



James S. Hartsell
Executive Director

State of Florida
DEPARTMENT OF VETERANS' AFFAIRS

Office of the Executive Director

The Capitol, Suite 2105
400 South Monroe Street
Tallahassee, FL 32399-0001
(850) 487-1533
www.FloridaVets.org

Ron DeSantis
Governor
Ashley Moody
Attorney General
Jimmy Patronis
Chief Financial Officer
Wilton Simpson
Commissioner of Agriculture

August 11, 2023

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

Dear Governor DeSantis:

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

FDVA appreciates the support provided to our State's Veterans, their families, and survivors by the *Florida Veterans Foundation*. The Foundation assisted more than 50,000 Florida Veterans last year with a variety of personal emergency services and programs to include financial, transportation disadvantaged, mental health, claims assistance, and more. They reach a multitude of Veterans with referrals and benefits assistance as referenced in the attached direct service organization report.

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

I recommend FDVA continue its affiliation with the *Florida Veterans Foundation*.

Sincerely,

A handwritten signature in blue ink, appearing to read "James S. Hartsell".

James S. Hartsell
Major General, U.S. Marine Corps (Ret)
Executive Director



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August 11, 2023

P.K. Jameson
PPAGA Coordinator
111 West Madison Street
Tallahassee, FL 32399-1475

Dear Ms. Jameson:

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

FDVA appreciates the support provided to our State's Veterans, their families, and survivors by the *Florida Veterans Foundation*. The Foundation assisted more than 50,000 Florida Veterans last year with a variety of personal emergency services and programs to include financial, transportation disadvantaged, mental health, claims assistance, and more. They reach a multitude of Veterans with referrals and benefits assistance as referenced in the attached direct service organization report.

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August 11, 2023

The Honorable Kathleen Passidomo
President, Florida Senate
The Capitol
404 South Monroe Street, STE. 409
Tallahassee, FL 32399-0001

Dear President Passidomo:

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

FDVA appreciates the support provided to our State's Veterans, their families, and survivors by the *Florida Veterans Foundation*. The Foundation assisted more than 50,000 Florida Veterans last year with a variety of personal emergency services and programs to include financial, transportation disadvantaged, mental health, claims assistance, and more. They reach a multitude of Veterans with referrals and benefits assistance as referenced in the attached direct service organization report.

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August 11, 2023

The Honorable Paul Renner
Speaker of the House
The Capitol
402 South Monroe Street, STE. 420
Tallahassee, FL 32399-0001

Dear Speaker Renner:

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

FDVA appreciates the support provided to our State's Veterans, their families, and survivors by the *Florida Veterans Foundation*. The Foundation assisted more than 50,000 Florida Veterans last year with a variety of personal emergency services and programs to include financial, transportation disadvantaged, mental health, claims assistance, and more. They reach a multitude of Veterans with referrals and benefits assistance as referenced in the attached direct service organization report.

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James S. Hartsell
Major General, U.S. Marine Corps (Ret)
Executive Director



NO FLORIDA VETERAN LEFT BEHIND

Chairman
Dennis Baker, USN

Vice-Chairman
Don Lanman, USA

Board of Directors
Beatrice Love-Moore, USN
Pia Woodley, USN
Joe Solsona
Jeffrey Askew, USN
Robert Doyle, USMC
Joan Colosimo, USA
Angel Figueroa, USA

Members at Large
Rick Grant, USN
Rep. Sam Killebrew, USN
Bill Lennox, USA
Dr. William L. Proctor, USA
Senator Danny Burgess, USA
Senator Tom Wright
Kristen Knapp
John Picciano
Chaplain Chip Hanson, USMC
Ben Findley, USAF

Chief Operating Officer
Raymond Miller, USMC

Treasurer
Adam Hooker

Contact:

www.HelpFLVets.org
FVF@fdva.fl.gov

James S. Hartsell, Major General, U.S. Marine Corps (Ret)
Executive Director, Florida Department of Veterans' Affairs
400 S. Monroe Street, Suite 2105
Tallahassee, FL 32399

Direct Support Organization Report

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

The name, mailing address, phone number and website of the organization: Florida Veterans Foundation, Inc.
The Capitol, Suite 2107, 400 S. Monroe Street, Tallahassee, FL 32399-0001 (850) 488-4181, Ext.1, www.HelpFLVets.org

Statutory Authority or executive order pursuant to which the organization was created: In 2008, the Florida Legislature established the FVF as a Direct Support Organization of the Florida Department of Veterans' Affairs (FDVA) pursuant to §292.055, F.S. The FVF is incorporated as a nonprofit corporation under Chapter 617, Florida Statutes, to provide assistance, funding, and support for the FDVA in carrying out its mission of Veterans' advocacy. FVF operates for the direct and indirect benefit of the Florida Veterans, the FDVA and veteran service organizations.

