Land and huildings				23	
		520			24	
24	Total assets			97,201	. 25	98,614.
25	Total assets			0		0.
26	Total liabilities (describe in Schedule O).					98,614.
27	Net assets or fund balances (line 27 of co	olumn (B) must agree with lin	ne 21)	97,201	. 21	
Par	1 111 Ct. L. and of Departure Consider Account	nnlickments (see the instructio	ns for Part III)	छ्य		Expenses
Par	Check if the organization used Sch	edule O to respond to any qu	estion in this Part III	X	(Requi	red for section 501
					(c)(3) a	and 501 (c) (4) zations; optional
what i	s the organization's primary exempt purpose? See	amplication of its	three largest program:	services, as	organiz	zations; optional
Desc	ribe the organization's program service acc	manner, describe the service	s provided, the number	of persons	for oth	ers.)
mea: hene	is the organization's primary exempt purpose? See ribe the organization's program service acc sured by expenses. In a clear and concise fitted, and other relevant information for ea	ch program title.	·			
20						
20	Ongrica services and brook	Endowmont	investment fill	nd to fund		
	to gain or substain indep	Eudence Purdownenc	od from the fu	nd	1 1	
	future program expenses I				28a	77,120.
	(Grants \$ 77,120.) If this	s amount includes foreign gra	ants, theth here			11/2001
29						
					I	
		s amount includes foreign gr	ants, check here		29a	
	(Grants \$) If this	s amount includes to eight gir	arita, cricati nero i i i i i			
30						
					1 1	
				1000		
	75-1-7	s amount includes foreign gr	ants, check here		30 a	
	(Grants \$) If thi	5 amount molecus reversity s.				
31	Other program services (describe in Sche	dule O)		▶ □	31 a	
	(Oranta di) If thi	s amount includes foreign gr	ants, check here			77, 120.
32	- L susan /- ald line	es 28a through 31a)			32	
5	A D. I Let of Officers Directors To	rustees, and KeV EMDIO	Vees (list each one ever	1 ti lint courbensacen -	- see the	instructions for Part IV)
Pai	Check if the organization used Sch	adula O to reground to any ru	uestion in this Part IV.			
	Check if the organization used Sch		aconomic and	(d) Health benefit contributions to empl benefit plans, and de compensation	s,	
		(b) Average hours per	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to empl	oyee	(e) Estimated amount of other compensation
	(a) Name and title	week devoted to position	(if not paid, enter -0-)	compensation	ieneu	Balet Component
Pai	ul Edwards				_	0.
	airman	10	0.		0.	0.
						_
	ight_Sayer	10	0.		0.	0.
	ce Chairman					
Sh	eryl Brown		0.		0.	0 :
	cretary	10	0.		0.	
	ice Miles				_	^
		10	0.		0.	0.
	easurer					
	e <u>Minichiello</u>	10	0.		0.	0.
Bo	ard Member	10	0.		- 1	
	bert_Kelly				.0.	0.
- 등	ard Member	10	0.		, U .	0.
					. 1	
	tricia Lipovsky	10	0.		0.	0.
	ard Member					
Ro.	bert Doyle	1.0	0.		0.	0.
Ex	-Officio BM	10			-0.	
					_	
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_		TEEA0812L C	01/28/21			Form 990-EZ (2020)
		IEEMUOIZL (e a resource to 1			, ,

BAA

_	990-EZ (2020) Blind Services Foundation of Florida, Inc	55-08			1 0
Par	tV Other Information (Note the Schedule A and personal benefit contract statement ret the instructions for Part V.) Check if the organization used Schedule O to respond to any	quirements in question in this Part \	S √	ee So	2
33	2011 and a second in any conditional activity not previously reported to the IRS?		9	33	es No
	If 'Yes,' provide a detailed description of each activity in schedule of the conformed copy of the a	menuen gocuments ir dicy i	eflect	24	
	a stress to the executaction's name Otherwise explain the change on Schedule O. See Instructions			34	X
	a change to the organization have unrelated business gross income of \$1,000 or more during the year (such as those reported on lines 2, 6a, and 7a, among others)?			35 a	X
ŀ	Is Weet to lies 350, has the organization filed a Form 990-T for the year? If 'No,' provide an ex	planation in Schedule	Q	35 b	
-	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.			35 c	Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N			36	Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions *	37a	0.	37 b	·X
	Did the organization file Form 1120-POL for this year?	mployee: or were	••••	200	
	any such loans made in a prior year and still outstanding at the end of the tax year covers a	this return?	19/14/11	38 a	X
ŀ	If 'Yes,' complete Schedule L, Part II, and enter the total amount involved	38 b	0.	la de	
39	Section 501(c)(7) organizations, Enter:	20.5	0.	The last	
	Initiation fees and capital contributions included on line 9	39 a	0.	(inc.)	
ŀ	Gross receipts, included on line 9, for public use of club facilities.		- 01	SIE	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the section 4911 • 0 ; section 4912 • 0 ; section 495	, -	0.	16	
ı	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an	/ section 4958 excess year that has not bee	en .	40.	0.2
				40 Ь	X
	: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the section of tax imposed on tax	. >	0.		
	managers or disqualined persons during the year allows a first amount of tax on line 40c re by the organization	imburseu	0.		
		lax		40 e	>
	All organizations. At any time during the tax year, was the organization a party to a promised shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed ► None				
	The organization's books are in care of Brandis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee of the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account).		2399		0329_ Yes No
	books are in care of Brandis Hall Located at Base St Turlington Bldg #1114 Tallahassee	FI ZIP + 4 > 3	2399		Yes N
	books are in care of Brancis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country	r other authority over ancial account)?	2399		Yes N
	books are in care of Brandis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country Turlington Bldg #1114 Tallahassee	r other authority over ancial account)?	2399	42b	Yes No
!	books are in care of Brancis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee Office of the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial of Atlany time during the calendar year, did the organization maintain an office outside the United	r other authority over ancial account)?	2399		Yes N
	books are in care of Brandis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country Turlington Bldg #1114 Tallahassee	r other authority over ancial account)?	2399	42b	Yes No
!	books are in care of Brancis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee of At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial of At any time during the calendar year, did the organization maintain an office outside the Unite If 'Yes,' enter the name of the foreign country	r other authority over rancial account)?	3 <u>2</u> 399	42b	Yes No
!	books are in care of Brancis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee Office and during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial is C At any time during the calendar year, did the organization maintain an office outside the Unite If 'Yes,' enter the name of the foreign country	r other authority over ancial account)?	32399 a	42b	Yes NA
43	books are in care of Brandis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee of the part of the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial of At any time during the calendar year, did the organization maintain an office outside the Unite If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year	r other authority over ancial account)?	32399 a	42b	Yes N.
43	books are in care of Brancis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee of hat any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial of At any time during the calendar year, did the organization maintain an office outside the Units If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Cha and enter the amount of tax-exempt interest received or accrued during the tax year	r other authority over rancial account)? Accounts (FBAR). ad States?	32399 a	42b 42c	Yes N. N/ N/ Yes N
43	books are in care of Brancis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee of hat any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial of At any time during the calendar year, did the organization maintain an office outside the Unit of Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Charand enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 mo of Form 990-EZ.	r other authority over ancial accounty? Accounts (FBAR). ad States?	32399 a	42b 42c	Yes No
43	books are in care of Branchs Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee of the part of the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial at Atlany time during the calendar year, did the organization maintain an office outside the Unite If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year	r other authority over rancial account)? Accounts (FBAR). and States?	32399 a	42b 42c	Yes N. N/ N/ Yes N
43	books are in care of Brancis Hall Loaded at 325 W Gaines St Turlington Bidg #1114 Tallahassee of hat any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial is c At any time during the calendar year, did the organization maintain an office outside the Unite If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year. a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 bid the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 binstead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year?	r other authority over ancial account)? Accounts (FBAR). ad States?	2 <u>3399</u> a	42b 42c 42c	Yes N/N/Yes N
43	books are in care of Brancis Hall Located at 325 W Gaines St Turlington Bidg #1114 Tallahassee of hat any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial of At any time during the calendar year, did the organization maintain an office outside the Unite If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 99 or Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 99 instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	r other authority over ancial accounty? Accounts (FBAR). ad States?	23399 a	42b 42c 44a 44b 44c 44d	Yes N.
43	books are in care of Brancis Hall Located at 325 W Gaines St Turlington Bidg #1114 Tallahassee of hat any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial of At any time during the calendar year, did the organization maintain an office outside the Unite If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 99 instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 99 instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	r other authority over ancial account)? Accounts (FBAR). and States?	23399 a	42b 42c 42c	Yes N/N/Yes N
43	books are in care of Brancis Hall Located at 325 W Gaines St Turlington Bidg #1114 Tallahassee of hat any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial of At any time during the calendar year, did the organization maintain an office outside the Unite If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 99 or Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 99 instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	r other authority over ancial account)? Accounts (FBAR). and States?	a 2399	42b 42c 44a 44b 44c 44d 45a 45b	Yes N.

