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

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

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Florida College System Foundation P.O. Box 10503 Tallahassee, FL 32302 850-245-9494 www.fldoe.org/fcs/foundation	Section 1004.71, F.S.	 The Florida College System Foundation is organized and shall be operated exclusively for charitable, cultural, scientific and educational purposes, and for the realization and attainment thereof for the following purposes: To support the development of economic services to business and industry. To promote public involvement and awareness of state educational policy issues. To provide scholarships and other kinds of support services to students in furtherance of their postsecondary education. To publicize and promote activities in support of the Florida College System. To support the advancement of sound educational policies and programs. To support the activities and staff of the Chancellor of the Florida College System. 	Goal 1: Increase Student Support (Scholarships, Books, Technology and other Support Programs) Goal 2: Increase System Support (Grants, Programs, Marketing and support for Division, Chancellor, Institutions and Faculty) Goal 3: Organizational Growth to Reflect System Growth (Board Development and Growth; Staff Expansion)	attached	The Florida College System is the primary access point to undergraduate education for Floridians, including recent high school graduates and returning adult students. The Florida College System (FCS) responds quickly and efficiently to meet the demand of employers by aligning certificate and degree programs with regional workforce needs. With an array of programs and services, The Florida College System's 28 institutions serve individuals, communities, and the state with low cost, high quality education opportunities. The FCS Foundation has been providing student scholarships to help these students succeed and enter the workforce since 1999. The Foundation has provided over \$10 Million in scholarships to students enrolled in Florida's 28 colleges since its inception. The FCS Foundation awarded \$1,351,158 in scholarships for the 2021-22 academic year. The Foundation also acts as the fiscal agent for many private grants aimed at student success programs for the

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

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

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

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Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
					protecting the autonomy and local support of Florida's 28 colleges. Our strategic plan includes goals to increase statewide partnerships for student scholarships, and continue to expand system wide support with our local colleges with federal and private grants to promote student success and increase graduation rates. The 21 member Board of Directors will continue to cultivate public private partnerships for scholarships and programs.

3



THE FLORIDA COLLEGE SYSTEM FOUNDATION

DSO Report 2023

325 West Gaines Street Suite 1244J Tallahasee, FL 32399

850-245-9494 www.floridacollegesystemfoundation.org

Florida College System – Strategic Plan 2018-2023

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

Goal 1

INCREASE STUDENT SUPPORT

Scholarships, Books, Technology, and other support programs

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

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

Goal 2 INCREASE SYSTEM SUPPORT

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

Double system support through increased grants and programs

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

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

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

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

CODE OF ETHICS POLICY – FOUNDATION BOARD

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

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

(1) I have received a copy of the Conflict of Interest Statement.

(2) I will formally and promptly communicate any potential conflict to the Foundation Board Chair, the Florida College System Chancellor, and the President of the Florida College System Foundation.

(3) I will act at all times with honesty, integrity and independence, avoiding actual or apparent conflicts of interest in personal and professional relationships and expect and encourage such conduct by other Directors.

(4) I will comply with all applicable rules and regulations of federal, state, and local governments and other appropriate private and public regulatory agencies.

(5) I will comply with the Foundation's Policies and Procedures, and contribute constructively to their ongoing evaluation and reformulation.

(6) I will act in good faith, responsibly, with due care, competence, and diligence, and without knowingly misrepresenting material facts or allowing my independent judgment to be subordinated.

(7) I will protect and respect the confidentiality of information acquired in the course of my membership on the Board except when authorized or otherwise legally obligated to disclose. Confidential information acquired in the course of my membership on the Board shall not be used for personal advantage.

(8) I will responsibly use and control assets and other resources entrusted to me.

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

Signature

Printed Name

Title

Date

CONFLICT OF INTEREST POLICY

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

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

In light of this, the following Policy is established:

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

I acknowledge that I have received, read and understand this Florida College System Foundation, Inc., "Policy on Conflict of Interest."

Signature

Date

Print or type name

For	m 9	90	Under section 501(c), 527,	Organization Exemp or 4947(a)(1) of the Internal Rev	venue Code (exe	cept private four	dations)	OMB № 1545-0047
Depa		the Treasury ue Service	Go to www	ocial security numbers on this f Irs gov/Form990 for instructions	s and the latest	information		Open to Public Inspection
	For the Check if an Address c Name char Instal return Final return	nge C Name	business as ((/ er and street (or POrbox if mail is noticed D BOX 10503	IDA COLLEGE SYSTEM		li li Room/suite		Identification number
	terminated	_	r town state or province country and ZIP	FL 32302-0503			G Gross rece	enpts\$ 5,023,747
H	Amended r	retum F Name pending JU P. TA	and address of principal officer DY GREEN O. BOX 10503 LLAHASSEE	FL <u>32302-05</u>	03	H(a) is this a grou H(b) Are all subc	up return for s profinates inclu	subordinates Yes X No
	Tax-exem Website				527	-		•
	Form of or		Corporation Trust Association		LY	H(c) Group exern ear of formation 19		M State of legal domicile FL
		Summa						
Activities & Governance	2 C 3 N 4 N 5 To 6 To	SEE SCHEI heck this box I lumber of voting lumber of indep otal number of otal number of	the organization's mission or mo DULE O if the organization disconting members of the governing boo bendent voting members of the g individuals employed in calendar volunteers (estimate if necessar business revenue from Part VIII,	nued its operations or disposed dy (Part VI, line 1a) governing body (Part VI, line 1 ir year 2021 (Part V, line 2a) ry)		25% of its net a	assets 3 4 5 6 7a	21 21 0 230
			isiness taxable income from For		··		7b	0
Revenue	9 Pi 10 In	rogram service	d grants (Part VIII, line 1h) revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3 Part VIII, column (A), lines 5, 6d		-	Prior Year 1,055 1,622		Current Year 990,022 0 1,385,275 106
	12 To	otal revenue -	add lines 8 through 11 (must ec	ual Part VIII, column (A), line	12)	2,677		2,375,403
kpenses	14 Be 15 Sa 16a Pr	enefits paid to alaries, other c rofessional fund	ar amounts paid (Part IX, column or for members (Part IX, column ompensation, employee benefits draising fees (Part IX, column (A expenses (Part IX, column (D))	n (A), line 4) s (Part IX, column (A), lines 5- A), line 11e)	-10)	2,021	,488	<u>1,218,625</u> 0 0 0
ш	17 0	ther expenses	(Part IX, column (A), lines 11a-	-11d, 11f–24e)			, 524	682,988
58	19 R	-	Add lines 13–17 (must equal Pa penses_Subtract line 18 from li			2,464 213 Beginning of Curre	,543	1,901,613 473,790 End of Year
Net Assets or Fund Balances	20 To	otal assets (Pai otal liabilities (P			Ļ	30,948	,234	25,706,853
	22 Ne	•	art X, line 26) 1 <u>d balances Subtract line 21 fro</u>	m line 20	-	<u> </u>	<u>,293</u> 941	<u> </u>
P Ur	art II nder pena	Signatur altres of perjury,		return, including accompanying so	chedules and sta	tements, and to t	he best of	
Sıg Hei		Signature of JUD: Type or prin			PRESI	DENT	Date	
	d Parer	Print/Type preparer* KATHLEEN E Firms name	s name BROTHERS CARROLL AND C	OMPANY, CPAS	noth y G		Check 23 self-empt	Dif PTIN oved P01256711 59-3038528
USe	Only	Firms address	2640-A MITCHA TALLAHASSEE,	M DRIVE FL 32308		Pho	one no	850-877-1099
			etum with the preparer shown a ct Notice, see the separate instru		;			X Yes No Form 990 (2021)

DAA

Form	990 (2021) THE FLORIDA COLLEGE SYSTEM 65-0530384	D,	age 2
	rt III Statement of Program Service Accomplishments	F(
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission	· · · · ·	
S	EE PUBLIC Inspection Copy		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	pror Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O		•
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes X	No
	If "Yes," describe these changes on Schedule O		
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 1,609,130 including grants of \$ 1,218,625) (Revenue \$)
G	RANTS MADE TO THE FLORIDA COLLEGES TO FUND SCHOLARSHIPS FOR STUDI	INTS	AND
0	THER ACTIVITIES SUPPORTING THE FLORIDA COLLEGE SYSTEM.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
N	/A		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		<u> </u>
	/A		,
	,		
	,		
	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 1,609,130		

Form 990 (2021)

Form 990 (2021) THE FLORIDA COLLEGE SYSTEM Part IV **Checklist of Required Schedules**

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 complete_Schedule A

65-0530384

- complete-Scriedule A 2
- Did the organization lengage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part 1
- Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 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? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III
- Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13
- 14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A) line 1? If "Yes" complete Schedule I, Parts I and II

х 1 ₹2 7**X** Х X 4 х 5 х 6 7 х Х 8 х 9 10 X _ -Х 11a 11b Х х 11c X. 11d Х 11e х 11f Х 12a 12b Х х 13 X 14a X 14b 15 Х х 16 17 х 18 х 19 х 20a x 20b

Page 3

Yes No

21

Fom	1 990 (2021) THE FLORIDA COLLEGE SYSTEM 65-0530384		Р	age 4
P	art 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			ł
	Part IX, column (A), line 27 If "Yes," complete-Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes"/to Part VII, Section A fline 3/4, or 5 about compensation of the	Π_{i}	7	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	∦\\/	ľ	
	employees? If "Yes," complete Schedule J	23/		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	<u>24a</u>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		└───
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			l
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		┝──
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		X
D	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 pror Forms 990 or 990-EZ?	0.5L		v
26	If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		<u>x</u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20	-	
	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	<u> </u>		
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			-
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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? If "Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
0r-	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	254		
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-chantable	35b		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	20		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	57		<u></u>
	19? Note All Form 990 filers are required to complete Schedule O	38	x	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	1 00		
	Check if Schedule O contains a response or note to any line in this Part V			\square
			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]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	L		
	reportable gaming (gambling) winnings to prize winners?	1c	X	

	990 (2021) THE FLORIDA COLLEGE SYSTEM 65-0530384		P	age 5
	Int V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least-one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note If the sum of lines 1a and 2a is greater than 250 you may be required to e-file See instructions		/	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	/ 3a/	,	X
b	If "Yes," has it filed a Form '990-T for this year If "No" to line 3b, provide an explanation on Schedule O	3b/		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			، ا
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c)			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a	~	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			··,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds			
а	Did the sponsoning organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 [10a]			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations Enter			!
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			ł
	against amounts due or received from them)			
12a		12a		i
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers			1
	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans [13b]			
с	Enter the amount of reserves on hand 13c		i	,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	x
	If "Yes," complete Form 4720, Schedule O	-10		
17	Section 501(c)(21) organizations Did the trust, any disqualified person, or mine operator engage in			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069		~~-	₁

	990 (2021) THE FLORIDA COLLEGE SYSTEM 65-0530384			age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	See	ınstr	
_	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A_Governing Body1and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year () [] [] [] [] [] [] [] [] [] [] [] [] []		',Yes	No
	If the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O	-		,
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
-	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct	_		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow			·
a	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		х
Sec	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B Policies (This Section B requests information about policies not required by the Internal Revenue	-	do)	<u> </u>
000	uon D Toncies (This occion D requests information about policies not required by the internal revent		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a		11a	X	
b	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,'			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?	450		v
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		X X
U	If "Yes" to line 15a or 15b, describe the process on Schedule O See instructions	15b		<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			,
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			- <u>-</u> i
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			,
	organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow {f FL}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection Indicate how you made these available Check all that apply			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year.			
20 .π	State the name, address, and telephone number of the person who possesses the organization's books and records TDY GREEN P O DRAWER 10503			
	LLLAHASSEE FL 32302 850	-241	5-0	494
DAA				(2021)
5.5		1.011		12021)