FVF is also a non-profit organization operating for charitable and educational purposes under Section 501(c)(3) of the Internal Revenue Code to: Educate the public about the needs of Veterans, and promote and aid charitable activities to support the livelihood and general welfare of Florida-resident Veterans.

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

Chartered Functions of the Foundation:

- Continue to provide direct and indirect services to Veterans and their families through collaborating with the appropriate Federal, State and local government agencies, veteran service organizations and education entities.

- Develop and facilitate best practices for programs to benefit the overall health, welfare, education, employment, and housing for Florida Veterans. These best practices will be in collaboration with other agency initiatives to ensure the greatest impact on Veteran assistance.
- Support financially the publication of the annual Florida Veterans' Benefits Guide.

Mission:

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

Fiscal Year – 2022-2023

- Florida Veterans Foundation in support of the Florida Department of Veterans' Affairs has aggressively approached service to Florida Veterans through collaboration with statewide associations and organizations and state agencies who have a vested interest in solving those issues that plague Veterans and ultimately impact Florida and the economy.
- Our approach is measured through outreach and educational services and programs to help:
 - Find Veterans to register for VA benefits.
 - Help Veterans in emergency crisis situations.
 - Make Veterans aware of the many resources available to them to enhance their quality of life.
 - This is accomplished through the enlistment of services and resource organizations with similar missions. Our efforts continue to be successful within Veteran communities and is gaining the attention of varied levels of government within Florida. These accomplishments are setting the standard for the rest of the nation to follow. This fiscal year the Foundation received \$250,000 from legislative appropriations.

FVF Board of Directors & Staff

The Foundation Board of Directors added several new names to the board, as other members retired. District 1 East added Dr. Pia Woodley. District 2 added Joe Solsona.

The board continues to expand their efforts to support the mission of the Foundation by providing dedicated Veterans services in each local community through a variety of opportunities and commitments. In January 2023, FVF had an in-person Annual Board Meeting, to include a reception at the Florida State Capitol.

On February 28, 2023, retired Gunnery Sergeant Ralph Salvas, a former Veteran Service Officer, departed the foundation. After three years of faithful and dedicated service, Lew Wilson, President and CEO, resigned as of January 31, 2023. Grant writer Bob Wood was informed his services were no longer required and he finished on March 31, 2023.

Current Grants

Volunteer Florida Grant - This \$20,000.00 grant was awarded for the second time to the Foundation to increase FVF's volunteer base to assist in education and outreach for Veterans and their families. Other Grants received include the Kenan Trust, RRF Foundation, and Leon County Cares totaling over \$130K.

FVF's Fundraising includes the following: golf tournaments, car shows, Veterans events, etc.

Gadsden Flag License Plate Funding

The Gadsden Flag License Plate has brought many opportunities to support the Veteran Community. Funds collected so far have exceeded \$350,000.00 and are increasing every month.

1. Ashley's Cottage was a recipient of a \$7,500.00 donation to support Women Veterans in need of housing and employment.
2. A mailer was designed highlighting the Gadsden Flag License plate and Governor's Challenge for Suicide Prevention effort. Over 20,000 mailers were sent to Veterans in five panhandle counties. (Bay, Okaloosa, Walton, Escambia and Santa Rosa)
3. Uniforms were ordered to clothe the support staff at eight veterans' homes and one domiciliary. The funds for uniforms were approximately \$11,000.00.
4. The Servers for Heroes Program was created to provide support to the people tasked with feeding Veterans at FDVA's veterans' homes and domiciliary. This program allows for volunteers to support the serving of food to Veterans.
5. A dental program was established to provide dental services to Veterans who reside in state veterans' homes. At this time, over \$20,000.00 has been spent in support of our Veterans and their dental health.
6. Two public service announcements were created with Rick Monday, Baseball Hall of Famer and Medal of Honor recipient Gary Littrell, in support of the Florida Governor's Challenge for Suicide Prevention.

Emergency Financial Aid

The FVF's successful Financial Aid Program continues its partnership with Project Vet Relief. This partnership has allowed funds to be allotted with the assurance of proper vetting and accountability. We continue to raise funds for this important project.

Suicide Prevention, Opioid Addiction and Mental Health Programs

Built on the foundation of trusted entities to refer for treatment, the FVF has added emergency crisis hotlines which are now available on the FVF and FDVA websites. We are partnering with statewide associations and organizations to add these hotline links to theirs which help Veterans in crisis. The FVF continues its mission to educate and improve access to care by linking Federal and community resources to each other, including mutual aid support groups as well as partners outside the health care system such as law enforcement and community advisory boards and

families. We are expanding services by addressing unmet social service/community needs that create barriers to service delivery.