	Topon Did Corridor Form	dation of Flor	ida Inc	-5	5-0888147	F	age 4
	EZ (2020) Blind Services Foun					Yes	$\overline{}$
46 Did th	ne organization engage, directly or indirectly desired dates for public office? If 'Yes,' complete	tly, in political campaig Schedule C, Part I	n activities on behal	f of or in opposition	to 46	The E	X
	Section 501(c)(3) Organizations All section 501(c)(3) organization for lines 50 and 51.	s Only ons must answer o	uestions 47-49b	and 52, and co	mplete the tal	oles	П
	Check if the organization used					Yes	No
comp	ne organization engage in lobbylng activiti						Х
10 le the	organization a school as described in se	ction 170(b)(1)(A)(ii)? I	f 'Yes,' complete So	hedule E	48	-	X
49 a Did th	ne proanization make any transfers to an	exempt non-charitable.	related organization	?		_	X
h If IVa	c twee the related organization a section	527 organization?)	_
50 Comp	plete this table for the organization's five to oyees) who each received more than \$100	nighest compensated e n 000 of compensation	mpioyees (otrier tria from the organizatio	n, If there is none, e	enter 'None.'		
empi	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MISO	(d) Health benef	fits, ployee (e) Estimat deferred other con	ed amoui mpensation	nt of on
None							
						_	
E1 Com	number of other employees paid over \$1 plete this table for the organization's five	highest compensated in	ndependent contracto	ors who each receive	ed more than \$100	0 000,0	>f
comp	pensation from the organization. If there is (a) Name and business address of each independent or	Hone, enter none.		Type of service		npensatio	
None							
d Total	number of other independent contractors	each receiving over \$1	00,000		CO.		
52 Did t	he organization complete Schedule A? No	ote: All section 501(c)(3	3) organizations mus		► X Y)S	No
Under penaltie true, correct, a	s of perjury, I declare that I have examined this return, in and complete. Declaration of preparer (other than office	cluding accompanying schedule) is based on all information o	s and statements, and to the which preparer has any k	e best of my knowledge and nowledge.	beller, it is	_	
				Date			_
Sign	Signature of officer						
Here	Paul Edwards Type or print name and title			Chairman			
	Print/Type preparer's name	Preparer's signature	Date	Check] if PTIN		
0.44	Scot A. Shepard, CPA			self-empli		09	
Paid Preparer	Firm's name > Roders Wood Hil	1 Starman & Gu	stason, P.A.		v ► 59-136		
Use Only	Firm's address ► 606 Bald Eagle	<u>Drive Suite 40</u>	0	Firm's EIN 5			
-	Marco Island, F	L 34145		Phone no			No
May the IR	RS discuss this return with the preparer sh	own above? See instru	ctions	B *** ********************************		990-EZ	
BAA					rorm :)3U•EL	الحالحال

SCHEDULE A (Form 990 or 990-EZ)

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

Internal Revenue Service		do to www.irs.govii t				Parat soundanies	tion number
Name of the organization			T			Employer Identifica	
Blind Services	Foundatio	n of Florida,	Inc janizations must co	mnlete	this n		
The organization is not	a private found:	tion because it is: (F	or lines 1 through 12.	heck onl	y one bo	ox.)	
1 A church, cor	vention of churc	thes, or association o	f churches described in	section	170(b)((1)(A)(i).	
2 A school des	cribed in section	170(b)(1)(A)(ii).(Atta	ich Schedule E (Form 9	990 or 99	0-EZ).)		
2 H A beceitel or	a cooperative h	osnital service organiz	ration described in sec	tion 170((b)(1)(A)	(iii).	
4 A medical res	search organizat	ion operated in conju	nction with a hospital d	escribed	in secti	ion 170(b)(1)(A)(iii) Ent	er the hospital's
name, city, a	nd state:						
section 170(I	b)(1)(A)(IV). (Cor	npiete Part II.)	ge or university owned				cribed in
6 A federal, sta	ate, or local gove	ernment or governmer	ntal unit described in se	ection 17	′0(b)(1)(A)(v).	
in section 17	υ(b)(1)(A)(VI). (C	omplete Falt II.)	al part of its support fro		ernment	al unit or from the gene	eral public described
8 A community	trust described	in section 170(b)(1)(A)(vi).(Complete Part II	.)			Leelloop
or university	or a non-land-gr	ant college of agricult	section 170(b)(1)(A)(ix ure (see instructions).	Enter the	name,		
			an 33-1/3% of its supprect to certain exception income (less section 5 art III.)				s, and gross receipts support from gross e organization after
dd	ion organized an	d apprated exclusivel	v to test for public safe	ty, See :	section	509(a)(4).	the eveneens of one
12 An organizati	ion organized an icly supported or ough 12d that de	d operated exclusivel ganizations described escribes the type of su	y for the benefit of, to plus in section 509(a)(1) outporting organization as	perform to r section and comp	he funct 509(a)(dete line	ions of, or to carry out 2),See section 509(a)(es 12e, 12f, and 12g.	3).Check the box in
a Type I. A sup organization(complete Pa	porting organiza s) the power to rt IV, Sections A	ition operated, superv regularly appoint or el and B.	lect a majority of the di	rectors o	r trustee	s of the supporting org	anization. You must
b Type II. A su management	pporting organization of the supporting	ation supervised or co ng organization vested	introlled in connection to I in the same persons t	hat contr	ol or ma	anage the supported or	ganization(s). You
c Type III func	tionally integrate	ed. A supporting organ	nization operated in cor	nection	with, and	a functionally integrated	a with its supported
d Type III non- functionally in	s) (see instruction functionally intentented in the only in the on	grated. A supporting rganization generally	organization operated in must satisfy a distribut s A and D, and Part V.	n connection requi	tion with rement a	n its supported organiza and an attentiveness re	ation(s) that is not equirement (see
					nat it is a	Type I, Type II, Type	III functionally
 Enter the number 	er of supported 0	organizations					
		about the supported	organization(s).	/hat	s the	(v) Amount of monetary	(vi) Amount of other
(i) Name of supported	organization	(ii) EIN	(ili) Type of organization (described on lines 1-10 above (see instructions))	croanizat	ion listed overning nent?	support (see instructions)	support (see instructions)
				Yes	No		
445							
(A)							
(B)							
(5)							
(C)							
(D)				-	-		
_							
(E)		TREU DE RISASE Nº S	SERVICE NAME OF STREET	1300	21724		
				18.8	E		

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (f) Total (d) 2019 (e) 2020 (c) 2018 (b) 2017 (a) 2016 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf..... The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3... 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)... Section B. Total Support (f) Total (e) 2020 Calendar year (or fiscal year beginning in) ▶ (d) 2019 (b) 2017 (c) 2018 (a) 2016 7 Amounts from line 4.... Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 epital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))..... 14 % 15 Public support percentage from 2019 Schedule A, Part II, line 14..... 16a 33-1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ [] b 33-1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ [] b 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions....

Schedule A (Form 990 or 990-EZ) 2020 Blind Services Foundation of Florida, Inc 55-0888147 Por 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 failed to qualify under Part II. If the organization failed to qualify under Part II. If the organization failed to qualify under Part II.