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Form 990 (2021) THE FLOR								65-053		Page 7				
<u>Part VII</u> : Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors														
							.to	to any line in this Pa	ort \//I	X				
Section AOfficers, 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														
List all of the organization's-tax	• 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													
compensation Enter -0- in columns	s (D), (E), and (F) ıf	no (com	pens	ation	wa	is paid						
 List all of the organization's current key employees, if any See instructions for definition of "key employee" List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) 														
who received reportable compensation (box 5 of Form W-2, 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 or		•					on c	compensated any current	officer, director, or trustee	•				
				(0	 >)									
(A)	(B)	do)	o not c		ntion more	than o	ne	(D)	(E)	(F)				
Name and title	Average hours					s both pr/truste		Reportable compensation	Reportable compensation	Estimated amount of other				
	per week (list any		-					from the organization (W 2/	from related organizations (W 2/	compensation from the				
	hours for	Individual or director	nstitutional	Officer	Key er	nploy	Former	1099-MISC/	- 1099-MISC/	organization and related organizations				
	related organizations	요	l na		employee	88	7	1099-NEC)	1099-NEC)	related organizations				
	dotted line)	frustee	trustee		8	Highest compensated employee								
			8			ated								
(1) JUDY GREEN														
DDECTORNE	40 00			v					02 006	20 000				
PRESIDENT (2) DR. JEFFREY ALI	0.00 BRITTEN			X		-		0	92,906	38,089				
	1.00													
DIRECTOR	0.00	x						0	0	0				
(3) TERESA BORCHECK														
	1.00								_	_				
CHAIR	0 00	X		X				0	0	0				
(4) JENNIFER CHRIST	IANSEN 1 00													
DIRECTOR	0 00	x						0	0	0				
(5) WILLIAM CRAMER														
	1.00													
DIRECTOR	0.00	X						0	0	0				
(6) TAMI CULLENS														
DIRECTOR	1.00							•	•	0				
DIRECTOR (7) RICHARD D'ALEME	0.00 	x		-	-	\vdash		0	0	0				
	1.00													
DIRECTOR	0.00	x						0	0	0				
(8) CLAUDIA DAVANT														
	1.00													
DIRECTOR	0.00	X						0	0					
(9) HUNT DAWKINS	1 00													
DIRECTOR	1.00	x						o	0	0				
(10) DR JOHN GYLLIN						\vdash		U	0	0				
	1.00													
DIRECTOR	0.00	x						0	0	0				
(11) SHEROD HALLIBUR	TON								_					
	1.00													
DIRECTOR	0 00	X						0	0	0				

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Form 990 (2021) THE FLOR							65-053		Page 8
Part VII Section A Officer	s, Directors, Ti	ruste	ees,	Key	Em	ployee	s, and Highest Compens	ated Employees (continu	ied)
(A) Name and title							(D) Reportable compensation from the?	(E) Reportable compensation from related:>>	(F) Estimated amount of other compensation
Publ	list any (hours for related organizations below dotted line)	Individual-trustee or-director ₁	Institutional trustee	officer ク	Key, employee	Foimer Highest compensated employee/	organization (W-2/ 1099 MISC/ 1099 NEC/	organizations (W 2/ 1099 MISC/ 1099 NEC)	from the ogganization and related organizations
(12) MICHAEL HIGH	TOWER 1.00								
DIRECTOR	0.00	x					0	0	0
(13) GEORGE I. PL	ATT, II 1.00	ſ							
DIRECTOR	0.00	x					0	0	0
(14) MARVA JOHNSO									
DIRECTOR	1.00 0.00	x					о	о	0
(15) DR. THOMAS E		ŧG,	J	R					
	1.00							0	•
DIRECTOR (16) CANDACE MARS	0.00 HAT.T.	X					0	U	0
	1.00								
DIRECTOR	0.00	X					0	0	0
(17) KAREN MOORE	1.00								
PAST CHAIR	0.00	X		x			0	0	0
(18) TIM MORRIS	1.00								
TREASURER	0.00	x		x			0	0	0
(19) VIOLETA SALU	1						-		_
FINANCE CHAIR	1.00 0.00	x		x			0	0	0
1b Subtotal		<u></u>	1			•		92,906	38,089
c Total from continuation she	eets to Part VII	, Se	ctioi	n A					
d Total (add lines 1b and 1c) 2 Total number of individuals (i	naludina hut na	+ luna	to d			▲ Instant of	heve) whe received mere	92,906	38,089
 Total number of individuals (in reportable compensation from 				10 11	ose	listed a	bove) who received more	ulari \$100,000 01	
3 Did the organization list any f employee on line 1a? If "Yes	," complete Sch	edul	le J i	for s	uch i	ındıvıdu	al		Yes No 3 X
4 For any individual listed on lin organization and related orga individual									4 X
5 Did any person listed on line for services rendered to the								on or individual	5 X
Section B Independent Contrac		rea	s, ca	Junpi	ele c	Scheuul			<u> </u>
1 Complete this table for your compensation from the organ	five highest con	npen com	sate	d ind satio	depe n for	ndent c	ontractors that received m lendar year ending with or	ore than \$100,000 of within the organization's	tax year
Name and	(A) Dusiness address						Descrip	(B) tion of services	(C) Compensation
						-			
• • • • • • • • • • • • • • • • • • • •									
2 Total number of independent									
received more than \$100 000	or compensati	on fi	om	me	orgai	nization	P	0	

Form 990	(2021) THE F	LORI	DA	COLI	ΕG	E	SY	ST	EM		65-053	0384	Page 8
Part V	Section A	Officers,	, Direc	tors, Ti	ruste	æs,	Key	Err	iploy	ees	, and Highest Compens	ated Employees (continu	ied)
	(A) Name and title		(E Aver hou	age Jrs	box	, unle	ss pe	ition more rson i	than o s both pr/truste	an	(D) Reportable compensation from the,	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	Puk			any s for ted zátions ow	Individual-trustee or-directorj	Institutional trustee	oliticati ク	Keyj employee	Highest compensated employee/	Former		organizaţiforis (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(20) DIRECT	LYN STANE	TELC	1.	.00	x						0	0	0
					 -						v	· · · · · ·	_
			1	. 00									
	CHAIR WENDY WAI	KER	0	. 00	X		X				0	0	0
DIRECT		ICCIC		00 .00	x						0	0	0
	ototal al from continuati	ion shee	ets to	Part VII		ctior	n A	<u> </u>	<u> </u>	► ►			
	al (add lines 1b a								hataa			them \$100,000 of	L
	al number of individ ortable compensati							ose	listec	ac	oove) who received more	than \$100,000 of	
emı 4 For orga	bloyee on line 1a? any individual liste	If "Yes," d on line	' <i>compl</i> e 1a, is	ete Sch s the su	<i>edul</i> m of	e Ji frep	for s ortal	<i>uch</i> ble c	indivi compe	idua ensa	loyee, or highest compen- al ation and other compensa s," complete Schedule J fo	ation from the	Yes No 3 4
5 Did	any person listed										any unrelated organization	on or individual	
	services rendered B Independent C			ition? If	"Yes	s," co	ompl	ete	Sche	dule	e J for such person		5
1 Cor	nplete this table for	r your fiv	ve high	est con	npen	sate	d in	depe	enden	nt co	ontractors that received m	ore than \$100,000 of	
con	•		/	-	com	pens	satio	n fo	r the	cale	endar year ending with or	Within the organization's (B) bion of services	tax year (C) Compensation
	N	Name and b	business a	address							Descrip	bon of services	Compensation
2 Tota	al number of indep eived more than \$1	endent o	contrac	tors (ind	clud။ on ក	ng bi	ut no	ot lin orga	nited	to t	those listed above) who		
													· · · · · · · · · · · · · · · · · · ·

Fon	n 99(0 (2021) THE	FL	ORIDA CO	LLEG	E SYSI	EM	65	-0530384		Page 9
Pa	art V	III Statem	ent o	of Revenue							
		Check r	f Sch	nedule O cor	itains a	response	e or no	ote to any line in	this Part VIII		
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
			Π	пп	п				function revenue	business revenue	from tax under sections 512 514
so io			15		Г	50	\mathbb{P}^{n}		a ra	11 V Org	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated cam	paign	s [1a		()			v 1 1	1,
ភ្លើខ្ល	Ь	Membership di	ies		1b ¹¹			a l	`	-	```
βġ	c	Fundraising ev			1c					-	۰ ۱
ai fi	d	Related organi		s	1d						
Ë,	Ā	Government grants (1e						
Ë,	f	All other contributions			-* +		-				· · · · · · · · · · · · · · · · · · ·
hei		and similar amounts r	not inclu	ded above	1f	990	,022				,
물허	g	Noncash contributions	s include	d in							
5 P		lines 1a-1f			1g \$			990,022			
0.4	n	Total Add lines	s 1a- <u>-</u> 1	IT				990,022			
_						Busin	ess Code				ʻ
Program Service Revenue	2a										
<u>ک</u> و	b										
E E	С										
Ba	d										
ğ	e							-		L	
	f	All other progra	im sei	vice revenue							
	g	Total Add lines	s 2a-2	2f							-
	3	Investment inco	ome (i	ncluding divider	nds, intei	rest, and					
		other similar ar	nounts	5)				802,460			802,460
	4	Income from in	vestm	ent of tax-exem	pt bond	proceeds					
	5					•					
	-			(i) Real		(ii) Persona	al			1	
	6a	Gross rents	6a		-						
	-	Less rental expenses									
		c Rental Inc or (loss) 6c di Net rental Income or (loss)									
	73 Come amount from				(II) Other						
		sales of assets									
0		other than inventory	7a	3,231,	133						
nu	a	Less cost or other		0.000	776	-	ECO				i i
S S		basis and sales exps		2,646,			,568				
Other Revenue		Gain or (loss)	7c	584,	383	-1	,568			-	500.015
hei		Net gain or (los			r			582,815			582,815
õ	8a	Gross income from	m fund	raising events							
		(not including \$									
		of contributions re	•	on line							
		1c) See Part IV, I	ine 18		8a						1
	b	Less direct exp	pense	5	8b						
	c	Net income or	(loss)	from fundraising	events						
	9a	Gross income f	rom g	aming							
		activities See F	Part IV	', line 19	9a						
	b	Less direct exp			9b						
		Net income or i			tivities		•				
		Gross sales of									
		returns and allo		• •	10a						
	ь	Less cost of go		-	10b						
		Net income or (L					1	<u> </u>
<i>in</i>						Busine	ess Code				
Miscellaneous Revenue	11a	MISCELLANE	0115	INCOME			0099	106	L -	1	106
ane	b	M CONTRACT	500								100
- lle	C D									1	
Sag	d	All other revenu	10			├──				+	· _ · · · -
ž		Total Add lines		114		L		106	· · ·	+	
	-							2,375,403	C	0	1 395 391
	14	Total revenue	366	anau ucuoris				2,313,403		<u>'</u>	1,385,381

Form 990 (2021)

	990 (2021) THE FLORIDA COI		65-05	<u>30384</u>	Page 10
Pa	rt IX Statement of Functional E	xpenses			
Secti	on 501(c)(3) and 501(c)(4) organizations mus			st complete column (A)	
	Check if Schedule O contains a res				X
	not include amounts _i reported _i on lines 6b, 3 3b, and 10b of Part VIII	(A) Total expenses	(B) Program service experises	(C) Management ⁻ and general /expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,218,625	1,218,625	· · · · · · · · · · · · · · · · · · ·	
2	Grants and other assistance to domestic		<u>_</u>		, <u> </u>
	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				<u>_</u> _
5	Compensation of current officers, directors,				
6	trustees, and key employees 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 salanes 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				
b	Legal				
c	Accounting	17,896		17,896	
d	Lobbying				
е	Professional fundraising services See Part IV, line	17			
f	Investment management fees	220,908		220,908	
g	Other (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O)	190,780	190,780		
12	Advertising and promotion	15,971	252	15,719	
13	Office expenses	12,996	7,321	5,675	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	8,086	4,896	3,190	
18	Payments of travel or entertainment expense				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	180,114	155,768	24,346	<u>-</u>
20	Interest				
21	Payments to affiliates	3,317		2 217	
22 23	Depreciation, depletion, and amortization Insurance	892		<u>3,317</u> 892	
24	Other expenses Itemize expenses not covered			0.92	
47	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)				i
а	PROJECT AND WORKGROUPS	29,064	29,064		
b	COMMUNICATIONS	2,424	2,424		
c	AWARDS & RECOGNITION	540		540	
d					
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	1,901,613	1,609,130	292,483	0
26	Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► If				
	following SOP 98 2 (ASC 958-720)	1			

_		0 (2021) THE FLORIDA COLLEGE S	YSTE	M 65	5-0530384		Page 11
P	art)						_
		Check if Schedule O contains a response or note	e to an	y line in this Part X	·····		L
					(A)		(B)
				<u> </u>	Beginning of year		End of year
	1	Cash-noñ-interest-bearing	216	NO MIII	<u>173/193</u>	1=	r r 157, 379
	2	Savings and temporary cash investments Pledges and grants receivable, net	シード	NGUN	()) 2,410,834		1,830,521
	3					3_	<u>566,567</u>
	4	Accounts receivable, net			1,054	4	<u> </u>
	5	Loans and other receivables from any current or forme					
		trustee, key employee, creator or founder, substantial		utor, of 35%			
		controlled entity or family member of any of these pers		(aa dafaad		5	
	6	Loans and other receivables from other disqualified per		•			
Assets		under section 4958(f)(1)), and persons described in se	ecuon	4900(0)(3)(D)		<u>6</u> 7	
Ass	7	Notes and loans receivable, net				8	
	8	Inventories for sale or use				0 9	
	9	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other	1			- 3	
	104	basis Complete Part VI of Schedule D	10a	13,299			
	h	Less accumulated depreciation	10a	6,862		10c	6,437
	11	Investments—publicly traded secunties		0,002	28,351,831	11	23,144,976
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets Add lines 1 through 15 (must equal line	33)		30,948,234	16	25,706,853
	17	Accounts payable and accrued expenses	00/		1,293	17	783
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV	of Sch	edule D		21	
ŝ	22	Loans and other payables to any current or former off					
Liabilities		trustee, key employee, creator or founder, substantial	contrib	utor, or 35%			
abi		controlled entity or family member of any of these pers	sons			22	
2	23	Secured mortgages and notes payable to unrelated th	ard par	ties		23	
	24	Unsecured notes and loans payable to unrelated third	parties	5		24	
	25	Other liabilities (including federal income tax, payables	to rela	ated third			
		parties, and other liabilities not included on lines 17-24	l) Con	plete Part X			
		of Schedule D				25	
	26	Total liabilities Add lines 17 through 25			1,293	26	783
ŝ		Organizations that follow FASB ASC 958, check he	ere X				
ũ		and complete lines 27, 28, 32, and 33					I
3ala	27	Net assets without donor restrictions			118,150	27	130,302
P	28	Net assets with donor restrictions			30,828,791	28	25,575,768
5		Organizations that do not follow FASB ASC 958, c	heck h	ere 🕨 🔄			
Net Assets or Fund Balance		and complete lines 29 through 33				-	
2	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equipme				30	 · · · · · ·
t A:	31	Retained earnings, endowment, accumulated income,	or othe	er tunds	20.046.041	31	25 706 070
Ne	32	Total net assets or fund balances			30,946,941	32	25,706,070
	33	Total liabilities and net assets/fund balances			30,948,234	33	25,706,853