Partners include, but are not limited to:

- Tampa Bay Crisis Center – Campaigns to combat Veteran Suicide.
www.CrisisCenter.com
- Mental Health Providers to help direct all Veterans to connect to Crisis Centers for “Veteran Counseling”. MYFLVET Hotline Calls totaled 70,451 were referred for action. 2-1-1 Network – Heroes Mile – Cohen Clinics – HomeBase Veterans & Family Care.
- SAMSHA Network of Mental Health Providers.
- Florida agencies: FDLE, DCF, AHCA, FDVA, DOH, DOT, Florida Association of Managing Entities (FAME)

Collaborations Also Include:

- Managing Entities (8 Districts) (Provider Network / Treatment)
- Bay Area Legal Services, Free Veterans Legal Helpline statewide
- Veterans Treatment Court - 30 Counties to grow statewide
- Florida Medical Facilities
- The FireWatch
- Florida Suicide Prevention Coalition
- Florida Veterans Council and non-profit organizations
- Base Commanders /Active-Duty Components
- All levels of Florida Government (State and Local)

Aging Veterans Outreach:

The Florida Veterans Foundation, in collaboration with the Florida Department of Veterans’ Affairs, has committed to helping solve the Veterans’ aging dilemma in hopes to keep Veterans in their homes for as long as possible. The intent is to garner the earned benefits of Veterans, ultimately getting federal VA dollars. Most importantly, Veterans’ benefits, in particular Aid & Attendance benefits, the subject of this current program which is labeled as the “Forgotten Warrior Project” and supported by a three-year grant from the Kenan Trust. These benefits help to subsidize the cost of in-home care, assisted living, nursing home and independent living, especially when the burden becomes too much for their immediate family.

This project conducts educational seminars to help Veterans and their Survivors apply for the VA Pension, with Aid and Attendance benefits, at no cost to them. The Forgotten Warrior Project involves the direct collaborative efforts of the FDVA, FVF and the National Association of Veterans and Families. This is enhanced with the collaboration with several senior statewide associations and State agencies to help us with outreach and education. Since the Pandemic, efforts have been increased to find these aging wartime Veterans and their survivors to assist them with these benefit claims to:

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

Free Veterans Legal Services Helpline (FVLH).

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

Transportation (On-going):

- FVF's funding for the purchase of several vans by the Disabled American Veterans organization has proved successful to help transportation disadvantaged and isolated Veterans get to and from their medical appointments.

Florida Veterans' Benefits Guide:

- FVF continues its mission to support the education, outreach, and funding of the Florida Veterans' Benefits Guide to the tune of printing over 175,000 copies last year.

Events:

Chairman, Staff & Board of Directors' Participation Events:

Veteran Treatment Courts, County Council Meetings, Veterans Day Ceremonies, Mission United Advisory Council, Florida Veterans Council, Commanders Meetings, Veteran awards events, homeless Veterans stand downs, homeless Veterans meals served, burial & memorial services, Chamber of Commerce events, Senior Coalition meetings, statewide association conferences.

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

Florida Veterans Foundation 3-Year Projection

FY 2023– 2024 - The Florida Veterans Foundation continues to pursue collective collaboration with agencies to fund initiatives that will bring continued revenue to the organization while providing unparalleled support and services to Florida Veterans. Florida Veterans Foundation Chairman Commander Dennis Baker, a U.S. Navy Veteran, Past President of the Foundation, is posturing the FVF to make incredible strides in the upcoming fiscal year 2023-2024 through teaming with Florida Leadership and Legislation.

FVF will continue to seek recurring funding opportunities that will support programs already created through the hard work of the Florida Veterans Foundation, seeking out new programs affecting Veterans and fund them as well. This will include continued funding for the Florida Veterans' Benefits Guide as a ready reference to all Florida Veterans on available benefits and services. It is paramount that this organization be funded to continue the valuable services to Veterans in Florida. The absolute value of this organization cannot be stated as the network of Veterans throughout the state is without peer.

The foundation is currently waiting for the results of the U.S. Department of Veterans Affairs SSgt. Parker Fox Grant valued at \$750,000.00. If awarded the foundation will be poised to make significant strides in the fight against Veteran suicide by establishing a statewide campaign.

FY 2024 – 2025 - The Florida Veterans Foundation will continue to expand its reach through its collaboration with associations and organizations to all areas of Florida, connecting Veterans in need with resources available within their geographic regions. The additional collaborations will energize the base of supporters to seek better health and wellness in a continued fight for elimination of opioid abuse and suicide.