Sec	tion A. Public Support						4D Takal
alenc	lar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	59,766.	75,222.	71,143.	68,303.	79,662.	354,096.
2	Gross receipts from admissions,	33,700.					
	merchandise sold or services performed, or facilities			- 1			
	furnished in any activity that is						
	related to the organization's tax-exempt purpose		1				0.
3	Gross receipts from activities						
•	that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the						0.
	organization without charge		FF 000	71,143.	68,303.	79,662.	354,096.
6	Total. Add lines 1 through 5	59,766.	75,222.	/1,143.	60,303.	13,002.	331,0701
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
h	Amounts included on lines 2						
Ī	and 3 received from other than			- 1			
	disqualified persons that exceed the greater of \$5,000 or		1		- 1		
	exceed the greater of \$5,000 or 1% of the amount on line 13	0.	0.	0.	0.	0.	0.
	for the year	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line	12 = 21 (SE JE JE JE JE	ES CHINATANTA	elected to the	1018101		254 006
8	7c from line 6.)				BURNIER	EUGIS OVI BANVIII	354,096.
Sec	tion B. Total Support				100010	(*) 2020	(f) Total
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020 79, 662.	354,096.
9	Amounts from line 6	59,766.	75,222.	71,143.	68,303.	19,002.	334,030.
10a	Gross income from interest, dividends,					1	
	payments received on securities loans, rents, royalties, and income from		4 050	1 400	1,455.	1,419.	5,543.
	similar sources		1,263.	1,406.	1,455.	1/415.	0,010.
b	Unrelated business taxable income (less section 511						
	taxes) from businesses						0.
	acquired after June 30, 1975 Add lines 10a and 10b	0.	1,263.	1,406.	1,455.	1,419.	5,543.
	Net income from unrelated business						
	activities not included in line 10b,					1	
	whether or not the business is regularly carried on						.0.
12	Other income. Do not include						تہ
	gain or loss from the sale of capital assets (Explain in		1				0.
	Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	59,766.	76,485.	72,549.	69,758.	81,081.	359,639.
14			le fivel segond It	aird fourth or fift	n tax year as a sec	tion 501(c)(3)	▶ [
	organization, check this box and	stop nere					
Sec	tion C. Computation of Pu	blic Support F	ercentage	12 salumn (f)			98.46 %
15	Public support percentage for 20	20 (line 8, column	(f), divided by line	: 13, commi (y).			98.47 %
16	Public support percentage from 2	2019 Schedule A,	Part III, Inte 15				
Sec	tion D. Computation of Inv	estment incor	ne Percentage	by line 13 colum	on (f))		1.54 %
17	Investment income percentage for	or 2020 (line 10c.	column (i), divided	7	iii (i))	18	1.53 %
18	Investment income percentage fi	 	d mad abank the he	v on line 14 and	line is is more the	111 33 113 /0, asiu ii	ne 17
	33-1/3% support tests-2020. If t is not more than 33-1/3%, check						
	33-1/3% support tests-2019. If t	he organization did	i not check a box	on line 14 or line oroanization quali	fies as a publicly s	supported organiza	ition ►
20	Private foundation. If the organiz	zation did not chec	k a box on line 14	, 19a, or 19b, che	CK ITIIS DUX AITU SE	e manuchona	
=			TEEA0403L	09/14/20	Şch	edule A (Form 99	u or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Blind Services Foundation of Florida, Inc 55-0888147 Page 4

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.)

Seci	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	4	
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).	2		3
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		21 28
ь	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.	3b	1 2 2 2 2	
	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.	3с	3 6	
	Was any supported organization not organized in the United States (Yoreign supported organization)? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	z.ili	1200
t	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.	4b	Feb.	
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)?!f '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.	4c	Hill	
	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).	5a		-2"
	b Type I only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		230.7
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		-
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 filling organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
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).	· 19		1000
8	to a discuplified porcen (as defined in section 4958) not described in line 7? If 'Yes,'	8	12.53 27.00	**51
	a 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.	9a	F	
	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.	9b	ST	TE-S
	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.	9с	1.3	100
10:	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below	1,0a	25	- strein
ı	bild 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.).	10b	221	£ 24

Sche	dule A (Form 990 or 990-EZ) 2020 Blind Services Foundation of Florida, Inc 55-0888147	_	F	age 5
Pai	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	97.	o'	78
	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		
	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		
	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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or irustees 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	4	
Sec	tion C. Type II Supporting Organizations		Yes	No
	4 D. C. D. Allerdon as business	:57	100	No.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	WS H	
Sec	tion D. All Type III Supporting Organizations	_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the year, (iii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			V.
2	were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the good of a supported organization(s). the organization maintained a close and continuous working relationship with the supported organization(s).	2	516	Jin.
	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	Hi	H.S
Sec	tion E. Type III Functionally Integrated Supporting Organizations	-	_	-
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instruction and Integral Part Test during the year) and Integral Part Test during the year (see Instruction and Integral Part Test during the year (see Instruction and Integral Part Test during the year (see Instruction and Integral Part Test during the year (see Instruction and Integral Part Test during the year (see Instruction and Integral Part Test during the year (see Instruction and Integral Part Test during the year (see Instruction and Integral Part Test during the year (see Instruction and Integral Part Test during the year (see Instruction and Integral Part Test during the year (see Instruction and Integral Part Test during the year (see Instruction and Integral Part Test during the year (see Instruction and Integral Part Test during t		tions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If Yes, then in Part VI identify those supported organizations and explaintow 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	2 a		
	substantially all of its activities. 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 inPart 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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.	1		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a	H	IIV:
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Sche	adule A (Form 990 or 990-EZ) 2020 Blind Services Foundation of FI	lorid aniza	la,Inc 55-088 tions	8147 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organizations	on No.	20 1970 (evoluin in Pa	art VI). See ough E.
Sec	iion 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		
_	Add lines 1 through 3.	4		
_	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		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
_	tion 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		are to the state of the state of
	Discount claimed for blockage or other factors (explain in detail inPart VI):	2		in which
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
	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		
_	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		
	tion 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 .	MESTICAL MARKET	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	34	
	Enter greater of line 2 or line 3.	4	**	
	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	维烈制制业	ination.
7	The state of the s	grated	Type III supporting organ	orm 990 or 990-EZ) 202
_			JUNEUMIE M (F	J J J J J J J J J J J J J J J J J

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	rt V Type III Non-Functionally integrated 509(a)(5) Supporting Organizations (continued) tion D Distributions		Current Year
ec		11	
1	Amounts paid to supported organizations to accomplish exempt purposes	\rightarrow	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.	6	
7	Total angual distributions, Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details	8	
0	in Part VI). See instructions.	9	
9	Distributable amount for 2020 from Section C, line 6	10	
10	tipe 8 amount divided by line 9 amount	1	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6	Silveral stre	distribution of	
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020		305 CAL PER VIEW	
a From 2015	71,46-11,182,65	12 to 12 13 14 15	#
b From 2016	MINISTERNA	TELEGRAPHER STORE	3'-
c From 2017	EUC HE DOOR	Bell VIIIV	TO A PROPERTY OF
d From 2018			
e From 2019		HINAMORINE I A	
f Total of lines 3a through 3e		VALUE BY BURDE	A STATE OF THE STA
a Applied to underdistributions of prior years	COMPLETE SHEET FOR		
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)		PROCESS AND A	
j 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	自由是否在此類似人		
b Applied to 2020 distributable amount	DECIMENTAL PROPERTY		
c Remainder, Subtract lines 4a and 4b from line 4.		Mark Control of the C	
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.		DE TEXT	
8 Breakdown of line 7:		HEART STEEL STEEL	
a Excess from 2016	1000	THE WATER	
b Excess from 2017	THE HEALTH AND		
c Excess from 2018		33 E 1 231 A 14 A	PARTITION OF THE PARTY
d Excess from 2019	中世紀和中國		
e Excess from 2020		The representation	m 000 or 990-F7) 2020

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Blind Services Foundation of Florida, Inc 55-0888147

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

SCHEDULE O (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/Form990for the latest information.

OMB No. 1545-0047 2020 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Employer Identification nu

55-0888147 Blind Services Foundation of Florida, Inc Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Excess of \$5,000 Class of Activity: Donee's Name: Cash Amount Given: Donation Grants & Donations 77,120. Form 990-EZ, Part I, Line 16 Other Expenses 768 Insurance.. Licenses & Permits..... Web Fees.... Total 3 Form 990-EZ, Part III - Organization's Primary Exempt Purpose Blind Services Foundation of Florida is a direct-support organization to the Division of Blind Services of the Florida Department of Education under Chapter 617, Florida statute, which is organized to raise funds, request and receive grants for the benefit of blind persons in the state of Florida. Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... No (b) Did the organization, during the year, pay premiums, directly or

indirectly, on a personal benefit contract?....

Required Report Citizen Support and Direct Support Organizations- s. 20.058, F.S.