Form 990 (2021)

Form	990 (2021) THE FLORIDA COLLEGE SYSTEM 65-0530384		Pag	<u>e 12</u>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1		,37		
2	Totalrexpenses (must equal-Part IX, column (A), line 25)	.,90		
3	Revenue less expenses Subtract line 2 from line 1 (1 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		
4		, `94		
5	Net unrealized gains (losses) on investments	, 7,1	<u>4,6</u>	<u>561</u>
6	Donated services and use of facilities	0		
7	investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O) 9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	32, column (B)) 10 25	5 <u>,70</u>	<u>6,0</u>	<u>)70</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990 🔄 Cash 🕱 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1
	reviewed on a separate basis, consolidated basis, or both			l l
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1
	separate basis, consolidated basis, or both			1
	X Separate basis Consolidated basis Both consolidated and separate basis			i
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			í
-	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?	<u>3a</u>		<u>X</u>
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	3b		
		Form	990	(2021)

		DULE A		Publi	c Charity Si	tatus	and	Pub	lic Support	OMB No 1545-0047
(For	m 9	90)		Complete if the orga	nization is a section 501(c)	(3) organiz	ation or a	section 494	7(a)(1) nonexempt chantable trust.	2021
Depa	rtmeni	t of the Treasury			Attach to					Open to Public
Internal Devenue Senses								Inspection		
Nam	e of ti	ne organization	11	THE FLORIDA	COLLEGE SY		L. L.	1		ification number//
P	art	l Reàš				ánižatió	nà⁻mus	st 'comp	lete this part) See instr	
	orga			private foundation becar						
1				ntion of churches, or as					(b)(1)(A)(ı)	
2 3	Η			ed in section 170(b)(1 cooperative hospital ser					MAN(in)	
4	Н	•			•			• • •	ection 170(b)(1)(A)(iii) Enter	the hospital's name.
		city, and stat				•				•
5		-		•		rsity own	ed or op	erated by	a governmental unit describe	d m
6				1)(A)(IV) (Complete Pa or local government or		scahed u	n sectio	n 170/h)((1)(A)(y)	
7	X	An organizat	ion	-	a substantial part of its				ental unit or from the general p	public
8	\square			st described in section	• •	mpiete F	Part II)			
9		-		-					conjunction with a land-grant e, city, and state of the college	-
10		An organizat receipts from	ac	tivities related to its exe	mpt functions, subject	to certa	in except	ions, and	outions, membership fees, and (2) no more than 331/3% of ction 511 tax) from businesses	its
	_			organization after June		• •	• • •	•	•	
11	Н	-		organized and operated	-		-			
12		one or more	put	olicly supported organiz	ations described in se	ction 50	9(a)(1) o	r section	ictions of, or to carry out the p 509(a)(2) See section 509(complete lines 12e, 12f, and	a)(3) Check
	а	<u> </u>		-	••				ed organization(s), typically by	-
		the supp	orte		wer to regularly appoint	int or ele	ct a majo		e directors or trustees of the	giving
	b	control o	r ma		orting organization ves	sted in th			pported organization(s), by hat control or manage the sup	
	C	Type III	fun		supporting organization	on opera	ited in co	nnection V. Sectio	with, and functionally integrations A. D. and E	ed with,
	d	Type III	nor	n-functionally integrate	ed A supporting organ	nization d	operated	in conne	ction with its supported organ	
				(see instructions) You						
	e	Check th	is b Ilv n	ox if the organization re ntegrated, or Type III r	ceived a written deten	mination	from the	IRS that	it is a Type I, Type II, Type III	l
	f			er of supported organiza			Jonang of	ganneato		
	ģ	Provide the	follo	wing information about	the supported organiz	zation(s)			· · · · · · · · · · · · · · · · · · ·	
(-	e of supported ganization		(II) EIN	(III) Type of organization (described on lines 1- above (see instruction)	-10	(iv) is the o listed in you docur	ur governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				_			Yes	No	-	
(A)	_									
(B)										
(C)										
(D)								_		
(E)										
Tota	d							_	· · · · · ·	

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

Sche			COLLEGE			-0530384	Page 2
Pa	rt II Support Schedule for (
	(Complete only if you che	ecked the box	on line 5, 7, o	r 8 of Part I o	if the organiz	ation failed to	qualify under
	Part III If the organizatio	n fails to quali	fy under the te	ests listed belo	w, please con	nplete Part III)	
Sec	tion A_Rublic Support	П		4 1			
Caler	idar year (or fiscal year>beginning in)	(a):2017 (F	ン「 (b) 、2018)、		r ≓(d) 2020 //	¹ (e)=2021 ¹	(f) (f) Total
		<u></u>	ミミア			小! 川) \\//
1	Gifts, grants, contributions, land			9 GI @			2/
	include any "unusual grants")	1,238,250	369,702	96,500	1,055,000	990,022	3,749,474
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	141 042	170 449	021 021	222 214	100 546	055 501
	organization without charge	141,042	179,448	231,231	223,314	180,546	955,581
4	Total Add lines 1 through 3	1,379,292	549,150	327,731	1,278,314	1,170,568	4,705,055
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						01 652
6	shown on line 11, column (f) Public support Subtract line 5 from line 4						<u>21,653</u> 4,683,402
_	tion B Total Support					<u> </u>	4,003,402
	idar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,379,292	549,150	327,731	1,278,314	1,170,568	4,705,055
8	Gross income from interest, dividends,			521,151	1,270,514	1,170,500	4,100,000
Ũ	payments received on securities loans,						
	rents, royalties, and income from	546,143	600,959	728,096	709,741	802,460	3,387,399
	similar sources	040/240		120/000			
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on		663				663
40	• •						
10	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)	50,558	17,807	5,702	37	106	74,210
11	Total support. Add lines 7 through 10						8,167,327
12	Gross receipts from related activities, etc	c (see instruction	s)			12	45,763
13	First 5 years If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax y	ear as a section 5	501(c)(3)	_
_	organization, check this box and stop he		<u> </u>				►
Sec	tion C Computation of Public						
14	Public support percentage for 2021 (line			lumn (f))		14	57 34 %
15	Public support percentage from 2020 Sc					15	53 94 %
16a	33 1/3% support test-2021 If the orga				4 is 33 1/3% or m	ore, check this	
	box and stop here The organization qu						► X
b	33 1/3% support test—2020 If the orga			-	ine 15 is 33 1/3%	or more, check	• □
470	this box and stop here The organization		• • • •	-	0 40 40		▶□
17a	10%-facts-and-circumstances test-2	-					
	10% or more, and if the organization me				-	•	
	Part VI how the organization meets the	acts-ano-circumsi	ances test ine c	rganization quaim	ies as a publicity s	зирропеа	
ъ	organization	020 If the organi	nten did net ebo	uk a hav an lina d	2 160 166 of 17	lo and line	▶□
b	10%-facts-and-circumstances test-2	-					
	15 is 10% or more, and if the organization in Part VI how the organization meets the				-	•	
	organization	o racio-anu-circun			ance as a publici	y supported	▶□
18	Private foundation If the organization of	lid not check a bo	x on line 13, 16a	16h 17a or 17h	check this hov a	nd see	► 🗆
	instructions	NG HOL CHECK & DU		100, 178, 01 170	, oncor uno DOX d	10 000	
						_	

Sche	dule A (Form 990) 2021 THE	FLORIDA	COLLEGE	SYSTEM	65	-0530384	Page 3
_	art III Support Schedule for (Organizations	Described in	Section 509)(a)(2)		
-	(Complete only if you che	ecked the box	on line 10 of	Part I or if the	organization f	ailed to qualify	under Part II
	If the organization fails to	o qualify under	the tests liste	ed below, plea	ase complete P	Part II)	
	tion A -Rublic Support	п		A []			
Cale	ndar year (or fiscal year/beginning in)	(a) 2017 (~	、「(b) 2018、	(c)=2019	r∕⊊(d) 2020 //	^{1,1} (e)=20217	, 7) (f)' Total
1	ndar year (or fiscal year beginning in) Gifts, grants, combutors, and membership (fees received (Do not include any unusual grants					してて	
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		<u>ь</u>			U I	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						:
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
	tion B Total Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on secunties loans, rents, royalities, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			_			-
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)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First 5 years If the Form 990 is for the	organization's first	t, second, third, fo	ourth, or fifth tax	year as a section t	501(c)(3)	
	organization, check this box and stop he						
Sec	tion C Computation of Public	Support Perce	entage				
15	Public support percentage for 2021 (line			olumn (f))		15	%
<u>16</u>	Public support percentage from 2020 Sc					16	%%
	tion D Computation of Investment						
17	Investment income percentage for 2021			e 13, column (f))		17	%_
	nvestment income percentage from 2020	•	•	h	4		%
19a ⊾	17 is not more than 33 1/3%, check this	box and stop her	e The organizati	on qualifies as a	publicly supported	organization	▶ □
α	33 1/3% support tests—2020 If the org						and
20	line 18 is not more than 33 1/3%, check Private foundation If the organization of						

Schedu	le A (Form 990) 2021 THE FLORIDA COLLEGE SYSTEM 65-05303	84	Page 4
Par	t IV Supporting Organizations		
	(Complete only if you checked a box in line 12 on Part I If you checked box 12a, Part I, c		
	and B If you checked box 12b, Part I, complete Sections A and C If you checked box 12		
	Sections-A, D, and E If you-checked box 12d, Part I, complete Sections A and D, and complete Sections A and A a	nplete Pa	irt V)
Secti	on A All Supporting Organizations C C C C C C C C C C C C C C C C C C C	\underline{m}	
			és No
1	Are all of the organization's supported organizations listed by name in the organization's governing	-	
	documents? If "No," describe in Part VI how the supported organizations are designated If designated by		
	class or purpose, describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		i
	organization was described in section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		
	lines 3b and 3c below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		
	organization made the determination	3b	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		;
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		
	despite being controlled or supervised by or in connection with its supported organizations	4b	
C	Did the organization support any foreign supported organization that does not have an IRS determination		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		
	purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		
	answer lines 5b and 5c below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN		
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action		
	was accomplished (such as by amendment to the organizing document)	5a	
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?	5b	
с	Substitutions only Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		,
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line		
	7? If "Yes," complete Part I of Schedule L (Form 990)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations		
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI	9a	
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? If "Yes," provide detail in Part VI	9b	
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? If "Yes," provide detail in Part VI	9c	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		1
	supporting organizations)? If "Yes," answer line 10b below	10a -	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		-
-	_determine whether the organization had excess business holdings in the tax year (ose Schedule C, Form 4720, to	10b	
			rm 990) 2021