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

The Dental bill, signed into Law in 2023, may provide 1-3 million dollars, which may be routed through the foundation to take care of the neediest Veterans for dental health.

FY 2025 – 2026 - The Florida Veterans Foundation will continue to morph into an even greater creative body of service delivery to the Veteran population. To date the FVF has been establishing "Best Practices," which has been carried into the FDVA's *Forward March*. The basis for the foundation has been to solicit the greatest talents and minds across Florida to predict events that future Veteran populations will face. The research and analysis of aging populations, medical, mental health, transition, legal, health and wellness, community, and benefits will continue to serve and forecast the necessary role that the Foundation will take on as time passes.

Respectfully Submitted,



Raymond Miller, USMC, Chief Operating Officer

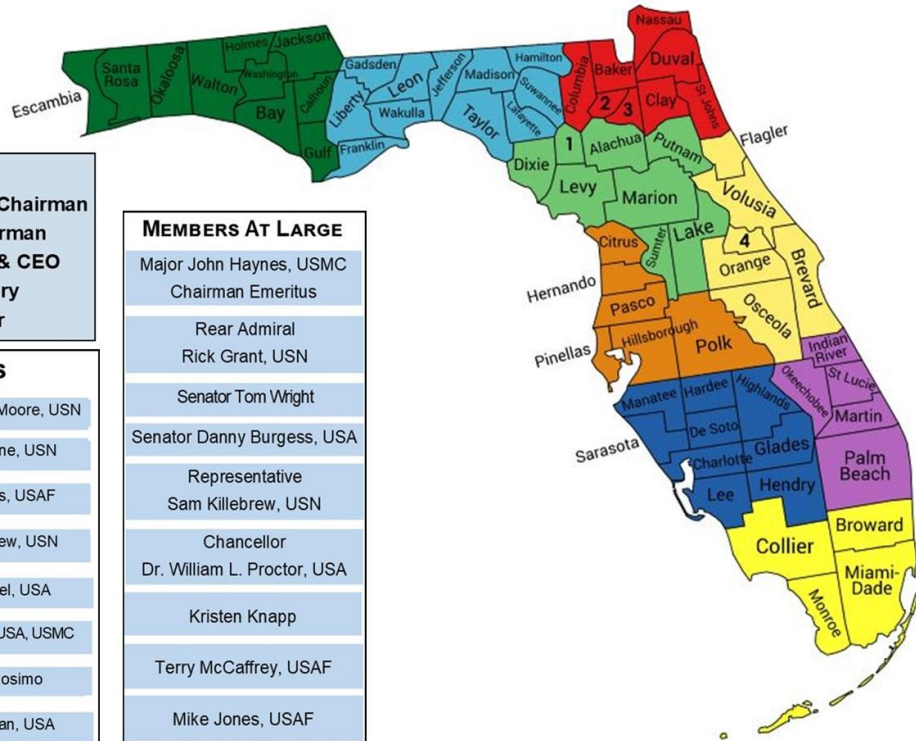
**Florida Veterans Foundation, Inc, The Capitol, Suite 2107, 400 South Monroe Street,
Tallahassee, FL 32399. 501(C)(3) Public Charity, Federal Tax #26-2748811
All contributions are tax deductible to the extent allowable by law.**

FLORIDA VETERANS FOUNDATION, INC.

Board of Directors

Email - FVF@FDVA.state.fl.us

Phone - 850-488-4181



OFFICERS

Commander Dennis Baker, USN, Chairman
 Don Lanman, USA, Vice Chairman
 Lew Wilson, USMC, President & CEO
 Paul Kimbel, USA, Secretary
 Lisa Giacobbe, Treasurer

DISTRICT DIRECTORS

District 1 West	Beatrice-Love Moore, USN
District 1 East	Mike Terhune, USN
District 2	Alex Gaines, USAF
District 3	Jeffrey Askew, USN
District 4	Paul Kimbel, USA
District 5	Robert Doyle, USA, USMC
District 6	Joan Colosimo
District 7	Don Lanman, USA
District 8	Angel Figueroa, USA

MEMBERS AT LARGE

Major John Haynes, USMC Chairman Emeritus
Rear Admiral Rick Grant, USN
Senator Tom Wright
Senator Danny Burgess, USA
Representative Sam Killebrew, USN
Chancellor Dr. William L. Proctor, USA
Kristen Knapp
Terry McCaffrey, USAF
Mike Jones, USAF
FVF Chaplain Chip Hanson, USMC



The Florida Veterans Foundation Code of Ethics Personal and Professional Integrity

The Florida Veterans Foundation staff, board members, and volunteers shall act with honesty, integrity and openness in all their dealings as representatives of the organization. The Florida Veterans Foundation promotes a working environment that values respect, fairness and integrity. Pursuant to FSS 112.3251, all members of the Board shall abide by the following standards of conduct stated in FSS 112.313 and 112.3143(2):

A. SOLICITATION OR ACCEPTANCE OF GIFTS —No member of the Florida Veterans Foundation Board 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 member of the Florida Veterans Foundation Board would be influenced thereby.