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

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
The Florida Education Foundation, Inc. 325 West Gaines Street, Room 1524 Tallahassee, FL 32399-0400 850-245-5087 www.floridaeducationfoundation.org	Section 1001.24, F.S.	As a valued partner in public education and a direct support organization for the Florida Department of Education, the Florida Education Foundation invests in high achievement for every student to contribute to Florida's globally competitive workforce.	The Florida Education Foundation supports the Florida Department of Education and highest student achievement for all Florida students through: 1. Recognizing and supporting the development of teachers, learners and leaders. 2. Telling the story of Florida's education progress in preparing students for lifelong success. 3. Raising and managing financial resources to improve Florida's outcomes.	See attached.	The Foundation continues to directly support the Department of Education in alignment for the original purpose that was outlined in Section 1001.24, Florida Statutes. The Foundation exclusively receives, holds, invests, and administers property and makes expenditures to or for the benefit of public pre-kindergarten through 12-grade education in Florida. The Foundation: • Remains true to its mission and is dedicated to continuing to encourage collaboration among parents, business people, community members and Florida's public schools to improve student achievement. • Closely aligns its strategic plan with the FLDOE's priorities. • Serves as an efficient fiscal agent for statewide education-specific workshops, professional learning programs, and conferences. • Serves as an efficient and necessary fiscal agent for corporate and private grants

Required Report Citizen Support and Direct Support Organizations- s. 20.058, F.S.

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

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
TRUSTIDES GITA TREE PARTIESS	Controlle				that benefit PreK-12 education in Florida. Exhibits sound fiscal management which is documented in its external audit. Serve as a catalyst to promote excellence for Florida's public pre-kindergarten through twelfth grade education by fostering the development of community and private sector resources to be applied to Florida's Public Education System. Continues to actively develop and execute innovative programs that encourages student achievement, such as the Commissioner's Business Roundtables, the Sunshine State Scholars program, the Commissioner's Business Recognition Awards, and the Florida Teacher of the Year program.

The Florida Education Foundation DSO Report – 2022

325 West Gaines Street, Suite 1524
Tallahassee, Florida 32399
850-245-5087

www.floridaeducationfoundation.org



Statutory Authority - Education is Our Business

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

Mission

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

Vision

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

Values

Education and highest student achievement is key to success.

Equity for all students to graduate from high school ready to contribute to Florida.

Excellence in teaching, training and all educational outcomes.

Collaboration with business and communities to build strong partnerships and a stronger public education system.

Goals

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

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



3

Summary Strategic Plan

Adopted by the FEF Board of Directors in 2015

The Florida Education Foundation Board of Directors and the Foundation supports the Florida Department of Education and highest student for all Florida students through:

- 1. Recognizing and supporting the development of teachers, learners and leaders.
- 2. Telling the story of Florida's education progress in preparing students for lifelong success.
- 3. Raising and managing financial resources to improve Florida's outcomes.

OUR BELIEFS

We believe all students have equal value and should have access to a quality education to prepare them for a brighter future.

WHERE WE WILL WORK

Standards and Accountability

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

Closing the Achievement Gap

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

Foundations for Achievement: Early Grades Reading

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



THREE STRATIGIC INITIATIVES

For Standards and Accountability

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

For Closing the Achievement Gap

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

For Early Grades Reading

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



Florida Education Foundation Board of Directors Code of Ethics Adopted by Board vote on July 10, 2014

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

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

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



Code of Ethics Agreement

The Board of Directors of the Florida Education Foundation (Foundation) requires ethical conduct of all members of the Board. Each Board Member holds an important and elevated role in assuring that the highest standards of ethical practice are implemented in support of the Foundation's mission: The Florida Education Foundation promotes and supports academic excellence for pre-kindergarten through 12th grade students in Florida. The Foundation recognizes outstanding teachers and educational contributors, develops strategic alliances with business organizations and advances statewide educational initiatives.

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

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

 Date



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2021

Prepared for	Florida Education Foundation, Inc. 325 W. Gaines St. No. 1524 Tallahassee, FL 32399
Prepared by	Thomas Howell Ferguson P.A. 2615 Centennial Blvd., Suite 200 Tallahassee, FL 32308
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 16, 2022.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Form 990 (2020)

A F	or the	2020 calendar year, or tax year beginning JUL 1, 2020 and e	ending C	ON 30, 2021			
B C	heck if pplicable	C Name of organization		D Employer identifi	cation number		
	Addres	FLORIDA EDUCATION FOUNDATION, INC.		 59-27185	na		
	Name change	Doing business as	Room/suite				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 325 W. GAINES ST.	E Telephone number 850-245-9671				
	return/ termin-		G Gross receipts \$ 3,946,880.				
	ated Amend return	TALLAHASSEE, FL 32399		H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: KRISTIN PICCOLO		for subordinates			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
1.7	-av ava	empt status: X 501(c)(3)	r 527	If "No," attach a	list. See instructions		
	ax-exe	e: WWW.FLORIDAEDUCATIONFOUNDATION.ORG		H(c) Group exemptio	n number 🕨		
JV	vebsit	organization: X Corporation Trust Association Other	1 Vear	of formation: 1985	A State of legal domicile; FL		
		organization.	I Tour	of formations — = = = =			
Ра	ırt I	Summary	T 17 T	OLD TM/FCT	ΔND		
Ge	1 !	Briefly describe the organization's mission or most significant activities: RECEI ADMINISTER PROPERTY AND TO MAKE EXPENDITU	JRES 1	O OR FOR TH	E BENEFIT		
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	e than 25% of its net as	ssets.		
Ş.		Number of voting members of the governing body (Part VI, line 1a)			12		
8		Number of independent voting members of the governing body (Part VI, line 1b)			12		
ంక					0		
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			14		
Ξ		Total number of volunteers (estimate if necessary)			0.		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b!	Net unrelated business taxable income from Form 990-T, Part I, line 11					
			-	Prior Year 1,066,586.	Current Year 1,436,172.		
Ð	8 (Contributions and grants (Part VIII, line 1h)					
n n	9 1	Program service revenue (Part VIII, line 2g)		585,673.	83,532.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		122,351.	249,366.		
000		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,702.	649.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,777,312.			
-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,293,781.	345,910.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ເຄ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Der		Total fundraising expenses (Part IX, column (D), line 25)	0.				
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,274,566.	1,145,469.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,568,347.	1,491,379.		
		Revenue less expenses. Subtract line 18 from line 12		-791,035.	278,340.		
_s	19	Revenue less expenses. Subtract line 10 from line 12	Ве	ginning of Current Year	End of Year		
tso		The Action of Control		6,410,036.	8,106,190.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,138,366.	1,444,472.		
nd A	21	Total liabilities (Part X, line 26)		5,271,670.	6,661,718.		
		Net assets or fund balances. Subtract line 21 from line 20		0/2.2/0.00			
Pe	irt II	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of m	v knowledge and belief, it is		
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	ich propara	r hae any knowladga	y Milowicago ana zenen, is ie		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ion preparei	nas any knowledge.			
		Signature of officer		Date			
Sign	ו ו						
Her	e	KRISTIN PICCOLO, EXECUTIVE DIRECTOR					
		Type or print name and title		Date Check	PTIN		
		Print/Type preparer's name Preparer's signature		if	D01371120		
Paid		STACEY T KOLKA		self-employ			
Prep	arer	Firm's name THOMAS HOWELL FERGUSON P.A.		Firm's EIN	59-3186310		
Use	Only	Firm's address 2615 CENTENNIAL BLVD., SUITE 200)	2-	0 ((0 0100		
		TALLAHASSEE, FL 32308		Phone no.85	0-668-8100		
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Page 3

			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	X	
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			
3	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			
Ū	Schedule D, Part III	8		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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Х	_
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	444		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	He		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	x	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	x	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			**
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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	0.4	x	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	

FLORIDA EDUCATION FOUNDATION, INC. Form 990 (2020) FLORIDA EDUCATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	-	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	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	0.7		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		- 21
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
	"Yes," complete Schedule L, Part IV	28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
¢	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	28c		x
	"Yes," complete Schedule L, Part IV	29	Х	_
29	Did the organization receive more than \$25,000 in non-cash contributions? If Tes, complete our contributions of art, historical treasures, or other similar assets, or qualified conservation			_
30	contributions? If "Yes," complete Schedule M	30		x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization ilquidate, terminate, or dissolve and clease operations: "The semiplate of the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32		32		X
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
04	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34	Part V, line 1	34	Х	
25.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b h	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
•	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Щ.
		_	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	999	(2020)
00000	4 12 22 20	rorm	220	(2U2U)

59-2718509 Page 5 FLORIDA EDUCATION FOUNDATION, INC. Form 990 (2020) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). Х 5a 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? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с to file Form 8282? X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 79 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12

	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

a Gross income from members or shareholders

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

	organization to heartest to be a first to the second to heart to the second to the sec					i
С	Enter the amount of reserves on hand	13c				
142	a Did the organization receive any payments for indoor tanning services during the tax year?					
1-762 h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		ĺ
D	Tes, Tias killed a 10th 720 to report tribes payments.	ration	or			i
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ation	Or .			ĺ

excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

if "Yes," complete Form 4720, Schedule O.