Schedul	IN A (Form 990) 2021 THE FLORIDA COLLEGE SYSTEM 65-053	0384		Page 5
Parl				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, reither alone or together with persons, described on lines 11b and			
	11c below, the governing body of a supported organization?	7 [11a'	\ <u>/7</u>	
	A family member of a person described on line 11a above?) 116	<u>\\//</u>	
С	A 35% controlled entity of a person described on line 11a of 11b above? If "Yes" to line 11a, 11b, or 11c,		ر	
	provide detail in Part VI	11c	_	
Section	on B Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of	icers,		1
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			1
	effectively operated, supervised, or controlled the organization's activities if the organization had more than one sup	-		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			,
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			i
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised or controlled the supporting organization	2		ad
Section	on C Type II Supporting Organizations			
0000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on D All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			i
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		·	
Sector	supported organizations played in this regard	3		
	on E Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instant). The organization satisfied the Activities Test Complete line 2 below	structions)		
a b	The organization is the parent of each of its supported organizations Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a governmental entity	(soo instru	ctions)	
2	Activities Test Answer lines 2a and 2b below	(300 11300	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			۱
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would		.	
	have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer lines 3a and 3b below			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			۱
	trustees of each of the supported organizations? If "Yes' or "No," provide details in Part VI	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	/=	00) 000
DAA		Schedule A	(rorm 9	90) 2021

edule	A (Form 990) 2021 THE FLORIDA COLLEGE SYSTEM		65-0530	9 384 Pa
Part				
1 [Check here if the organization satisfied the Integral Part Test as a qualifying trust on			•
	instructions All other Type III non-functionally integrated supporting organizations	must o	complete Sections A throi	
ectic		_	(A) Prior Year	(B) Current Year
				(optional)
		1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		· · ·
	Depreciation and depletion	5		· · · · · · · · · · · · · · · · · · ·
	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		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5 6 and 7 from line 4)	8		
ectic	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Year
		<u> </u>		(optional)
	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	<u> </u>	1	
	Average monthly value of secunites	<u>1a</u>		
_	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c	· · ·	
	Total (add lines 1a, 1b, and 1c)	<u>1d</u>		· ·
	Discount claimed for blockage or other factors			
_	(explain in detail in Part VI)	<u> </u>	1	
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 0 015 of line 3 (for greater amount,			
	see instructions)	4		-
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0 035	6		
	Recoveres of pror-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ectic	n 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	ncome tax imposed in pnor year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7 [Check here if the current year is the organization's first as a non-functionally integra	ted Tv	ne III supporting organiza	ation

Schedule	A (Form 990) 2021 THE FLORIDA COLLE	GE SYSTEM	65-0530	384 Page 7
Part			nizations (continued)	
Sectio	on D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses A D	Â	
2	Amounts baid to perform activity that directly furthers exempt purpor		m (, c)	
3 .	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required-provide of	details in Part VI)		
6	Other distributions (describe in Part VI) See instructions	•		
7	Total annual distributions Add lines 1 through 6	-		
8	Distributions to attentive supported organizations to which the organ	nization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(1)	(ii)	(111)
Sectio	on E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
	Underdistributions, if any, for years prior to 2021 (reasonable cause required-explain in Part VI) See			
	Instructions			
	Excess distributions carryover, if any, to 2021			
-	From 2016			
	From 2017	······································		
			· · · · ·	
	From 2019	·····		
	Total of lines 3a through 3e			······
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount	· · · · · · · · · · · · · · · · · · ·		
	Carryover from 2016 not applied (see instructions)		· · · · · · · · · · · · · · · · · · ·	
	Remainder Subtract lines 3g, 3h, and 3i from line 3f			
	Distributions for 2021 from			
	Section D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	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			
	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions		•	
	Excess distributions carryover to 2022 Add lines 3			
	and 4c			
	Breakdown of line 7			
-	Excess from 2017			
	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021	THE	FLORIDA	COLLEGE	SYSTEM		65-053038	4 Page	<u>• 8</u>
Part VI Supplemental								
III, line 12, Part								
B, lines 1 and 2								
3a, and 3b, Parl	5V, line 1, I	Part V, Section	on B, line 1e,	, Part V, _□ Sect	ion D, lines	5, 6, and 8, and	d Part V, Sectio	את E,
Jines 2₁ 5,≂and 6						e iństructions) 🗅	$\overline{n} n n$	
PART II, LINE 10	OTHE	R INCOM	DETAIL		U I I		J₹	
OTHER INCOME			\$	28	,447			
SEMINAR REGISTRA	TION		\$	45	,763			

Schedule B (Form 990)	Schedule of Contributors	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-PF Go to www urs gov/Form990 for the latest information 	2021
		antification number
Filers of	Section	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt chantable 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	
	s covered by the General Rule or a Special Rule)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See	
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II See instructions for determining a contributions	
Special Rules		
regulations under s 16b, and that recen	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or <i>v</i> ed from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or nt on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	
contributor, during t literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, nal purposes, or for the prevention of crueity to children or animals Complete Parts I (entering 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, chantable, etc., purposes, but no such contributions totaled more than \$1,000 lf 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)

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

	3 (Form 990) (2021)		E 1 OF 1 Page 2
Name of THE	organization FLORIDA COLLEGE SYSTEM		ployer identification number -0530384
Part I	Contributors (see instructions) Use duplicate copies o	f Part I if additional space	is needed
(a) No	b) Name, address, and ZIP+45 0000	Total contributions	Type of contribution
1		\$ 850,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990) (2021)

(For Depart	IEDULE D m 990) ment of the Treasury	► Complete if the organiza Part IV, line 6, 7, 8, 9, 10, 11a ► Atta	Financial Statements ation answered "Yes" on Form 990, a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ch to Form 990 ar least the latest informed	tion	OMB № 1545-0047 2021 Open to Public Inspection
	Revenue Service		or instructions and the latest informa		
TI	of the organization HE FLORIDA				530384
	rt I Organiza	ations' Maintáining Donor Advisêd F	unds or Other Similar Funds (
<u> </u>		e li the organization answered res of	(a) Donor advised funds	0	b) Funds and other accounts
	T-t-t	-5		, v	
1	Total number at end				·
2	00 0	contributions to (during year)			
3		rants from (during year)			
4	Aggregate value at e	Inform all donors and donor advisors in writing	that the assets held in donor advised		
5	-	zation's property, subject to the organization's e			☐ Yes ☐ No
6	•	inform all grantees, donors, and donor advisors	-		
0	•	rposes and not for the benefit of the donor or d			
	conferring impermiss		onor advisor, or for any other purpose		☐ Yes ☐ No
Pa		ation Easements			
[]]		of the organization answered "Yes" of	n Form 990, Part IV, line 7		
1		vation easements held by the organization (che			·
•		and for public use (for example, recreation or e		importa	nt land area
	Protection of nati	, , , ,	Preservation of a certified h	•	
	Preservation of o				
2		rough 2d if the organization held a qualified cor	servation contribution in the form of a c	onserva	tion
-	easement on the last				Held at the End of the Tax Year
а	Total number of con	• •		2a	
b		ted by conservation easements		2b	
	•	tion easements on a certified historic structure i	ncluded in (a)	20	
		tion easements included in (c) acquired after $7/3$			· · · ·
u		ed in the National Register		2d	
3		tion easements modified, transferred, released,	extinguished or terminated by the orga		during the
v	tax year ►	aon easements mounieu, autoieneu, releaseu,	exanguished, or terminated by the orga	inizadon	
4	•	ere property subject to conservation easement	is located >		
5		n have a written policy regarding the periodic n			
Ŭ	-	cement of the conservation easements it holds?	• • •		Yes No
6	•	nours devoted to monitoring, inspecting, handlin		on ease	
v		ione devoted to monitoring, inspecting, handling			inonio danng tilo you
7	Amount of expenses	incurred in monitoring, inspecting, handling of	violations and enforcing conservation e	asement	s during the year
•	► S	mouned in morning, inspecting, nanding of	tionations, and entering concertation of	200.11011	o danng the year
8	Does each conserva	tion easement reported on line 2(d) above satis	sty the requirements of section 170(h)(4)	(B)(I)	
•	and section 170(h)(4			~~~~	Yes No
9		how the organization reports conservation ease	ements in its revenue and expense state	ement ar	
-		nclude, if applicable, the text of the footnote to			
		nting for conservation easements	5		
Pa	rt III Organiza	ations Maintaining Collections of Ar	t, Historical Treasures, or Oth	er Sım	nlar Assets
4-		ected, as permitted under FASB ASC 958, not		alance et	heet works
Ia	-	sures, or other similar assets held for public exh	•		
		art XIII the text of the footnote to its financial sta			
b		ected, as permitted under FASB ASC 958, to re		ce sheet	works of
~	-	es, or other similar assets held for public exhibit			
		amounts relating to these items			
	·	d on Form 990, Part VIII, line 1		•	► \$
	(ii) Assets included i			5	÷ S
2	• •	ceived or held works of art, historical treasures,	or other similar assets for financial gain	. provide	•
-		quired to be reported under FASB ASC 958 rel		., p	
а	-	Form 990, Part VIII, line 1	<u> </u>	•	▶ \$
	Assets included in Fo			5	÷ \$
		Act Notice, see the Instructions for Form 9	990		Schedule D (Form 990) 2021

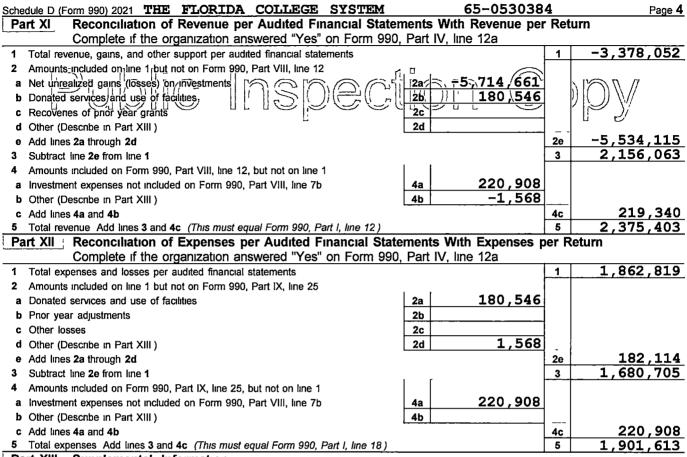
DAA

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Sche	dule D (Form 990) 2021 THE FLOP	RIDA COLLEG	<u>e system</u>			530384		Page 2
Pa	rt III Organizations Maintaini							sets (continued)
3	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 b c 4	Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's XIII	s collections and expl		the organiza) (in Part	DY
5	During the year, did the organization solid assets to be sold to raise funds rather that					ar		Yes No
Pa	rt IV, Escrow and Custodial		<u> </u>		-			
- ۲ I	Complete if the organization 990, Part X, line 21		es" on Form 990,	Part IV, li	ne 9, or	reported a	an amo	ount on Form
- 1a	Is the organization an agent, trustee, cus	todian or other interm	ediary for contribution	ns or other a	assets not			
b	Included on Form 990, Part X? If "Yes," explain the arrangement in Part .	XIII and complete the	following table					Yes No
		·						Amount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount o							Yes No
	If "Yes," explain the arrangement in Part	XIII Check here if the	explanation has been	en provided	on Part XI	11		
Pa	rt V Endowment Funds		-" Fama 000		- 10			
	Complete if the organizat							
		(a) Current year	(b) Pnor year	(c) Two yes		(d) Three year		(e) Four years back
	Beginning of year balance	16,002,230	16,002,230	16,00	2,230	16,002	,230	16,002,230
	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance	16,002,230	16,002,230		2,230	16,002	230	16,002,230
2	Provide the estimated percentage of the		nce (line 1g, column	(a)) held as				
	Board designated or quasi-endowment							
	Permanent endowment ▶100.00 %							
C	Term endowment ► %							
_	The percentages on lines 2a, 2b, and 2c							
3a	Are there endowment funds not in the po	ssession of the organ	ization that are held	and adminis	tered for t	he		
	organization by							Yes No
	(i) Unrelated organizations (ii) Related organizations							3a(ı) X
Ь	If "Yes" on line 3a(ii), are the related orga	inizations listed as ro	rurad on Schodula E	22				3a(11) X
4	Describe in Part XIII the intended uses of			(7				3b
Pa	rt VI Land, Buildings, and Ed							
<u> </u>	Complete if the organizati		s" on Form 990.	Part IV. Ju	ne 11a	See Form	990. F	Part X, line 10
	Description of property	(a) Cost or other t				ccumulated		(d) Book value
		(investment)	(othe			preciation		
1a	Land							
b	Buildings							
C	Leasehold improvements							
	Equipment	L	:	13,299		6,86	2	6,437
	Other						<u> </u>	
Tota	Add lines 1a through 1e (Column (d) mu	ist equal Form 990, F	Part X, column (B), lin	ie 10c)			▶	6,437