B. UNAUTHORIZED COMPENSATION —No member of the Florida Veterans Foundation Board or his or her spouse or minor child shall, at any time, accept any compensation, payment, or thing of value when such member of the Florida Veterans Foundation Board knows, or, with the exercise of reasonable care, should know, that it was given to influence a vote or other action in which the member of the Florida Veterans Foundation Board was expected to participate in his or her official capacity.

C. SALARY AND EXPENSES —No member of the Florida Veterans Foundation Board shall be prohibited from considering or voting on a matter affecting his or her salary, expenses, or other compensation as a member of the Florida Veterans Foundation Board, as provided by law.

D. MISUSE OF PUBLIC POSITION —No member of the Florida Veterans Foundation Board 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. This section shall not be construed to conflict with FSS 104.31.

E. DISCLOSURE OR USE OF CERTAIN INFORMATION —A current or former member of the Florida Veterans Foundation Board 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.

F. EMPLOYEES HOLDING OFFICE —

(1) No employee of the Florida Veterans Foundation shall hold office as a member of the Florida Veterans Foundation Board while, at the same time, continuing as an employee of the Florida Veterans Foundation.

(2) The provisions of this subsection shall not apply to any person holding office on the Florida Veterans Foundation Board in violation of such provisions on the effective date of this Code of Ethics. However, such a person shall surrender his or her conflicting employment prior to accepting reappointment to the Florida Veterans Foundation Board.

G. VOTING CONFLICTS

A member of the Florida Veterans Foundation Board may not vote on any matter that the member knows would inure to his or her special private gain or loss. Any member of the Florida Veterans Foundation Board who abstains from voting in an official capacity upon any measure that the member knows would inure to the 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 member is retained or to the parent organization or subsidiary of a corporate principal by which the member is retained other than an agency as defined in FSS 112.312(2); or which the member knows would inure to the special private gain or loss of a relative or business associate of the 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 member of the Florida Veterans Foundation Board 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.

Mission

Florida Veterans Foundation shall have a clearly stated mission and purpose, approved by the Board, in pursuit of the good for the members of the Florida Veterans. The Florida Veterans Foundation's mission is to provide support to the men and women of the Florida Veterans in times of emergencies and deployments. To honor and assist those Soldiers, Sailors, and Airmen who have sacrificed their health and wellbeing for the security of our great State and Nation, and to preserve our rich history so the sacrifices of our Soldiers and Airmen are not forgotten. All Florida Veterans Foundation programs and operations shall support that mission and all who work for or on behalf of the organization will understand and be loyal to that mission and purpose. The mission shall be responsive to the needs of the Florida Veterans and their families. By signing this document, the individual agrees to abide by the Standards of Conduct and to always represent the Florida Veterans Foundation in the best manner.



Consumer's Certificate of Exemption

DR-14
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8015277748C-0	02/28/2020	02/28/2025	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

FLORIDA VETERANS FOUNDATION INC
400 S MONROE ST STE 2105D
TALLAHASSEE FL 32399-6536

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAY 09 2009**

FLORIDA VETERANS FOUNDATION INC
4040 ESPLANADE WAY STE 180
TALLAHASSEE, FL 32399-0950

Employer Identification Number:
26-2748811
DLN:
17053111038029
Contact Person: GARY MUTHERT ID# 31518
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
June 5, 2008
Contribution Deductibility:
Yes
Addendum Applies:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER NICOLE "NIKKI" FRIED

July 5, 2022

Refer To: CH55898

FLORIDA VETERANS FOUNDATION
THE CAPITOL, SUITE 2107, 400 NORTH MONROE STREET
TALLAHASSEE, FL 32399-0001

RE: FLORIDA VETERANS FOUNDATION
REGISTRATION#: CH55898
EXPIRATION DATE: July 17, 2023

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Holly Chaires
Regulatory Consultant
850-410-3671
Fax: 850-410-3804
E-mail: holly.chaires@fdacs.gov