Form 990 (2020)

X

X

14

10b

11a

F

12a

13a

15

16

Section 501(c)(12) organizations. Enter:

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.

	Chicar il Collegate e dell'amie II I I I					A
Sec	tion A. Governing Body and Management					
		6 6	1.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	L_4	4		
	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.	l l	1 '			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any	y other			v
	officer, director, trustee, or key employee?			2	_	X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct s	upervision			х
	of officers, directors, trustees, or key employees to a management company or other person?				-	X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was fi	led?	-	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's as			-	_	X
6	Did the organization have members or stockholders?			6	_	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint on	e or			v
	more members of the governing body?			7a	-	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockhold	ers, or			v
	persons other than the governing body?			7b	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the fo	llowing:	١. ا	7.7	
а	The governing body?				X	
b	Each committee with authority to act on behalf of the governing body?			86	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at t	he			x
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Δ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue C	ode.)		1.4	
				T 10	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?			10a	-	
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters, a	iffiliates,	4.51		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			-	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before t	iling the form?	11a	Δ.	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40-	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		-0	-	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflict	S?	120	A	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			100	x	
	in Schedule O how this was done			_	- 21	X
13	Did the organization have a written whistleblower policy?			-	х	21
14	Did the organization have a written document retention and destruction policy?			14	- 22	_
15	Did the process for determining compensation of the following persons include a review and approv		pendent		,	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150		х
а	The organization's CEO, Executive Director, or top management official				-	X
b	Other officers or key employees of the organization			190		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mant with				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			162		X
	taxable entity during the year?		icination	100	_	
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	nie its part	icipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			16h		
_	exempt status with respect to such arrangements?			100		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed FL	and ggn.T	(Section 501/c)/	3)s only	/) avail	able
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	1110 220-1	(OSCIION SO I(C)(273 OHI	,, avail	ab10
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain	on Scher	dule (1)			
				nd fina	nciel	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	OTHICL OF I	interest policy, a	iu iiia	iolai	
	statements available to the public during the tax year.	ooke and -	ecords -			
20	State the name, address, and telephone number of the person who possesses the organization's by KRISTIN PICCOLO $-\ 850-245-9671$	JUNG AHU I				
	325 W. GAINES ST., NO. 1524, TALLAHASSEE, FL 3239	9				
	343 W. GAINED DI., NO. 1344, IABBANADDED, IE 323.					

032006 12-23-20

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

X

Page 7

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

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

(A)	(B)	ľ		(0	<u></u>			(D)	(E)	(F)
Name and title	Average			Posi	ition	l		Reportable	Reportable	Estimated
Name and the	hours per	(do box	not cl	heck i ss pei	more rson i	than is bot	one h an	compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	į						the	organizations	compensation
	hours for	rdire				<u>g</u>		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			eusal		(W-2/1099-MISC)		organization
	organizations	it trus	nal ‡		loyee					and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
*	20.00	<u>=</u>	Ĕ	ਙ	S.	훈등	요			
(1) BETHANY SWONSON EXECUTIVE DIRECTOR (UNTIL 10/31)	30.00	ł		x				0.	119,491.	9,115.
(2) KRISTIN PICCOLO	20.00		\vdash	-		Н				
EXECUTIVE DIRECTOR (BEGINNING 11/1)	30.00	1		Х				0.	72,190.	0.
(3) CHARLES HOKANSON	1.50									
CHAIRMAN		X		X				0.	0.	0.
(4) VELMA MONTEIRO-TRIBBLE	1.00								0.	0.
VICE CHAIRMAN/INTERIM TREASURER	1 00	X	_	X		_	_	0.	0.	0.
(5) MONESIA BROWN	1.00	x		x				0.	0.	0.
TREASURER UNTIL 01/2021	1.00	_	-	Δ	-	-		0.	0.	
(6) RAQUEL EGUSQUIZA	1.00	x		х				0.	0.	0.
SECRETARY	0.50	A		^	\vdash	\vdash	-	- 0.		
(7) RONALD BRISE	0.50	x						0.	0.	0.
DIRECTOR (8) GARY CHARTRAND	0.50	A	-		-		\vdash			
DIRECTOR	0.50	x						0.	0.	0.
(9) DON GAETZ	0.50	 				П				
DIRECTOR		Х						0.	0.	0.
(10) DANIEL DAVIS	0.50								_	
DIRECTOR		X						0.	0.	0.
(11) CHRIS DORWORTH	0.50	П						_		_
DIRECTOR		X						0.	0.	0.
(12) JOHN MERLINO	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(13) MAUREEN WILT	0.50								· 0.	0.
DIRECTOR		Х	_		_		_	0.	0.	0.
(14) RICHARD CORCORAN	2.00	١.,						0.	0.	0.
COMISSIONER	0.00	X	_		_			0.	0.	0.
(15) MARY CHANCE	0.20	1,,						0.	0.	0.
EX-OFFICIO MEMBER	0 20	X	-			-	-	0.	0.	- 0.
(16) KRISTA STANLEY	0.20	x						0.	0.	0.
EX-OFFICIO MEMBER	0.50	1		-	-	\vdash		0.	0.	<u> </u>
(17) TARA TEDROW	0.50	x						0.	0.	0.
DIRECTOR		A								Form 990 (2020)

032007 12-23-20

Par	t VII Section A. Officers, Directors, Trus (A)	tees, Key Em (B)	ploy	ees		d Hi C)	ighe	st C	Compensated Employe (D)	es (continuea) (E)		(F)	
Name and title		Average	14-		Pos	ition	i than	ORE	Reportable	Reportable		Estimated		
		hours per	box	, unle	ss pe	rson	is bot or/trus	th an	compensation	compensation from related		amou oth		
		week (list any	-				Г	Ť	from the	organizations	0	omper		
		hours for	diec				ted		organization	(W-2/1099-MISC		from		
		related organizations	nstee o	trustee		۰	beusa		(W-2/1099-MISC)			organi: and re		
		below	Individual trustee or director	Institutional trustee	<u>.</u>	Key employee	Highest compensated employee	, in				organiz		
		line)	Indivi	Institu	Officer	Key e	Highe	Former			_			
					_		-				-			
											_			
_							\vdash	Г						
			_								+			
			_				_				_			
1b	Subtotal								0.	191,683	L.	9,	115.	
C	Total from continuation sheets to Part V	II, Section A							0.	191,683		9.	115.	
d 2	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	ose	liste	ed al	bov	e) w	ho r						
2	compensation from the organization	iot inflitted to ti	,,,,,				-,			·			0	
												Ye	s No	
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	director, trust	ee, I	key (emp	loye	e, o	r hig	ghest compensated emp	oloyee on	1,	3	x	
4	For any individual listed on line 1a, is the su	ım of reportab	le co	amo	ensa	atior	า and	d ot	her compensation from	the organization				
-	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edul	e J	for such individual			4	X	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	/ uni	relat	ted organization or indiv	idual for services		_	x	
Con	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedul	e J i	or s	uch	pers	son					5	111	
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensati	on fron	1	
	the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	/ithi	n the organization's tax	year.				
	(A) Name and business	address	NI	INC	.				(B) Description of s	services	Con	(C) pensa	tion	
	Name and business	address	TAC	JIVI			_	\dashv				•		
-														
					_			-						
2	Total number of independent contractors (i		ot li	mite	d to		se li: 0	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation	_	_	_			_			Fo	rm 996	(2020)	