DAA

Part IV Investments - Other Socurides Complete if the organization answerd "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (b) Devices of decay or depay (b) Sok wise (c) Codew, find a quark price of the organization answerd "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (c) Codew, find a quark price of the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Codew, find a quark price of the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Codew, find a quark price of the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Codew, find a quark form 990, Part X, col. (g) line 13.) (c) Codew, find a quark form 990, Part X, col. (g) line 13.) (c) Codew find (lineat equal form 990, Part X, col. (g) line 13.) (c) Codew find (lineat equal form 990, Part X, col. (g) line 13.) (c) Codew find (lineat equal form 990, Part X, col. (g) line 13.) (c) Codew find (lineat equal form 990, Part X, col. (g) line 13.) (c) Codew find (lineat equal form 990, Part X, col. (g) line 13.) (c) Codew find (lineat equal form 990, Part X, col. (g) line 13.) (c) Codew find (lineat equal form 990, Part X, col. (g) line 15.) (c) Codew find (lineat equal form 990, Part X, col. (g) line 15.) (c) Codew find (lineat equal form 990, Part X, col. (g) line 15.) <th>Schedule D (F</th> <th>orm 9<u>90)</u> 2021 1</th> <th>THE FLOR</th> <th>IDA</th> <th>COLLEGE</th> <th>SYSTEM</th> <th>[</th> <th>65-0</th> <th>530384</th> <th>Page 3</th>	Schedule D (F	orm 9 <u>90)</u> 2021 1	THE FLOR	IDA	COLLEGE	SYSTEM	[65-0	530384	Page 3
(a) Deceptor of security (b) Bokk vise (c) Bit activity of water (1) Francel, elsiphiptes (1) Converting (1) Converting (1) Converting (2) Converting (1) Converting (1) Converting (1) Converting (1) Converting (2) Converting (1) Converting (1) Converting (1) Converting (1) Converting (2) Converting (1) Converting (1) Converting (1) Converting (1) Converting (2) Converting (2) Converting (2) Converting (2) Converting (2) Converting (2) Converting (2) Converting (2) Converting (2) Converting (2) Converting (3) Converting (2) Converting (2) Converting (2) Converting (2) Converting (4) Converting (2) Converting (2) Converting (2) Converting (2) Converting (4) Converting (2) Converting (2) Converting (2) Converting (2) Converting (4) Converting (2) Converting (2) Converting (2) Converting (2) Converting (4) Converting (2) Converting (2) Converting (2) Converting										
10 Francial grade of serving	-	Complete if th	e organizatio	on an	swered "Yes"	on Form 9	90, Part IV,	line 11b	See Form 9	90, Part X, line 12
(1) Francipil definitions Image: Conseption of the set of the form set operation answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (2) Column (b) must equal Form 990, Part X, col (B) line 12) Image: Column (b) must equal Form 990, Part X, col (B) line 12) Teal (Column (b) must equal Form 990, Part X, col (B) line 12) (3) Column (b) must equal Form 990, Part X, col (B) line 12) Image: Column (b) must equal Form 990, Part X, col (B) line 12) (4) Complete If the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (b) beex view (1) Column (b) must equal Form 990, Part X, col (B) line 13) Image: Column (b) must equal Form 990, Part X, col (B) line 13) (2) Image: Column (b) must equal Form 990, Part X, col (B) line 13) Image: Column (b) must equal Form 990, Part X, col (B) line 13) (9) Column (b) must equal Form 990, Part X, col (B) line 13) Image: Column (b) must equal Form 990, Part X, col (B) line 13) (1) Image: Column (b) must equal Form 990, Part X, col (B) line 15) Image: Column (b) must equal Form 990, Part X, col (B) line 15) (1) Image: Column (b) must equal Form 990, Part X, col (B) line 15) Image: Column (b) must equal Form 990, Part X, col (B) line 15) (1) Image: Column (b) must equal Form 990, Part X, col (B) line 25) Image: Column (b) must equal Form 990, Part X, col (B) line 25) (2) Image: Co		(a) Descriptio	n of secunty or cate	gory		(b) 8	look value		(c) Method o	f valuation
(2) Other (3) Other (4) (5) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (1) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (3) (4) (9) (9) (1) (1) (2) (1) (2) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) <tr< td=""><td></td><td>r(includin</td><td>g name of secunty)</td><td>п</td><td></td><td></td><td>A 11</td><td></td><td>Cost or end-of ye</td><td>ar market value</td></tr<>		r(includin	g name of secunty)	п			A 11		Cost or end-of ye	ar market value
(a) other 1 Control (b) The first equal form 990, Part X, col (b) line 12) ► Tetal (Column (b) must equal form 990, Part X, col (b) line 13) ► Part X Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Part X Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Part X Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Part X Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Part X Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Part X Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Part X Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Part X Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Part X Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Part X Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 Part X Other Labilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 Part X Other Labilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 Part X Other Labilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 Part X Other Labilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 Part X Other Labilities Complete if the organization answered "Yes" on Form 990, Part	(1) Financial	lenvatives	$\square \bigcirc$	[DOF		<u> </u>		l	
(a) Other (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(2) Closely he	Id equity interests					<u></u>		<u> \\</u>	<u>// // ///////////////////////////////</u>
(B)	(3) Other			11 1						
(B)	(A)				4					
(C) (C) (D) (D) (F) (D) (G) (D) (F) (D) (G) (D) (F) (D) (G) (D) (F) (D) (G) (D) (G) (D) (G) (D) (D)										
(D) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F										
(E)										
(F) (G) (F) Total (Column (b) must equal Form 990, Part X, col (b) line 12) ► (a) Description of Investments - Program Related Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of Investment (b) Book value (c) Method of valuation (c) defined of valu										
(%) (H) Total (Column (b) must equal Form 990, Part X, col (b) line 12) ► Part VIII: Investments - Program Related (a) Description of investment (b) Description of investment (c) Method of valuation (c) Method of										
(i) Total (Column (b) must equal Form 990, Part X, col (b) line 12) Part VIII: Investments - Program Related Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of Investment (b) Book value (c) description of Investment (c) Description (c) Description (c										
Part VIII Investments - Program Related Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Decryption of Investment (b) Book value (c) Interface (c) Method of Valuation (d) (c) Method of Valuation (d) (c) Method of Valuation (d) (c) (e) (c) (f) (c) (f) (c) (f) (c) (f) (c) (f) (c) (g) (c) <td></td>										
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Part XIII · Supplemental Information

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - FIN 48 FOOTNOTE

MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE FOUNDATION'S TAX-EXEMPT STATUS, AND BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2022 AND 2021. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY TAX PERIODS. THE FOUNDATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS

Schedule D (Form 990) 2021 THE FLORIDA COLLEGE SYSTE	M 65-0530384 Page 5
Part XIII Supplemental Information (continued)	
FOR FISCAL YEARS ENDING PRIOR TO JUNE 3	0, 2019.
PART XI, LINE 48 - REVENUE AMOUNTS INCL	JDED ON RETURN COOPY
LOSS ON SALE OF FIXED ASSETS	\$ -1,568
PART XII, LINE 2D - EXPENSE AMOUNTS INC	LUDED IN FINANCIALS - OTHER
PARI AII, DINE 20 - EXPENSE AMOUNIS INC.	DODED IN FINANCIALS " OTHER

LOSS ON SALE OF FIXED ASSETS

\$ 1,568

	Governme Complete if the	ents, a organizatio	her Assistanc nd Individuals on answered "Yes" o ┠ Attach to Form	in the United In Form 990, Part IV 990	d States /, line 21 or 22		OMB No 1545-0047 2021 Open to Public
Department of the Treasury)	n (~ 1) 🕞 🕼	to www.	rs gov/Form990, for	the latest information	ôn [∕∩		Inspection
Name of the organization THE FLORIDA / COLLEG					N Y		mployer Identification number
Part I General Information on Grants ar	nd Assistance						
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for records of the selection of the sel	stance? nonitoring the use	of grant fu	inds in the United Sta	es	-		X Yes No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient that							
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
(1) BROWARD COLLEGE 225 EAST LAS OLAS BLVD FORT LAUDERDALE FL 33301	23-7181959	3	89,753				VARIOUS AWARDS
(2) CHIPOLA COLLEGE 3094 INDIAN CIRCLE MARIANNA FL 32446	59-2074070	3	19,935				VARIOUS AWARDS
(3) COLLEGE OF CENTRAL FLORIDA P O BOX 1388 OCALA FL 34478	59-6139037		32,433				VARIOUS AWARDS
(4) COLLEGE OF THE FLORIDA KEYS 5901 COLLEGE ROAD KEY WEST FL 33040	59-6173174		20,005				VARIOUS AWARDS
(5) DAYTONA STATE COLLEGE P O BOX 2811 DAYTONA BEACH FL 32120	59-1581805		42,009				VARIOUS AWARDS
(6) EASTERN FLORIDA STATE COLLEGE 1519 CLEARLAKE ROAD, BLDG 2,RM 22 COCOA FL 32922			38,608				VARIOUS AWARDS
(7) FLORIDA GATEWAY COLLEGE 149 SE COLLEGE PLACE LAKE CITY FL 32025	59-1627997		23,538				VARIOUS AWARDS
(8) FLORIDA SOUTHWESTERN STATE COLLEC P 0 BOX 60210 FORT MYERS FL 33906	E 59-6173638	3	44,443				VARIOUS AWARDS
(9) FLORIDA STATE COLLEGE AT JACKSONV 501 WEST STATE ST	11L 23-7168438	3	59,555				VARIOUS AWARDS
 Enter total number of section 501(c)(3) and governme Enter total number of other organizations listed in the For Paperwork Reduction Act Notice, see the Instruction 	nt organizations lis		·				► 28 ► 0 Schedule I (Form 990) (2021)

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

Schedule I (Form 990) (2021)

SCHEDULE I	Grants	and Ot	her Assistanc	e to Organiza	ations,		l	OMB No 1545-0047
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22							
	Π	-	Attach to Form gov/Form990, for	990				Open to Public Inspection
Name of the organization THE FLORIDA COLLEGE SYSTEM GGUIDE GGUIDE GGODA								
Part I General Information on Grants	s and Assistance							······
 Does the organization maintain records to substain the selection criteria used to award the grants or Describe in Part IV the organization's procedures 	assistance?		_		grants or assistan	ice, and		Yes No
Part II Grants and Other Assistance Part IV, line 21, for any recipien	to Domestic Org	anızatıol	ns and Domestic	Governments				"Yes" on Form 990,
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 noncash assistar	of (h) P	urpose of grant assistance
(1) GULF COAST STATE COLLEGE 5230 W HIGHWAY 98		(ii appicable)					VARIOUS	·
PANAMA CITY FL 32401	59-1682455	3	25,524					
(2) HILLSBOROUGH COMMUNITY COLLEGE P O BOX 31127							VARIOUS	AWARDS
TAMPA FL 33631	59-1810717	3	65,019					
(3) INDIAN RIVER STATE COLLEGE 3209 VIRIGINA AVE							VARIOUS	AWARDS
FORT PIERCE FL 34981	59-1105591	3	39,920					
(4) LAKE-SUMTER STATE COLLEGE 9501 US HIGHWAY 441							VARIOUS	AWARDS
LEESBURG FL 34788	59-1990323	3	24,860					
(5) MIAMI DADE COLLEGE								
300 NE SECOND AVE #4102							VARIOUS	AWARDS
MIAMI FL 33132	59-6169745	3	112,017					
(6) NORTH FLORIDA COLLEGE 325 NW TURNER DAVIS DRIVE							VARIOUS	AWARDS
MADISON FL 32340	59-6179948	3	22,887					
(7) NORTHWEST FLORIDA STATE COLLEG 100 COLLEGE BLVD	E						VARIOUS	AWARDS
NICEVILLE FL 32578	59-2865698	3	25,059					
(8) PALM BEACH STATE COLLEGE 4200 CONGRESS AVE							VARIOUS	AWARDS
LAKE WORTH FL 33461	59-1818556	3	60,888					
(9) PASCO-HERNANDO STATE COLLEGE 10230 RIDGE ROAD							VARIOUS	AWARDS
NEW PORT RICHEY FL 34654	59-1731676	3	37,252					
2 Enter total number of section 501(c)(3) and gover	•	sted in the	line 1 table				•	_
3 Enter total number of other organizations listed in	the line 1 table						•	

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

Schedule I (Form 990) (2021)

SCHEDULE I (Form 990)	Governme Complete if the	ents, a organizatio	her Assistanc nd Individuals on answered "Yes" of Attach to Form	on Form 990, Part IV 990	d States /, line 21 or 22		OMB No 1545-0047 2021 Open to Public 1	
Department of the Treasury III III IIIIIIIIIIIIIIIIIIIIIIIIIIII								
FOUNDATION, INC						e	55-0530384	
Part I General Information on Grants an								
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis <u>2</u> Describe in Part IV the organization's procedures for r 	stance?				grants or assistan	ice, and	Yes No	
Part II Grants and Other Assistance to Part IV, line 21, for any recipient that	Domestic Org	anızatıo	ns and Domestic	Governments	Complete if the additional space	e organizatio	n answered "Yes" on Form 990	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant	
(1) PENSACOLA STATE COLLEGE 1000 COLLEGE BLVD							VARIOUS AWARDS	
PENSACOLA FL 32504	59-6173057	3	34,501					
(2) POLK STATE COLLEGE 999 AVE H, NE							VARIOUS AWARDS	
WINTER HAVEN FL 33881 (3) SANTA FE COLLEGE	59-1819213	3	35,599					
3000 NORTHWEST 83RD ST							VARIOUS AWARDS	
GAINESVILLE FL 32606	51-0240884	3	36,834					
(4) SEMINOLE STATE COLLEGE OF FLORIDA 100 WELDON BLVD							VARIOUS AWARDS	
SANFORD FL 32773	23-7033822	3	47,579					
(5) SOUTH FLORIDA STATE COLLEGE 13 EAST MAIN ST							VARIOUS AWARDS	
AVON PARK FL 33825	59-3050497	3	23,869					
(6) ST JOHNS RIVER STATE COLLEGE 5001 ST JOHNS AVE							VARIOUS AWARDS	
PALATKA FL 32077	23-7336585	3	27,185					
(7) ST PETERSBURG COLLEGE P O BOX 13489							VARIOUS AWARDS	
ST PETERSBURG FL 33733	59-1954362	J	67,003		<u>├ </u>			
(8) STATE COLLEGE OF FLORIDA, MANATEE P O BOX 1849	-5						VARIOUS AWARDS	
BRADENTON FL 34206	59-1843274	3	34,435					
(9) TALLAHASSEE COMMUNITY COLLEGE 444 APPLEYARD DRIVE	(9) TALLAHASSEE COMMUNITY COLLEGE							
TALLAHASSEE FL 32304	59-2091480	3	35,560					
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 								
For Paperwork Reduction Act Notice, see the Instructions for Form 990								