JAMES MOORE & CO., P.L.
2477 TIM GAMBLE PLACE, SUITE 200
TALLAHASSEE, FL 32308-4386

FLORIDA VETERANS FOUNDATION, INC
400 S MONROE STREET
TALLAHASSEE, FL 32399

l.ll.ll.ll.ll.ll.ll.ll.ll.ll

Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FLORIDA VETERANS FOUNDATION, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 400 S MONROE STREET City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE, FL 32399	D Employer identification number 26-2748811 E Telephone number 850-488-4181
F Name and address of principal officer: LEW WILSON SAME AS C ABOVE		G Gross receipts \$ 674,322. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FLORIDAVETERANSFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2008 M State of legal domicile: FL

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 261,971.	Current Year 641,958.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20.	23.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,781.	14,246.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	252,210.	656,227.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	99,803.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		1,729.	250.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,431.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		145,163.	275,153.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	246,695.	551,653.	
19 Revenue less expenses. Subtract line 18 from line 12	5,515.	104,574.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 121,409.	End of Year 226,993.
	21 Total liabilities (Part X, line 26)	900.	1,716.
	22 Net assets or fund balances. Subtract line 21 from line 20	120,509.	225,277.

Part II Signature Block

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

Sign Here	Signature of officer LEW WILSON, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MARK PAYNE	Preparer's signature MARK PAYNE
	Date 09/30/22	Check if self-employed <input type="checkbox"/> PTIN P00005495
	Firm's name ▶ JAMES MOORE & CO., P.L.	Firm's EIN ▶ 59-3204548
	Firm's address ▶ 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386	Phone no. 850-386-6184

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO SUPPORT THE FLORIDA DEPT. OF VETERANS AFFAIRS, THE VETERANS OF THE STATE, AND CONGRESSIONALLY CHARTERED VETERAN SERVICE ORGANIZATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 511,493. including grants of \$ 276,250.) (Revenue \$ 32,341.) COSTS INCURRED TO ASSIST AND SUPPORT FLORIDA'S VETERANS, ESPECIALLY THOSE IN NEED OF EMERGENCY ASSISTANCE.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 511,493.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 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? <i>If "Yes," complete Schedule L, Part II</i>		X
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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 21; 1b Enter the number of voting members included on line 1a... 21; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website [] Another's website [] Upon request [X] 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 LEW WILSON - 850-488-4181 400 S MONROE STREET, SUITE 2107, TALLAHASSEE, FL 32399