Pa	rt V	111		to to once lin	e in this Bort VIII			
-			Check if Schedule O contains a response	or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1g \$	1,436,172. 112,498.				
and		_	Total. Add lines 1a-1f	>	1,436,172.			
				Business Code				
o	2	а	ADMINISTRATIVE FEES	900099	74,867.	74,867.		
Š.	-	b	REGISTRATION FEES	900099	8,665.	8,665.		
Ser		c						
E S		d						
Program Service Revenue		e						
Pro			All other program service revenue					
		a	Total. Add lines 2a-2f	D	83,532.			
	3 4 5		Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond properties	est, and	125,394.			125,394.
	3		(i) Real	(ii) Personal				
	6	b	Gross rents Less: rental expenses Rental income or (loss) 6a 6b 6c					
			Net rental income or (loss)	•				
	7		Gross amount from sales of (i) Securities	(ii) Other				
	′	а	assets other than inventory 7a 2,301,133.					
ine		b	Less: cost or other basis and sales expenses 7b 2,177,161.				-	
Ver		C	Gain or (loss)					402.050
æ		d	Net gain or (loss)		123,972.			123,972.
Other Revenue	8		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a				5	
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns and allowances 10a					
			E0001 0001 01 godda 0010					
-	_	¢	Net income or (loss) from sales of inventory	Business Code				
Snc	11	2	MISCELLANEOUS	900099	649.	649.		
ne Tue	•••	b						
Miscellaneous Revenue		C						
S &			All other revenue					
Σ			Total. Add lines 11a-11d	▶	649.			
	12	_	Total revenue. See instructions		1,769,719.	84,181.	0.	249,366.
-		_						Earm 000 (2020)

Part IX | Statement of Functional Expenses

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

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
D	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B) I	16:1	(12)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	265 440	265 440		
	and domestic governments. See Part IV, line 21	265,440.	265,440.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	80,470.	80,470.		
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
þ	Legal	53,861.		53,861.	
С	Accounting	33,001.		33,001	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	51,812.		51,812.	
f	Investment management fees	31,012.		52,0221	
g	Other. (If line 11g amount exceeds 10% of line 25,	115,511.	86,634.	28,877.	
	column (A) amount, list line 11g expenses on Sch 0.)	113,311.	00,0021		
12	Advertising and promotion	12,137.	9,103.	3,034.	
13	Office expenses	65,233.	48,925.	16,308.	
14	Information technology				
15	Royalties Occupancy				
16 17	Travel	48,767.	36,575.	12,192.	
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	436,347.	370,895.	65,452.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			4 5 4 4	
23	Insurance	1,741.		1,741.	
24	Other expenses. Itemize expenses not covered 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 O.)				
а	COMMUNITY ENGAGEMENT	94,698.	94,698.		
b	FACE MASKS	89,400.	89,400.		
c	EDUCATION ENHANCEMENTS	77,846.	77,846.		
d	ADMIN FEES	74,867.	74,867.		
	All other expenses	23,249.	23,211.	38.	
25	Total functional expenses. Add lines 1 through 24e	1,491,379.	1,258,064.	233,315.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1	
	Check here if following SOP 98-2 (ASC 958-720)				E- 000 (0000)
	n 12-23-20				Form 990 (2020)

III X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part	· X		
	Check it Scriedule O contains a response of note to any line in this Far	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,412,672.	1	1,768,497.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	1 203 1	4	25,722.
5	Loans and other receivables from any current or former officer, director			
	trustee, key employee, creator or founder, substantial contributor, or 35			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined	1		
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(E	3)	6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	16 216
9	Prepaid expenses and deferred charges		9	16,316.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	C 205 CFF
12	Investments - other securities. See Part IV, line 11	4,997,071.	12	6,295,655.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	0 100 100
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	8,106,190.
17	Accounts payable and accrued expenses	345,724.	17	279,867.
18	Grants payable		18	1 164 605
19	Deferred revenue	792,642.	19	1,164,605.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part	×	۱ م	
	of Schedule D		25 26	1,444,472.
26	Total liabilities. Add lines 17 through 25	1,138,300.	26	1,444,474
	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.	635,280.	27	997,662.
27	Net assets without donor restrictions	1 636 390	28	5,664,056.
28	Net assets with donor restrictions	1,030,3300	20	3,002,000
	Organizations that do not follow FASB ASC 958, check here	_		
	and complete lines 29 through 33.		29	
29	Capital stock or trust principal, or current funds		30	
30	Paid-in or capital surplus, or land, building, or equipment fund		31	
31	Retained earnings, endowment, accumulated income, or other funds	E 271 670	32	6,661,718.
32	Total net assets or fund balances	C 410 02C	33	8,106,190.
33	Total liabilities and net assets/fund balances		55	Form 990 (2020)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2020)

column (B))

2

5

6

X

Form 990 (2020)

X

2c

За

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

Open to Public Inspection

Name of the organization FLORIDA EDUCATION FOUNDATION, INC.

Employer identification number 59-2718509

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	Gigan	A church, convention of ch	urches or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).	
	一	A school described in secti						
2	H	A hospital or a cooperative					ii).	
3	믐	A medical research organiz	nospital service orga	niunation with a hospita	l describer	d in section		the hospital's name.
4			ation operated in co	illunction with a nospita	described	, dood!o	11 010/ 1/(1/(m)) =	
		city, and state:				tod bu o a	averamental unit descri	ned in
5		An organization operated for		ollege or university owner	d or opera	ted by a g	Overnmental unit descri	Jed III
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	intial part of its support t	rom a gov	ernmental	lunit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
_		or university or a non-land-g	rant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the collec	je or
		university:						
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
10		activities related to its exen	nnt functions subjec	et to certain exceptions:	and (2) no	more tha	n 33 1/3% of its support	from gross investment
		income and unrelated busin	noce tavable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
				(less scottorrorr tax) ii	0111 0001110	oboo acq		
		See section 509(a)(2). (Con	mpiere Part III.)	incluses toot for public or	foty Soo	section 5	10(a)(4)	
11	\vdash	An organization organized a	and operated exclus	ively to test for public so	nery. dee :	the function	one of orto carry out the	a nurnoses of one or
12		An organization organized a	and operated exclus	ively for the benefit of, to	, periorii	EOO(a)(2)	See section 500/al/3)	Check the hox in
		more publicly supported or	ganizations describe	o in section 509(a)(1)	section:	oostajtzj.	100 10f and 10g	SHOOK ING BOX III
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	ipiete iirie:	s ize, izi, anu izg.	, aivina
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	y giving
		the supported organization			a majority	of the dire	ctors or trustees of the	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	aving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	oported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organization						
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection \	with its supported organ	ization(s)
~		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	tiveness
		requirement (see instruct	ions) You must con	nolete Part IV. Sections	s A and D.	and Part	v.	
_		Check this box if the orga	enization received a	written determination fro	m the IRS	that it is a	a Type I. Type II. Type III	
е		functionally integrated, or					71 7 21 7 77	
,	-	r the number of supported						
t								
g		ride the following information Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	Yes	No document?	support (see instructions)	support (see instructions)
_				above (see instructions))				
_								
Tate								

Schedule A (Form 990 or 990-EZ) 2020 FLORIDA EDUCATION FOUNDATION, INC. 59-27185 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and			8			
	membership fees received. (Do not						
	include any "unusual grants.")	2,568,774.	1,755,420.	770,351.	1,066,586.	1,436,172.	7,597,303.
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						005 100
	the organization without charge	174,250.		140,713.	241,121.	144,129.	
4	Total. Add lines 1 through 3	2,743,024.	1,892,339.	911,064.	1,307,707.	1,580,301.	8,434,435.
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)						1,501,285.
6	Public support. Subtract line 5 from line 4.						6,933,150.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	2,743,024.	1,892,339.	911,064.	1,307,707.	1,580,301.	8,434,435.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	81,489.	82,768.	115,973.	140,293.	125,394.	545,917.
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8,980,352.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fil	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stor						▶∟
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2020 (line 6, column (f), d	livided by line 11,	column (f))		14	77.20 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	78.92 %
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 n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ 🔼
b	33 1/3% support test - 2019. If the	organization did no	t check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
_	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17:	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
176	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
Ŀ	10% -facts-and-circumstances tes	t - 2019. If the ora	anization did not o	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
L	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization au	alifies as a publich	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17h	o, check this box a	and see instruction	s
-10	THE TO THE				Sche	dule A (Form 990	or 990-EZ) 2020