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

Schedule I (Form 990) (2021)

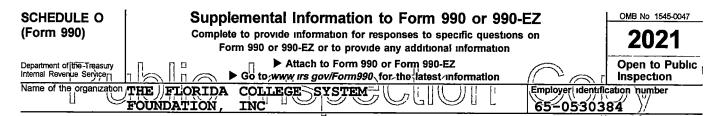
SCHEDULE I	Grants	and Ot	her Assistand	e to Organiza	ations,		ON	IB No 1545-0047
(Form 990)			nd Individuals					2021
		o'to www.	n answered "Yes" of ↑ Attach to Form rs gov/Form990, for	990	-			en to Public nspection
	E J SYSTEM				N P Y		Employer Identification n 65-0530384	umber
Part I General Information on Grants a			· · · ·		··· ···	I		
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for r 	stance?				grants or assistar	nce, and	Ye	s 🗌 No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient that	Domestic Org	anızatıo	ns and Domestic	Governments	Complete if the additional spa	e organizati ce is neede	ion answered "Ye	s" on Form 990
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 noncash assistar	of (h) Purpos	•
(1) VALENCIA COLLEGE P O BOX 3028							VARIOUS AW	ARDS
ORLANDO FL 32802	23-7442785	3	92,355					
(2)								
(3)								
(4)						 		
(5)						·		
(6)								
(7)				<u>-</u>				
(8)								
(9)								
 2 Enter total number of section 501(c)(3) and governme 3 Enter total number of other organizations listed in the For Panenwork Reduction Act Notice see the Instruction 	ine 1 table	sted in the	line 1 table					0001 (0004)

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

Schedule I (Form 990) (2021)

Schedule I (Form 990) (2021) THE FLORIDA	COLLEGE SYST	EM 6	5-0530384		Page 2	
Part III, Grants and Other Assistance			he organization answ	vered "Yes" on Form 990	, Part IV, line 22	
Part III can be duplicated if add	1	ed	······	1		
(a) Type) of grant of assistance	(b) Number of (jecipients')	(c) Amount of (cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book,	(f) Description of noncash assistance	
1	<u></u>					
2						
3						
_4						
_5						
6						
7						
Part IV Supplemental Information Pr	ovide the information	required in Part I,	ine 2, Part III, colum	in (b), and any other add	itional information	
PART I, LINE 2 - PROCEDURE						
THE FOUNDATION MAKES SCHOLARSHIP AWARDS TO ALL COLLEGES IN THE						
FLORIDA COLLEGE SYSTEM THE COLLEGES DISTRIBUTE THE SCHOLARSHIPS TO						
STUDENTS ENROLLED IN THEIR COLLEGES BASED ON PREDETERMINED CRITERIA AND						
SUBMIT A LISTING OF ALL SCHOLARSHIP RECIPIENTS AND AMOUNTS OF AWARDS TO THE						

FOUNDATION.



FORM 990 - ORGANIZATION'S MISSION

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

FORM 990, PART I, LINE 6

THE FOUNDATION RECEIVED DONATED SERVICES FROM THE FLORIDA DEPARTMENT OF EDUCATION TOTALING \$180,546 THIS INCLUDES THE COMPENSATION REPORTED FOR THE PRESIDENT ON FORM 990, PART VII, SECTION A IN ADDITION, THE FOUNDATION RECEIVED OFFICE SPACE AND THE USE OF OFFICE EQUIPMENT AT NO CHARGE FROM THE FLORIDA DEPARTMENT OF EDUCATION.

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

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

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

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
THE FLORIDA COLLEGE SYSTEM	65-0530384

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

FORM 990, PART VII - ADDITIONAL INFORMATION THE PRESIDENT OF THE FOUNDATION IS AN EMPLOYEE OF THE FLORIDA DEPARTMENT OF EDUCATION. HER COMPENSATION IS AN IN-KIND CONTRIBUTION TO THE FOUNDATION.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION

	TOT/F	PROG SERVICE	MGT & 0	JENERAL	FUNDR	AISING
OTHER PROF	ESSIONA	l fees				
	\$	79,030	\$	0	\$	0
CONSULTING						
	\$	111,750	\$	0	\$	0
	TOTAL					
	\$	190,780	\$	0	\$	0

FORM 990, PART XI, LIN	E 9 - OTHER CHANGES IN NET	ASSETS EXPLANATION
LOSS ON SALE OF FIXED	ASSETS	\$ 1,568
LOSS ON SALE OF FIXED	ASSETS	\$ -1,568

Form							OMB No 154	15-0172		
•	Internal Revenue Service (99) Go to www irs gov/Form4562 for instructions and the latest information								Attachment Sequence No	179
Busin		OUNDAT	TION, INC.	ege system					number 0384. m. /7	
	art Election	То Ехреі	nse Certain Pro	perty Under Sec			Dent I			
1	Maximum amount (se			rty, complete Part	v belote y	ou complete	Part I	1	1,050	000
2	Total cost of section 1		•	(see instructions)				2	<u> </u>	
3				tion in limitation (see in	structions)			3	2,620,	,000
4	Reduction in limitation			•				4		
5	Dollar limitation for tax ye	ar Subtract li	ine 4 from line 1 If zer	o or less, enter -0- If marr	ed filing separat	tely, see instruction	S	5		
6		(a) Description	of property	(b) (Cost (business use	oniy) (c)	Elected cost			1
										i
				l						
7	Listed property Enter				0 1 7	7	• •			
8 9	Tentative deduction			ints in column (c), lines	s 6 and 7			<u>8</u> 9		
9 10	Carryover of disallowe							9 10		·
11	•		-	ness income (not less	than zero) or i	line 5 See instr	uctions	11		
12				but don't enter more th			0000113	12		
13				9 and 10, less line 12		13				
Note	Don't use Part II or P					L				
Pa	art II Special D	Depreciat	ion Allowance	and Other Depre	ciation (Do	on't include li	sted pro	operty	y See instruct	ions)
14	Special depreciation a	allowance, fo	or qualified property	(other than listed prop	erty) placed ir	service				
	during the tax year S	ee instruction	ons					14		
15	Property subject to se	ection 168(f))(1) election					15		
16	Other depreciation (in					·····		16	3	,317
Pa	art III MACRS I	Deprecia	tion (Don't inclu	ide listed property		uctions)				
47	MAODO de durate de la			Section A				4-	1	
17		•		ix years beginning befo				17	l	<u> </u>
<u>18</u>				year into one or more general vice During 2021 Tax			reciation	Syste	em	
	(a) Classification of prop		(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)		(e) Convention	(f) Meth		(g) Depreciation de	duction
19a	3-year property									
b	5-year property									
C	7-year property	_								
	10-year property									
-	15-year property									
	20-year property				05					
	25-year property				25 yrs	MM	S/L			
n	Residential rental property		··· ·		27 5 yrs 27 5 yrs	MM	S/L			
	Nonresidential real		· · · ·		39 yrs	MM	S/L			
	property				00 yis	MM	S/L			
	Sectio	n C—Asse	ts Piaced in Service	e During 2021 Tax Y	ear Using the				tem	
20a	Class life				_		S/L			
b	12-year				12 yrs		S/L			
C	30-year	30 yrs MM S/L								
d	40-year				40 yrs	MM	S/L			
Pa	ert IV Summary	(See in	structions)							
21	Listed property Enter							21		
22	Total Add amounts fr	rom line 12,	lines 14 through 17	, lines 19 and 20 in co	lumn (g), and	line 21 Enter				, 317
23	For assets shown abo	opnate lines	ced in service during	tnerships and S corport the current year, enter	alions— <u>see II</u> ar the			22	,	<u>, , , , , , , , , , , , , , , , , , , </u>
	portion of the basis at				23					
For DAA	Paperwork Reduction	Act Notice	e, see separate ins	structions	THERE 2	ARE NO A	MOUNT	'S F	Form 456	2 (2021) 2

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

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

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

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

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

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



THE FLORIDA EDUCATION FOUNDATION DSO REPORT – 2023

325 West Gaines Street, Suite 1524 Tallahassee, Florida 32399 850-245-7878 www.floridaeducationfoundation.org

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

MISSION

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

VISION

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

VALUES

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

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

GOALS

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

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



SUMMARY STRATEGIC PLAN 2021-2024

Adopted by the FEF Board of Directors in 2021

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

GOAL 1: Increase Capacity & Streamline Operations of the Florida Education Foundation

Strategies:

- 1. Re-define the relationship between the Florida Education Foundation and the Florida Department of Education
 - I.e., MOU or conversation on how FEF can best support FDOE priorities
- 2. Audit staff and external contractor roles and responsibilities
 - I.e., Determine staff strengths, adjust roles, establish relationship with Americorps for administrative support, etc.
- 3. Simplify internal processes
 - I.e., Bill pay, contract management, event planning services
- 4. Strengthen impact measurement and differentiate services provided by the Florida Education Foundation
 - I.e., Measure all program impact in FY22 and adjust FEF services relative to priority impact

GOAL 2: Strengthen Fundraising that Aligns with FDOE Priorities

Strategies:

- 1. Strengthen and expand fundraising and diversify funding sources
 - I.e., Explore new fundraising strategies, increase development discussions with Board, create new cultivation targets
- 2. Formalize and elevate donor stewardship
 - I.e., Increase use of donor database, create stewardship plans for top donors/sponsors, increase storytelling content
- 3. Successfully execute Florida Civics and Debate Initiative, identify aligned fundraising opportunities and launch new priority programming
 - I.e., Establish "gating measures" have been met before connecting major donors with FDOE leadership and stakeholders, elevate fundraising/stewardship for high priority programs



FLORIDA EDUCATION FOUNDATION BOARD OF DIRECTORS CODE OF ETHICS

Adopted by Board vote on July 10, 2014 FEF Code of Ethics per s. 112.312(2), F.S. 2014

(1) SOLICITATION OR ACCEPTANCE OF GIFTS. —No board member shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the board member would be influenced thereby.

(2) UNAUTHORIZED COMPENSATION. —No board member shall, at any time, accept any compensation, payment, or thing of value when such board member knows that it was given to influence a vote or other action in which the board member was expected to participate in his or her official capacity.

(3) MISUSE OF PUBLIC POSITION. —No board member shall corruptly use or attempt to use his or her official position or any property or resource which may be within his or her trust, or perform his or her official duties, to secure a special privilege, benefit, or exemption for himself, herself, or others.

(4) DISCLOSURE OR USE OF CERTAIN INFORMATION. —A current or former board member may not disclose or use information not available to members of the general public and gained by reason of his or her official position, except for information relating exclusively to governmental practices, for his or her personal gain or benefit or for the personal gain or benefit of any other person or business entity.

(5) VOTING CONFLICTS. —A board member may not vote on any matter that the board member knows would inure to his or her special private gain or loss. Any board member who abstains from voting in an official capacity upon any measure that the board member knows would inure to the board member's special private gain or loss, or who votes in an official capacity on a measure that he or she knows would inure to the special private gain or loss of any principal by whom the board member is retained or to the parent organization or subsidiary of a corporate principal by which the board member is retained other than an agency as defined in f.s. 112.312(2); or which the board member knows would inure to the special private gain or loss of a relative or business associate of the board member, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes.

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



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

The Florida Education Foundation promotes and supports academic excellence for prekindergarten through 12th grade students in Florida. The Foundation recognizes outstanding teachers and educational contributors, develops strategic alliances with business organizations and advances statewide educational initiatives.

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

(1) I have received a copy of the Code of Ethics and that I will follow the Code of Ethics as defined by Florida Statute 112.3251.

(2) I will formally and promptly communicate any potential conflict of interest to the Foundation Board Chair and other members of the Board of Directors.

(3) I will act at all times with honesty, integrity and independence, avoiding actual or apparent conflicts of interest in personal and professional relationships and expect and encourage such conduct by other board members.

(4) I will comply with all applicable rules and regulations of federal, state, and local governments and other appropriate private and public regulatory agencies.

(5) I will comply with the Foundation's policies and procedures and contribute constructively to their ongoing evaluation and reformulation.

(6) I will act in good faith, responsibly, with due care, competence, and diligence, and without knowingly misrepresenting material facts or allowing my independent judgment to be subordinated.

(7) I will protect and respect the confidentiality of information acquired in the course of my membership on the Board except when authorized or otherwise legally obligated to disclose. Confidential information acquired in the course of my membership on the Board shall not be used for personal advantage.