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEW WILSON PRESIDENT & CEO	30.00	X		X				72,000.	0.	0.
(2) JOHN L. HAYNES CHAIRMAN EMERITUS	2.00	X						0.	0.	0.
(3) MIKE MASON CHAIRMAN EMERITUS	2.00	X						0.	0.	0.
(4) DENNIS BAKER CHAIRMAN	6.00	X		X				0.	0.	0.
(5) LISA GIACOBBE TREASURER	2.00	X		X				0.	0.	0.
(6) CHIP HANSON CHAPLAIN	2.00	X						0.	0.	0.
(7) BEATRICE LOVE-MOORE DIRECTOR	2.00	X						0.	0.	0.
(8) MIKE TERHUNE DIRECTOR	2.00	X						0.	0.	0.
(9) ALEX GAINES (DISCHARGED APRIL 2 DIRECTOR	2.00	X						0.	0.	0.
(10) JEFFREY ASKEW DIRECTOR	2.00	X						0.	0.	0.
(11) PAUL KIMBEL DIRECTOR	2.00	X						0.	0.	0.
(12) ROBERT DOYLE DIRECTOR	2.00	X						0.	0.	0.
(13) JOAN COLOSIMO DIRECTOR	2.00	X						0.	0.	0.
(14) DON LANMAN VICE CHAIRMAN	4.00	X		X				0.	0.	0.
(15) ANGEL FIGUEROA DIRECTOR	2.00	X						0.	0.	0.
(16) RICK GRANT DIRECTOR	2.00	X						0.	0.	0.
(17) SAM KILLEBREW DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM PROCTOR DIRECTOR	2.00	X						0.	0.	0.
(19) DANNY BURGESS DIRECTOR	2.00	X						0.	0.	0.
(20) TOM WRIGHT DIRECTOR	2.00	X						0.	0.	0.
(21) KRISTEN KNAPP DIRECTOR	2.00	X						0.	0.	0.
(22) TERRY MCCAFFREY DIRECTOR	2.00	X						0.	0.	0.
(23) MIKE JONES DIRECTOR	2.00	X						0.	0.	0.
(24) BOB ASZTALOS EX-OFFICIO	2.00	X						0.	0.	0.
1b Subtotal								72,000.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								72,000.	0.	0.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	36,221.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	260,284.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	345,453.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		641,958.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		23.		23.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ 36,221. of contributions reported on line 1c). See Part IV, line 18		0.				
		8a					
		8b	18,095.				
b	Less: direct expenses						
c	Net income or (loss) from fundraising events		-18,095.		-18,095.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
		9b					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
		10b					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code	541800	32,341.	32,341.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			32,341.		
	12	Total revenue. See instructions			656,227.	32,341.	0.
						-18,072.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	276,250.	276,250.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	75,106.	67,596.	3,755.	3,755.
b Legal	61.		61.	
c Accounting	16,199.		16,199.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	250.			250.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	76,214.	76,214.		
12 Advertising and promotion	10,092.			10,092.
13 Office expenses	5,418.		5,084.	334.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,443.	1,443.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	588.	588.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	630.		630.	
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.)				
a VETERANS SERVICES	88,801.	88,801.		
b AWARDS & CERTIFICATES	601.	601.		
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	551,653.	511,493.	25,729.	14,431.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	112,219.	1	214,015.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	8,000.	3	10,000.
	4 Accounts receivable, net		4	
	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 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,041.		
	b Less: accumulated depreciation	10b 3,041.		
			10c	0.
	11 Investments - publicly traded securities	1,190.	11	1,384.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	0.	15	1,594.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	121,409.	16	226,993.	
Liabilities	17 Accounts payable and accrued expenses	900.	17	1,716.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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 X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	900.	26	1,716.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	112,509.	27	215,277.
	28 Net assets with donor restrictions	8,000.	28	10,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	
	32 Total net assets or fund balances	120,509.	32	225,277.
	33 Total liabilities and net assets/fund balances	121,409.	33	226,993.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	656,227.
2	Total expenses (must equal Part IX, column (A), line 25)	2	551,653.
3	Revenue less expenses. Subtract line 2 from line 1	3	104,574.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	120,509.
5	Net unrealized gains (losses) on investments	5	194.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	225,277.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain 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 or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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 - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		►
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		►
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		►
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	235,636.	746,736.	240,683.	261,971.	641,958.	2126984.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	235,636.	746,736.	240,683.	261,971.	641,958.	2126984.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						2126984.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	235,636.	746,736.	240,683.	261,971.	641,958.	2126984.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	379.	138.	339.	20.	23.	899.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	379.	138.	339.	20.	23.	899.
11 Net income from unrelated business activities not included on 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.)				11,566.	32,341.	43,907.
13 Total support. (Add lines 9, 10c, 11, and 12.)	236,015.	746,874.	241,022.	273,557.	674,322.	2171790.

14 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	97.94 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	99.32 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	.04 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	.13 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gifts and contributions.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization benefits.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors or trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2a, 2b, 3a, 3b regarding the Integral Part Test and activities.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
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
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 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

FLORIDA VETERANS FOUNDATION, INC

Employer identification number

26-2748811

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Name of organization FLORIDA VETERANS FOUNDATION, INC	Employer identification number 26-2748811
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF FLORIDA DEPARTMENT OF VETERANS' AFFAIRS 400 S MONROE STREET, UNIT 2107 TALLAHASSEE, FL 32399	\$ 251,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	WILLIAM R. KENAN, JR CHARITABLE TRUST PO BOX 3858 CHAPEL HILL, NC 27515	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	VOLUNTEER FLORIDA 1545 RAYMOND DIEHL ROAD, SUITE 250 TALLAHASSEE, FL 32308	\$ 19,780.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	PERFECT GOLF EVENT 3208 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082	\$ 18,361.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	MIDLAND INSURANCE 8300 MILLS CIVIC PARKWAY WEST DES MOINES, IA 50266	\$ 77,957.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	TARGET CIRCLE 1000 NICOLLET MALL MINNEAPOLIS, MN 55403	\$ 23,873.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization FLORIDA VETERANS FOUNDATION, INC	Employer identification number 26-2748811
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RFF FOUNDATION FOR AGING 8765 W HIGGINS ROAD, SUITE 430 CHICAGO, IL 60631	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization FLORIDA VETERANS FOUNDATION, INC	Employer identification number 26-2748811
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization FLORIDA VETERANS FOUNDATION, INC	Employer identification number 26-2748811
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2021

Open to Public Inspection

Name of the organization **FLORIDA VETERANS FOUNDATION, INC** Employer identification number **26-2748811**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c 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 by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		3,041.	3,041.	0.
e Other				

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other, (A) through (H), and a Total row.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (1) through (9) and a Total row.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) through (9) and a Total row.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include 1. (1) Federal income taxes, (2) through (9), and a Total row.