(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 falls to

	qualify under the tests listed b	elow, please comp	plete Part II.)				
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(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	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons 3 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		#10047	(-) 0010	(d) 2019	(e) 2020	(f) Total
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(u) 2019	(e) 2020	(i) rotal
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			£	veer en e continu t	[[01(a)(2) cranning	ion
14	First 5 years. If the Form 990 is for the						ion,
_	check this box and stop here	:- O Do					
Se	ction C. Computation of Publ	ic Support Pe	rcentage	1 (6)		45	0/6
	Public support percentage for 2020 (16	<u>%</u>
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	70
	ction D. Computation of Inves					17	%
	Investment income percentage for 20						%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	
198	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e io is more than 3	งง เ/ง%, and line	17 15 1101
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	ties as a publicly s	supported organiza	MOULT	
	33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che	eck this box and <mark>st</mark>	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	
1220	23 01-25-21				Sche	edule A (Form 99	0 or 990-EZ) 2020

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	Δ	ΔΙΙ	Supporting	Organizations
Section	М.	AII	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).
- 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		
За		
O.		
3b		
3c		
4a		
415		
4b		
4c		_
5a		
5b		
5c		
6		
7		_
8		
9a		
9b		
9c		
10a		
 10b	0.E7	0000

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
Depreciation and depletion	5		
3 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		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
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		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		Y 7
5 Income tax imposed in prior year	5		
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	ally integrate	ed Type III supporting org	anization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
_	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes	1	
2	Amounts paid to perform activity that directly furthers exen			
_	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	Alliy	4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide 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 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			
		(i)	(ii)	(iii)

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) 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			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
9	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	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.			
8	Breakdown of line 7:			
а	Excess from 2016			
_	Excess from 2017			
_	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ILL AND MELINDA GATES FOUNDATION	1,607,000.	1,427,393
LORIDA PREPAID/MOORE COMMUNICATION	253,499.	73,892
otal Excess Contributions to Schedule A, Part II, Line 5		1,501,285

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

E	FLORIDA EDUCATION FOUNDATION, INC.	59-2718509
Organization type (check	c one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	Solicity Solicity	
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 Note: Only a section 5016 General Rule	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
For an organizat	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total ny one contributor. Complete Parts I and II. See instructions for determining a contribut	ing \$5,000 or more (in money or or or total contributions.
Special Rules		
sections 509(a)(any one contribu	1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 at utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the am	Sa, or 16b, and that received from
contributor, duri	ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts	scientific,
year, contributio is checked, ente purpose. Don't c	ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled or here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because	more than \$1,000. If this box ous, charitable, etc., it received <i>nonexclusively</i>
but it must answer "No"	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E 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, 990-EZ, or 990-PF), Form 990-PF, Part I, line 2, to

Name of organization

Employer identification number

FLORIDA EDUCATION FOUNDATION, INC.

59-2718509

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	AT&T 150 WEST FLAGLER STREET MIAMI, FL 33130	\$50,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4 GULF POWER FOUNDATION 500 BAYFRONT PARKWAY PENSACOLA, FL 32501	\$\$	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
3	THE MARCUS FOUNDATION, INC. 1266 WEST PACES FERRY RD STE 615 ATLANTA, FL 30327	\$579,375.	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
4	BILL & MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102	\$125,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TAMPA ELECTRIC COMPANY 702 N FRANKLIN ST TAMPA, FL 33602	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	HOME DEPOT 2455 PACES FERRY RD ATLANTA, GA 30339	\$89,400.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FLORIDA EDUCATION FOUNDATION, INC.

59-2718509

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_6	FACE MASKS	-	
		\$\$	07/01/20
(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
		_	

	B (Form 990, 990-EZ, or 990-PF) (2020)			Fage -
Name of o	rganization			Employer identification number
DI OD T	DA EDUCATION FOUNDATION	TNC		59-2718509
Part III	Exclusively religious, charitable, etc., contribution any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious.	tions to organizations described in se-) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le) that total more than \$1,000 for the year
	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
ì		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
			ř	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor 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 EDUCATION FOUNDATION, INC.

Employer identification number 59-2718509

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(t) 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 advi-	sed fund	ds
	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	advisors in writing that grant funds can be	used o	nly
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	confer	ing
	impermissible private benefit?			Yes No
Pai			Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recreated	· —		rically important land area
	Protection of natural habitat	Preservation of	f a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a co	nservation easement on the last
	day of the tax year.		}	Held at the End of the Tax Year
а	Total number of conservation easements		1	2a
b				2b
С	Number of conservation easements on a certified historic st	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organ	ization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			Yes No
	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting	handling of violations, and enforcing con	sanyatic	
6	Staff and volunteer hours devoted to monitoring, inspecting	, nanding of violations, and emororing con	isci vatic	Treasements daming the year
_	Amount of expenses incurred in monitoring, inspecting, han-	dling of violations, and enforcing consens	ation ea	sements during the year
7		diling of violations, and emoleting conserve	ation ou	sometic daming the year
_	Does each conservation easement reported on line 2(d) abo	vo entiety the requirements of section 170	1/h)/4)/B	n(i)
8	and section 170(h)(4)(B)(ii)?			
_	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e staten	nent and
9	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	ents th	at describes the
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	ther S	Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
12	If the organization elected, as permitted under FASB ASC 9		and bala	ance sheet works
10	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in f	urtherar	nce of public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and	balance	e sheet works of
-	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance	e of public service,
	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	easures, or other similar assets for financia	al gain, p	provide
_	the following amounts required to be reported under FASB A	ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			▶ \$
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020

032051 12-01-20

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.	ATTOR TOORDIT			
Complete if the organization answered "Yes" or		1b. See Form 990, Part X,	line 12.	- f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-	of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other	4 172 072	END-OF-YEAR	MADKET	VALUE
(A) EQUITY SECURITIES	4,172,873.	END-OF-YEAR		
(B) FIXED INCOME	2,122,782.	END-OF-IEAR	MARKET	VALIOR
(C)				
(D)				
(E)				
(F)				
(G)				
(H) 200 PutV and (P) line 10 \ \	6,295,655.			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	0,293,033.			
Part VIII Investments - Program Related.	- F 000 Dart IV line 1	1a Cas Form 000 Port V	line 13	
Complete if the organization answered "Yes" o	(b) Book value	(c) Method of valuation	: Cost or end-	of-year market value
	(b) Book value	(c) monte at the same		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1d. See Form 990, Part X,	line 15.	
	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶	
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1e or 11f. See Form 990, F	Part X, line 25.	
1. (a) Description of liability				(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(0)				

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 FLORIDA EDUCATION FOUNDATION, INC. 59-2718509 Page 5
Part XIII Supplemental Information (continued)
PART XII, LINE 4B - OTHER ADJUSTMENTS:
ADMINISTRATIVE FEES 74,867.
ADMINIBILITY 1225
PART XI & XII
FOR AUDITED FINANCIAL STATEMENT PURPOSES, THE ADMINISTRATIVE FEES REVENUE
AND EXPENSE OFFSET EACH OTHER AND ARE NOT INCLUDED IN EITHER TOTAL
REVENUES OR TOTAL EXPENSES. FOR TAX RETURN PURPOSES, THE REVENUES AND
EXPENSES ARE REPORTED. FOR AUDITED FINANCIAL STATEMENT PURPOSES, THE FUND
TRANSFERS IN AND FUND TRANSFERS OUT ARE REPORTED AS REVENUE AND EXPENSES.
FOR TAX RETURN PURPOSES, THEY ARE NOT RECOGNIZED AS REVENUE OR EXPENSES.
· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2020

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2020

Open to Public Inspection

Schedule I (Form 990) 2020

Employer identification number Name of the organization 59-2718509 FLORIDA EDUCATION 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 Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant 1 (a) Name and address of organization (b) EIN valuation (book, (if applicable) noncash assistance or assistance or government cash grant non-cash FMV, appraisal, assistance other) IMPACT FLORIDA, INC. 113 SOUTH MONROE STREET, 1ST FLOOR TALLAHASSEE, FL 32301 61-1949614 501(C)(3) 94,364 0. PROFESSIONAL DEVELOPMENT EDUCATION FOUNDATION OF PALM BEACH COUNTY - 505 SOUTH CONGRESS AVE -COMMUNITY ENGAGEMENT ACTIVITIES BOYNTON BEACH, FL 33426 59-2420369 501(C)(3) 100,000 0. FLORIDA PREPAID COLLEGE FOUNDATION 1801 HERMITAGE BLVD, STE 210 POST HIGH SCHOOL TALLAHASSEE, FL 32399 59-3012202 501(C)(3) 49,052 EDUCATION 3. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CIVIC INITIATIVE	12	70,000.	0.		
FAU PRINCIPAL PREP INITIATIVE	1	8,470.	0.		
TEACHER OF THE YEAR	2	2,000.	0.		
*	, as b				
Part IV Supplemental Information. Provide the information red	uired in Part I, lir	ı ne 2; Part III, columr	(b); and any other a	dditional information.	
PART I, LINE 2:					
CANDIDATES SUBMIT GRANT APPLICATION	ONS WHICH	ARE REVIE	EWED AND A	PROVED BY THE	
EXECUTIVE DIRECTOR IN ACCORDANCE V	מדיי אידי	ORGANTZATI	ONS POLICI	TRS	
AND CALLED DESIRED TO THE PROPERTY OF THE PROP	7221 2112	01.011111111	10110	0	

SCHEDULE M (Form 990)

Noncash Contributions

2020

Open to Public Inspection

Employer identification number

59-2718509

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

FLORIDA EDUCATION FOUNDATION, INC.