(8) I will responsibly use, and control assets and other resources entrusted to me.

By signing this statement, I acknowledge that I have read, understand, and agree to adhere to this Ethics Statement.



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

FLORIDA EDUCATION FOUNDATION, INC. 325 W. GAINES ST. 1524 TALLAHASSEE, FL 32399

Prepared By:

Thomas Howell Ferguson P.A. 2615 Centennial Blvd., Suite 200 Tallahassee, FL 32308

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2023.

			EXTENDED TO MAY 15, 2023	. . .	OMB No. 1545-0047
-	0	90	Return of Organization Exempt From		0004
For	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code ► Do not enter social security numbers on this form as it m		
Depa	rtment	of the Treasury		Open to Public	
		enue Service	► Go to www.irs.gov/Form990 for instructions and the later ar year, or tax year beginning JUL 1, 2021 and ending	UN 30, 2022	Inspection
					- K
B	heck if pplicab	le:	organization	D Employer identific	ation number
	Addre	ess FLOR	IDA EDUCATION FOUNDATION, INC.		
	Name	ge Doing b	usiness as	59-271850)9
	Initial returr Final	Number	and street (or P.O. box if mail is not delivered to street address)		
	⊥returr termi	n	W. GAINES ST. 1524		4,812,113.
	ated Amer	nded mart	own, state or province, country, and ZIP or foreign postal code AHASSEE , FL 32399	G Gross receipts \$	
	_returr ☐Appli		nd address of principal officer: LINDSEY ZANDER	H(a) Is this a group re for subordinates	
	_ tion pend	ina	AS C ABOVE	H(b) Are all subordinates inc	
1.7		empt status:			ist. See instructions
			FLORIDAEDUCATIONFOUNDATION.ORG	H(c) Group exemption	
				Year of formation: 1985	
	1		e the organization's mission or most significant activities: RECEIVES	HOLDS INVES	ΨS
e	'		TERS PROPERTY, AND MAKES EXPENDITURES	FOR THE BENEE	
Jan	2				
Governance		Check this bo			13
õ	3				13
	4		lependent voting members of the governing body (Part VI, line 1b)		0
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)		15
ti	6		of volunteers (estimate if necessary)		0.
Å.			d business revenue from Part VIII, column (C), line 12		0.
	D	Net unrelated	business taxable income from Form 990-T, Part I, line 11		
		Oantributiona		Prior Year 1,436,172.	<u>Current Year</u> 1,856,661.
ne	8		and grants (Part VIII, line 1h)	83,532.	586,482.
Revenue	9	•	ce revenue (Part VIII, line 2g)	249,366.	307,215.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)	649.	2,307.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,769,719.	2,752,665.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	345,910.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		396,494.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
ă	b		ng expenses (Part IX, column (D), line 25)		1 0 0 0 7 5
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,145,469.	1,960,875.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,491,379.	2,357,369.
	19	Revenue less	expenses. Subtract line 18 from line 12	278,340.	395,296.
t Assets or d Balances				Beginning of Current Year	End of Year
sset	20	Total assets (F		8,106,190.	7,578,427.
tAs	21		(Part X, line 26)	1,444,472.	1,804,652.
Inet	22		fund balances. Subtract line 21 from line 20	6,661,718.	5,773,775.
	art II	Signature			
	-		I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is
true	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prep	oarer has any knowledge.	

Sign	Signature of officer	Date							
Here	LINDSEY ZANDER, EXECUT								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature Date	Check PTIN						
Paid	STACEY T KOLKA		self-employed P01371120						
Preparer	Firm's name 🕒 THOMAS HOWELL FE		Firm's EIN ▶ 59-3186310						
Use Only	Firm's address 2615 CENTENNIAL	BLVD., SUITE 200							
	TALLAHASSEE, FL	32308	Phone no.850-668-8100						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								
~									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) FLORIDA EDUCATION FOUNDATION, INC.	59-2718509	Page 2
	t III Statement of Program Service Accomplishments		0
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	AS A VALUED PARTNER IN PUBLIC EDUCATION AND A DIRECT SUP	PORT	
		E FLORIDA	
	EDUCATION FOUNDATION INVESTS IN HIGH ACHIEVEMENT FOR EVE		0
		THE FOUNDATI	
2	Did the organization undertake any significant program services during the year which were not listed on the		
-		Ves	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	XNo
5	If "Yes," describe these changes on Schedule O.		
4		manage and by avanage	
4	Describe the organization's program service accomplishments for each of its three largest program services, as $C_{1}(z)(z)$ and $C_{2}(z)(z)$ and $C_{2}(z)(z)$		I
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, ar	10
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 954,922 . including grants of \$300,000) (Rever	05/	922.)
4a		iue\$	922•)
	CIVIC INITIATIVE		~
	THE FLORIDA CIVICS AND DEBATE INITIATIVE (FCDI) IS MADE		A
		GOAL OF THE	
	FCDI IS TO IMPROVE CIVIC LITERACY SKILLS IN MIDDLE AND H		
	GRADE STUDENTS AND PREPARE THEM VIA PROGRAMS LIKE SPEECH		
	THE INITIATIVE IS THREE-YEAR, MULTI PHASE PLAN TO ULTIMA		
	INCORPORATE CIVICS PROGRAMS IN EVERY FLORIDA SCHOOL DIST	RICT.	
4b	(Code:) (Expenses \$356, 470 • including grants of \$) (Rever	nue\$ 314,	910.)
	CHOICE - INDEPENDENT EDUCATION & PARENTAL CHOICE		
	THE OFFICE OF INDEPENDENT EDUCATION AND PARENTAL CHOICE	(IEPC), ALSO	
	KNOWN AS THE SCHOOL CHOICE OFFICE, IN THE FLORIDA DEPART	MENT OF	
	EDUCATION, IS RESPONSIBLE FOR THE OVERSIGHT AND IMPLEMEN	TATION OF	
	SEVERAL EDUCATIONAL PROGRAMS THAT PROVIDE PARENTS WITH S		
	OPTIONS BEYOND THEIR LOCAL ASSIGNED ELEMENTARY, MIDDLE O		Г.
	SCHOOL CHOICE IS A KEY COMPONENT IN HELPING TO ENSURE HI		
	ACHIEVEMENT FOR ALL OF FLORIDA'S STUDENTS. SCHOOL CHOICE		
	OFFERING PARENTS THE OPPORTUNITY TO MAKE THE BEST DECISI		
	AND WHERE THEIR STUDENTS WILL BE MOST SUCCESSFUL. FLORID		
	LEAD THE NATION IN THE NUMBER AND QUALITY OF OPTIONS AVA		10
	FAMILIES.		
4.		nue\$ 364,	033)
40	(Code:) (Expenses \$228,090. including grants of \$4,250.) (Rever THE FLORIDA TEACHER OF THE YEAR PROGRAM CELEBRATES THE W		
	WHO HAVE DEDICATED THEIR LIVES TO EDUCATING FUTURE GENER		
	YEAR, FLORIDA'S SCHOOL DISTRICTS HAVE THE OPPORTUNITY TO		4
	TEACHERS AS DISTRICT TEACHERS OF THE YEAR. THESE TOP EDU		
	SELECTED FOR MANY REASONS INCLUDING EXTRAORDINARY STUDEN		~
	COMMUNITY INVOLVEMENT, TEACHER LEADERSHIP AND INSTRUCTIO		s
	FIVE DISTRICT TEACHERS OF THE YEAR ARE NAMED TEACHER OF		
	FINALISTS AND, FROM THOSE, ONE STATEWIDE WINNER IS SELEC	TED AS THE	
	CHRISTA MACULIFFE AMBASSADOR FOR EDUCATION.		
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 460,149. including grants of \$ 92,244.) (Revenue \$)	
4e	Total program service expenses ► 1,999,631.	/	
		Form 9	90 (2021)
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	2		

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 Form 990 (2021)
 FLORIDA EDUCATION FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		х
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 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</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4		х
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		
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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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? If "Yes." complete Schedule I. Parts I and II	21	Х	
132003	3 12-09-21	Form	990	(2021)

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			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23		X				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		X				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		X				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X				
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):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	28a		X				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34	х					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?							
	Note: All Form 990 filers are required to complete Schedule O	38	х					
Pa								
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>					
			Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 17							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c						
132004	¥ 12-09-21	Form	990	(2021)				

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021)			FOUNDATION,		
Sta	tements Regarding Ot	her IRS Filings a	and Tax Complian	ce (continu	ied)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			77
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
Ба	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ba	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			77
_	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
5	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
,	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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Form 990 (2021)

Part V

Form	990	(2021)
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FLORIDA EDUCATION FOUNDATION, INC.

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

Section A. Governing Body and Management

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

			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	3					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13	3					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		x			
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		v			
	more members of the governing body?	7a		X			
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x			
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X			
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
		12c	х				
	on Schedule O how this was done	13		x			
	Did the organization have a written document retention and destruction policy?	14	Х				
		14					
	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?	45-		x			
	The organization's CEO, Executive Director, or top management official	15a		X			
	Other officers or key employees of the organization	15b					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x			
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright FL$						
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)	availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial				
	statements available to the public during the tax year.	un					
	State the name, address, and telephone number of the person who possesses the organization's books and records						
	LINDSEY ZANDER - 850-245-7878						
	325 W. GAINES ST., NO. 1524, TALLAHASSEE, FL 32399						

Form 990 (2021)	FLORIDA	EDUCATION	FOUNDATION,	INC.	59-2718509	Page 7				
Part VII Compen	sation of Officers, I	Directors, Trus	stees, Key Employ	ees, Highe	st Compensated					
Employees, and Independent Contractors										
Check if Sc	hedule O contains a resp	onse or note to an	y line in this Part VII			. X				
Section A. Officers, I	Directors, Trustees, Key	Employees, and I	Highest Compensated	Employees						
1a Complete this table	for all persons required to	o be listed. Report	compensation for the c	alendar year ei	nding with or within the organization's	tax year.				
 List all of the orga 	inization's current officer	rs, directors, truste	es (whether individuals	or organizatior	ns), regardless of amount of compensations	tion.				

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)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Positio (do not check mor				ne	Reportable	Reportable	Estimated
	hours per	box	box, unless per		s person is both an a director/trustee)			compensation	compensation	amount of
	week			uau	recio	i/irus	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	im per		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) KRISTIN PICCOLO	20.00									
EXECUTIVE DIRECTOR	30.00			х				0.	79,181.	9,005.
(2) CHARLES HOKANSON	1.50									
CHAIR		Х		Х				0.	0.	0.
(3) VELMA MONTEIRO-TRIBBLE	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) REBECCA MATTHEWS	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) RAQUEL EGUSQUIZA	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) RONALD BRISE	0.50									
DIRECTOR		Х						0.	0.	0.
(7) GARY CHARTRAND	0.50									
DIRECTOR		х						0.	0.	0.
(8) KRISTIN CRAWFORD-WHITAKER	0.50									_
DIRECTOR		х						0.	0.	0.
(9) CHRIS DORWORTH	0.50									-
DIRECTOR		Х						0.	0.	0.
(10) DON GAETZ	0.50									-
DIRECTOR		Х						0.	0.	0.
(11) JOHN GRANT	0.50									-
DIRECTOR		Х						0.	0.	0.
(12) JOHN MERLINO	0.50								•	•
DIRECTOR		Х						0.	0.	0.
(13) TARA TEDROW	2.00									•
DIRECTOR		Х						0.	0.	0.
(14) MAUREEN WILT	0.20									•
DIRECTOR		Х						0.	0.	0.
(15) MARY CHANCE	0.50								•	•
EX-OFFICIO MEMBER	0 50	Х						0.	0.	0.
(16) SARAH PAINTER	0.50							_	•	^
EX-OFFICIO MEMBER		Х						0.	0.	0.
										000

132007 12-09-21

Form 990 (2021)

19550417 136042 68180F

2021.05070 FLORIDA EDUCATION FOUNDAT 68180F_1

	<u>90 (2021)</u> FLORIDA H	EDUCATIO	Ν	FO	UN	DA	TI	ON	I, INC.	59-2'	7185	09	Page 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(0	C)			(D)	(E)			(F)
	Name and title	Average		Position (do not check more than one					Reportable	Reportable			mated
		hours per							compensation	compensatio			ount of
		Hours per box, unless person is both an week officer and a director/trustee)							from	from related			ther
		(list any	tor						the	organization			ensation
		hours for	direc				P		organization	(W-2/1099-MIS			n the
		related	Individual trustee or director	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)			nization
		organizations	ruste	Institutional trustee		/ee	mper		1099-NEC)				related
		below	dual t	ution	_	lploy	st co iyee	5					izations
		line)	ivipu	nstitu	Officer	Key employee	ighe mplc	Former					
			-		0	¥	Ξe	ш					
							-						
1b S	Subtotal								0.	79,18	31.	9	,005.
	otal from continuation sheets to Part VI								0.		0.		0.
	otal (add lines 1b and 1c)								0.	79,18	31.	9	,005.
	otal number of individuals (including but n							o re	-			-	,
			536	1131.00	u ab	000	<i>y</i> with	010			-		0
C	ompensation from the organization												/es No
											E	- 1	es No
3 D	oid the organization list any former officer,	director, truste	e, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on			
li	ne 1a? If "Yes," complete Schedule J for s	uch individual									L	3	X
	or any individual listed on line 1a, is the su												
	nd related organizations greater than \$150											4	X
5 D	Did any person listed on line 1a receive or a		satir	npic on fr	0m :	anv	unre	alate	ed organization or individ	lual for services	····· -		
												E	x
	endered to the organization? <i>If "Yes," com</i>	plete Schedule	Jto	or su	ch r	pers	on .					5	
	on B. Independent Contractors												
	Complete this table for your five highest co										pensati	on from	ו
tl	ne organization. Report compensation for t	he calendar ye	ar e	ndin	g wi	ith c	or wi	thin	the organization's tax ye	ear.			
	(A)								(B)			(C)	
	Name and business	address	NC)NE					Description of s	ervices	Co	mpens	ation
	otal number of independent contractors (ir	-	ot lin	nited	to t	-		τed	above) who received mo	ore than			
\$	100,000 of compensation from the organiz	ation 🕨				0	J						
											F	orm 9	90 (2021)