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 ... [X]

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

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

1	Total revenue, gains, and other support per audited financial statements	1	674,516.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	194.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	194.
3	Subtract line 2e from line 1	3	674,322.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-18,095.
c	Add lines 4a and 4b	4c	-18,095.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	656,227.

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

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

1	Total expenses and losses per audited financial statements	1	569,748.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	18,095.
e	Add lines 2a through 2d	2e	18,095.
3	Subtract line 2e from line 1	3	551,653.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	551,653.

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 X, LINE 2:

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES -18,095.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

DIRECT FUNDRAISING EXPENSES 18,095.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	1 (total number)	
Revenue	1	Gross receipts	36,221.		36,221.
	2	Less: Contributions	36,221.		36,221.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	4,362.		4,362.
	6	Rent/facility costs	5,092.		5,092.
	7	Food and beverages	4,910.		4,910.
	8	Entertainment			
	9	Other direct expenses	3,731.		3,731.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			18,095.
11	Net income summary. Subtract line 10 from line 3, column (d)			-18,095.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**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.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **FLORIDA VETERANS FOUNDATION, INC** Employer identification number **26-2748811**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION OF VETERANS & FAMILIES - 1300 COOKS LN - GREEN COVE SPRINGS, FL 32043	26-2016374	501(C)(3)	97,250.	0.			ASSIST VETERANS
AMERICAN LEGION: PROJECT VET RELIEF - 1912A LEE ROAD - ORLANDO, FL 32810	47-1474102	501(C)(3)	115,380.	0.			VETERAN EMERGENCY FUNDS
FLORIDA DENTAL ASSOCIATION FOUNDATION - 545 JOHN KNOX RD, STE 200 - TALLAHASSEE, FL 32303	59-2019148	501(C)(3)	15,000.	0.			VETERAN DENTAL SERVICES

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

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

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

FLORIDA VETERANS FOUNDATION, INC

Employer identification number

26-2748811

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

TO SUPPORT THE FLORIDA DEPT. OF VETERENS AFFAIRS, THE VETERANS OF THE
STATE, AND CONGRESSIONALLY CHARTERED VETERAN SERVICE ORGANIZATIONS.

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

THE ORGANIZATION PROVIDES A COPY OF THE FORM 990 TO BOARD MEMBERS FOR THEIR
REVIEW AND COMMENT PRIOR TO SIGNING THE RETURN AND SENDING IT TO THE IRS.

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

THE ORGANIZATION REQUIRES THE MEMBERS OF THE BOARD TO SIGN A CONFLICT OF
INTEREST STATEMENT ANNUALLY.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

OTHER FEES:

PROGRAM SERVICE EXPENSES 76,214.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 76,214.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 76,214.

Power of Attorney and Declaration of Representative

For IRS Use Only

Received by: _____
Name _____
Telephone _____
Function _____
Date / /

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

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address FLORIDA VETERANS FOUNDATION, INC 400 S MONROE STREET TALLAHASSEE, FL 32399	Taxpayer identification number(s) 26-2748811
	Daytime telephone number 850-488-4181
	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address CORINNE TURCOTTE 5931 NW 1ST PL GAINESVILLE, FL 32607-2063 Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	CAF No. 0312-03960R PTIN P01500189 Telephone No. 352-378-1331 Fax No. (352)372-3741 Check if new: Address Telephone No. <input type="checkbox"/> Fax No.
Name and address DANIEL ROCCANTI 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386 Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	CAF No. 0312-13529R PTIN P01787074 Telephone No. 850-386-6184 Fax No. 850-422-2074 Check if new: Address Telephone No. <input type="checkbox"/> Fax No.
Name and address CHERI SWAN 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386 (Note: IRS sends notices and communications to only two representatives.)	CAF No. 0313-26673R PTIN P02047185 Telephone No. 850-386-6184 Fax No. 850-422-2074 Check if new: Address Telephone No. <input type="checkbox"/> Fax No.
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. PTIN Telephone No. Fax No. Check if new: Address Telephone No. <input type="checkbox"/> Fax No.

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
EXEMPT STATUS	990	2018-2023

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See *Line 4. Specific Use Not Recorded on CAF* in the instructions ▶

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):
 Access my IRS records via an Intermediate Service Provider;
 Authorize disclosure to third parties; Substitute or add representative(s); Sign a return;

Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
 List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

7 Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.
▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

----- Signature ----- Date ----- Title (if applicable) -----
 ----- Print name ----- **FLORIDA VETERANS FOUNDATION, INC** -----
 Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

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

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation - Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date
B	FL	AC44881		
B	FLORIDA	AC49856		
B	FLORIDA	AC52933		