Types of Property Part I (d) (c) (b) (a) Noncash contribution Method of determining Check if Number of amounts reported on noncash contribution amounts contributions or applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities · Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other 18 Collectibles Food inventory 19 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 89,400.ACTUAL (FACE MASKS 25 23,098.ACTUAL (SEAWORLD TICK) 1,000 26 Other 27 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X 30a exempt purposes for the entire holding period? **b** If "Yes," describe the arrangement in Part II. X 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2020

Schedule M	(Form 990) 2020	FLORIDA	EDUCATION	FOUNDATION,	INC.	59-2/18509	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information	• Provide the inforr e number of contril	nation required by Part I outions, the number of it	, lines 30b, 32b, ar tems received, or a	nd 33, and whether the organiza combination of both. Also com	ation iplete
-							
						,	
						a.	

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O (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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization 59-2718509 FLORIDA EDUCATION FOUNDATION, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OF PUBLIC PRE-KINDERGARTEN THROUGH 12TH GRADE EDUCATION IN FLORIDA. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RECEIVES, HOLDS, INVESTS, AND ADMINISTERS PROPERTY AND MAKES EXPENDITURES TO, OR, AND FOR THE BENEFIT OF PUBLIC PRE-KINDERGARTEN THROUGH 12TH GRADE EDUCATION IN FLORIDA. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 AND THE ACCOMPANYING SCHEDULES ARE PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE FORM 990 AND ACCOMPANYING SCHEDULES ARE REVIEWED WITH THE EXECUTIVE DIRECTOR AND AUDIT COMMITTEE. ONCE ALL QUESTIONS ARE ANSWERED, THE BOARD OF DIRECTORS APPROVES THE RETURN WHICH IS THEN FILED WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ANNUALLY DISTRIBUTES CONFLICT OF INTEREST DISCLOSURE FORMS TO OFFICERS, DIRECTORS AND KEY EMPLOYEES. COMPLETED FORMS ARE COMPILED AND REVIEWED BY THE BOARD FOR ANY POTENTIAL CONFLICTS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND THREE MOST RECENT YEARS OF FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, LINE 1A:

BETHANY SWONSON'S FULL COMPENSATION IS PAID BY THE FLORIDA DEPARTMENT

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number 59-2718509
OF EDUCATION. IN 2019, SHE STARTED SERVING AS DEPUTY CHIE	F OF STAFF OF
THE FLORIDA DEPARTMENT OF EDUCATION, AND SHE CONTINUED SE	
EXECUTIVE DIRECTOR FOR THE FLORIDA EDUCATION FOUNDATION,	
NOVEMBER 2020. HER STATED COMPENSATION IS FOR SERVICES PR	
BOTH POSITIONS. KRISTIN PICCOLO'S FULL COMPENSATION IS PA	
FLORIDA DEPARTMENT OF EDUCATION. IN JANUARY 2020, KRISTIN	
DIRECTOR OF OUTREACH AND SPECIAL PROJECTS FOR THE FLORIDA	
EDUCATION. IN MAY 2020, KRISTIN TRANSFERRED TO THE FLORID	
FOUNDATION AND BEGAN SERVING AS THE DEPUTY DIRECTOR. KRIS	
PROMOTED TO EXECUTIVE DIRECTOR OF THE FLORIDA EDUCATION F	
NOVEMBER 2020.	
NOVEMBER 2020.	
BECAUSE THE FLORIDA DEPARTMENT OF EDUCATION IS A RELATED	PARTY OF THE
FLORIDA EDUCATION FOUNDATION, THE COMPENSATION AMOUNTS RE	
BETHANY AND KRISTIN REFLECT THEIR TOTAL COMPENSATION FOR	
HELD IN BOTH ORGANIZATIONS FOR THE ENTIRETY OF CALENDAR Y	
HEID IN BOTH ORGANIZATIONS TON THE ENGLISHED	
·	
	-

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

59-2718509

Name of the organization

FLORIDA EDUCATION FOUNDATION, INC.

(a)	(b)	(c)	(d)	(e)		(1)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity			Total income End-of-year a				
art II Identification of Related Tax-Exempt Or organizations during the tax year.	rganizations. Complete if the organiza	tion answered "Yes" on Form 990), Part IV, line 34, l	pecause it had one	e or more rel	lated tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direct c	(f) ontrolling ntity		g) 512(b)(· rolled tity?
				501(c)(3))			Yes	No
ORIDA DEPARTMENT OF EDUCATION					1			1
25 WEST GAINES STREET		FLORIDA			FL DOE			x
ALLAHASSEE, FL 32399	GOVT ENTITY	FLORIDA			EL DOE			Â

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(H	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca				Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	Primary activity Legal domicile Direct controlling Type of entity Share of				(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	tion b)(13) rolled tity?	
		country						Yes	No_	
	-			÷						
		2.5								

Page 3

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
	During the tax year, did the organization engage in any of the following transactions with one						X				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
b	b Gift, grant, or capital contribution to related organization(s)										
C	Glft, grant, or capital contribution from related organization(s)										
d	Loans or loan guarantees to or for related organization(s)										
e	Loans or loan guarantees by related organization(s)				1e		X				
							37				
f	Dividends from related organization(s)				1f		<u>X</u>				
g	Sale of assets to related organization(s)				1g		X				
h	Purchase of assets from related organization(s)				1h		Х				
i	Exchange of assets with related organization(s)				1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
					۱		х				
K	Lease of facilities, equipment, or other assets from related organization(s)				1k		X				
ı	Performance of services or membership or fundraising solicitations for related organization(s))			11	-					
	n Performance of services or membership or fundraising solicitations by related organization(s)				1m	-	X				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
0	Sharing of paid employees with related organization(s)				10	X					
	Dainshuus anaank aaid ka uslakad ausan!-akian/a\fau ausan-aa				4.2		х				
P	Reimbursement paid to related organization(s) for expenses				lp	1	X				
9	Reimbursement paid by related organization(s) for expenses				1q	-	21				
r	Other transfer of cash or property to related organization(s)				1r		х				
	S Other transfer of cash or property from related organization(s)				_		X				
	If the answer to any of the above is "Yes," see the instructions for information on who must o				15						
	(a) (I Name of related organization Trans	b) action (a-s)	(c) Amount involved	(d) Method of determining amount in	volved						
(1)	FLORIDA DEPARTMENT OF EDUCATION O)	144,129.	IN-KIND							
(2)											
(3)											
(4)	ıf										
(5)											
(6)											
2004	100 10 00 00	3.8		Cahadula	D /Eas	DOC	1) 2020				

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

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

(a)	(b)	(c)	(d)	Are partner 501 (a org	e)	(f)	(g)	(h)	(i)	G)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne	S Sec.	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	al or P	Percentage
of entity		(state or foreign	related, unrelated, lexcluded from tax under	501(a	c)(3) s.?	total	end-of-year	allocati	ons?	amount in box 20 of Schedule K-1	partr	er?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
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Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	Schedule R	(Form 990) 2020	FLORIDA	EDUCATION	FOUNDATION,	INC.	59-2718509	Page 5
Provide additional information for responses to questions on Schedule R. Size instructions.	Part VII	Supplemental Infor	mation					
		Provide additional information	ation for respons	es to questions on S	Schedule R. See instruct	ions.		
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