132008 12-09-21

Iu		/111	Check if Schedule O			nonse	or note to any line	e in this Part VIII			
				JUIIIa	115 4 105	ponse		(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
ς, s	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Q E			Fundraising events								
ifts ar A			Related organizations			1					
nii G			Government grants (contr								
ŝ			All other contributions, gifts,								
ber			similar amounts not included	-	-		1,856,661.				
ĢĘ		g	Noncash contributions included in			j \$	33,100.				
Cor		•	Total. Add lines 1a-1f				>	1,856,661.			
							Business Code				
e	2	а	REGISTRATION FEES				900099	462,119.	462,119.		
, vic	_	b	ADMINISTRATIVE FEES				900099	124,363.	124,363.		
Ser		с						· ·			
me Sve		d									
Program Service Revenue		e									
Pro		f	All other program service	reven	ue						
			Total. Add lines 2a-2f					586,482.			
	3		Investment income (includ								
			other similar amounts)	-				199,270.			199,270.
	4		Income from investment c								
	5		Royalties	. <u></u>			►				
					(i) R		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss))			🕨				
	7	а	Gross amount from sales of		(i) Secu	irities	(ii) Other				
			assets other than inventory	7a	2,167	,393.					
		b	Less: cost or other basis								
en			and sales expenses	7b	2,059	,448.					
Revenue		С	Gain or (loss)	7c	107	,945.					
Re		d	Net gain or (loss)			<u></u>	🕨	107,945.			107,945.
her	8	а	Gross income from fundraising	ng eve	ents (not						
Ğ₽			including \$		0						
			contributions reported on		-						
			Part IV, line 18			. <u>8a</u>					
		b	Less: direct expenses			. 8b					
			Net income or (loss) from		•		<u>,</u>				
	9	а	Gross income from gamin								
			Part IV, line 19								
			Net income or (loss) from	•	•	ies	····· ►				
	10	а	Gross sales of inventory, I								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	of inven	tory					
ŝ			MICCELLANEOUG				Business Code 900099	0.007	0.007		
eot	11		MISCELLANEOUS				300033	2,307.	2,307.		
Miscellaneous Revenue		b									
Sce Be		C									
Ϊ			All other revenue					2,307.			
	40		Total. Add lines 11a-11d					2,307.	588,789.	0.	307,215.
	12	-09-	Total revenue. See instructio	119				2,752,000.			Form 990 (2021

FLORIDA EDUCATION FOUNDATION, INC.

132009 12-09-21

Form 990 (2021)

9

Page **9**

59-2718509

FLORIDA EDUCATION FOUNDATION, INC. 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)

Χ Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 322,244. 322,244. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 74,250. 74,250. 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 54,199. 54,199. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 29,775. 29,775. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 301,587. 226,191. 75,396. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 33,285. 24,964. 8,321. Office expenses 13 7,985. 5,989. 1,996. Information technology 14 15 Royalties 16 Occupancy 84,636. 63,477. 21,159. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,093,157. 929,183. 163,974. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 2,829. 2,829. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 186,165. 186,165. EDUCATION ENHANCEMENTS а ADMIN FEES 124,561. 124,561. h 23,100. 23,100. THEME PARK TICKETS С 10,000. 10,000. d RINGS 9.596. 9,507. 89. All other expenses е 2,357,369. 1,999,631. 357,738. 0. Total functional expenses. Add lines 1 through 24e 25 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)

10

132010 12-09-21

Form 990 (2021)

FLORIDA	EDUCATION	FOUNDATION,	INC.

59-2718509 Page 11

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,768,497.	1	2,142,905.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		25,722.	4	20,843.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		16,316.	9	29,676.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	1	6,295,655.	12	5,385,003.
	13	Investments - program-related. See Part IV, line 1	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	8,106,190.	16	7,578,427.
	17	Accounts payable and accrued expenses		279,867.	17	178,534.
	18	Grants payable			18	
	19	Deferred revenue		1,164,605.	19	1,626,118.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or form	er officer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
iab		controlled entity or family member of any of thes			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, page				
		parties, and other liabilities not included on lines				
		of Schedule D		1 4 4 4 4 7 0	25	1 004 (50
	26			1,444,472.	26	1,804,652.
S		Organizations that follow FASB ASC 958, che	ck here 🕨 🔀			
ice.		and complete lines 27, 28, 32, and 33.		007 660		077 067
alar	27	Net assets without donor restrictions		997,662.	27	877,067.
ä	28	Net assets with donor restrictions		5,664,056.	28	4,896,708.
ũ		Organizations that do not follow FASB ASC 9	58, check here 🕨 🛄			
Net Assets or Fund Balances		and complete lines 29 through 33.				
its (29	Capital stock or trust principal, or current funds			29	
SSE	30	Paid-in or capital surplus, or land, building, or eq			30	
∋t⊿	31	Retained earnings, endowment, accumulated inc		6,661,718.	31 32	5,773,775.
ž	32	Total net assets or fund balances		8,106,190.	32 33	7,578,427.
	33	I ULAI HADIIILIES ANU NEL ASSELS/IUNU DAIANCES		0, - 00, - 700	55	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Form **990** (2021)

Form 990 (2021) Part X Balance Sheet

132011 12-09-21

19550417 136042 68180F

	1990 (2021) FLORIDA EDUCATION FOUNDATION, INC.	<u>59-271</u>	L8509	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,752		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,357		
3	Revenue less expenses. Subtract line 2 from line 1	3		96.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,661		
5	Net unrealized gains (losses) on investments	5	-1,283	3,23	<u>39.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,773	3,7	75.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		T		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.	2a		x
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	000	
			Low	MMII /	$(n \cap \cap 1)$

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nam	e or i								
Pa	rt I	Reason for Public (ION FOUNDATI					9-2718509
							see instructions	•	
	organ	ization is not a private found					4 \/ A \/:\		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
2				-			,		
3		A hospital or a cooperative	· · ·					III) Entor	the beenitel's name
4		A medical research organiz city, and state:	ation operated in cor	njunction with a nospital	described	in sectio	on 170(b)(1)(A)(III). Enter	the hospital's name,
5		An organization operated for section 170(b)(1)(A)(iv). (0		lege or university owned	l or operat	ed by a go	overnmental uni	t describe	ed in
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	•				.,	general p	oublic described in
		section 170(b)(1)(A)(vi). (C			Ũ			0 1	
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	unction with a la	and-grant	college
•		or university or a non-land-g							
		university:	, and conlege of agrice				,	ie eenege	
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from o	ontribution	ns. membershir	fees, and	d aross receipts from
		activities related to its exen							
		income and unrelated busir							
		See section 509(a)(2). (Col				looo doqui	rou by the orga		
11		An organization organized a		vely to test for public sa	fetv See	section 50	09(a)(4)		
12	\square	An organization organized a	•					v out the	nurnoses of one or
		more publicly supported or							
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •					-	aivina
u		the supported organization		-	• • • •	-			
		organization. You must o			inajonty c				ipporting
b		Type II. A supporting org	-		ion with it	e cupporto	d organization	(c) by boy	ina
D		control or management o	-				•		-
		organization(s). You mus			ame perso	ns that co	ntroi or manage	e trie supp	Joned
•		Type III functionally inte			in connoct	ion with a		intograta	d with
с							-	integrate	u with,
لم		its supported organization						ad araani-	ration(a)
d		J Type III non-functionally	• •				••	Ŭ,	
		that is not functionally int			•		-	anallenin	reness
_		requirement (see instruct		-				Turne III	
е		Check this box if the orga					турет, турет,	туре ш	
4	Fat	functionally integrated, or							
1		er the number of supported of supported of the following information	•	d arganization(a)					
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount of r	nonetary	(vi) Amount of other
		organization	.,	(described on lines 1-10	in your governi Yes	ng document?	support (see ins		support (see instructions)
				above (see instructions))	100				
Tota	I								

FLORIDA EDUCATION FOUNDATION, INC.

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							
Cale	ndar 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.")	1755420.	770,351.	1066586.	1436172.	1856661.	6885190.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	136,919.				144,336.	
4	Total. Add lines 1 through 3	1892339.	911,064.	1307707.	1580301.	2000997.	7692408.
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)						3734264.
	Public support. Subtract line 5 from line 4.						3958144.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1892339.	911,064.	1307707.	1580301.	2000997.	7692408.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	82,768.	115,973.	140,293.	125,394.	199,270.	663,698.
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.)						
	Total support. Add lines 7 through 10						8356106.
	Gross receipts from related activities,	•	,				,249,614.
13	First 5 years. If the Form 990 is for the		st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	. —
0	organization, check this box and stop						
	ction C. Computation of Publi						47.37 %
	Public support percentage for 2021 (I					14	== ^^
	Public support percentage from 2020					15	77.20 %
16a	33 1/3% support test - 2021. If the o						N V
	stop here. The organization qualifies		•			ar mara abaali thi	
a	33 1/3% support test - 2020. If the c						
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			•		Ū.	
1-	meets the facts-and-circumstances te	-		• • • •		To and line 1E is t	
a	10% -facts-and-circumstances test						10% 01
	more, and if the organization meets the						
10	organization meets the facts-and-circu Private foundation If the organization						
18	Private foundation. If the organization	IT UIU HUL CHECK & I		a, 100, 17a, 01 170	, ONEON UNIS DUX AI		(Form 990) 2021
						Schedule A	(1 SI III SSO) 202 I

Sec	ction A. Public Support				-	-	
Cale	ndar 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	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
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.)	ļ				<u> </u>	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here	- 0	.				
	tion C. Computation of Publi					1 1	
	Public support percentage for 2021 (I					15	%
<u>16</u> Sec	Public support percentage from 2020 ction D. Computation of Invest					16	%
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from		'			18	%
19a	33 1/3% support tests - 2021. If the	organization did r				33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	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	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
13202	3 01-04-22					Schedule A	A (Form 990) 2021
			15				

Schedule A (Form 990) 2021

qualify under the tests listed below, please complete Part II.)

FLORIDA EDUCATION FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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9a 9b 9b 9c 9c 10a 10a 10b Schedule A (Form 990) 2021

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FLORIDA EDUCATION FOUNDATION, INC. Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a

- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

Section B. Type I Supporting Organizations

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised. or controlled the supporting organization.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
---	--	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2021

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11b

11c

2

1

Yes No

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	1
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 Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

FLORIDA EDUCATION FOUNDATION, INC.

Schedule A (Form 990) 2021

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instructions).

Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 FLORIDA
 EDUCATION
 FOUNDATION
 INC.

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

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		(ueu)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
-	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	10			
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2021	ns	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	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					
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	FLO	RIDA	EDUCATI	ON FOU	NDATION	I, INC.	59-2718509 Page &
Part VI	Supplemental Part IV, Section A, I line 1; Part IV, Sect	Information lines 1, 2, 3b, 3 ion D, lines 2 a 6, and 8; and F	1. Provid 3c, 4b, 4c and 3; Par Part V, Se	e the explanat , 5a, 6, 9a, 9b, t IV, Section E ction E, lines 2	ions require , 9c, 11a, 11 , lines 1c, 2a , 5, and 6. A	d by Part II, lir b, and 11c; P a, 2b, 3a, and Iso complete	ne 10; Part II, lin art IV, Section E 3b; Part V, line this part for any	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, 7 additional information.
132028 01-04-2	2				20			Schedule A (Form 990) 202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

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

Employer identification number

ivame of the organizati	Employer identification number							
	FLORIDA EDUCATION FOUNDATION, INC.	59-2718509						
Organization type (ch	eck one):							
Filers of:	Section:							
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organiza	tion is covered by the General Rule or a Special Rule.							

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 \dots \blacktriangleright \$

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.

2021.05070 FLORIDA EDUCATION FOUNDAT 68180F_1

Employer identification number

09

chedule B (Form 990) (2021)

Schedule B (Form 990 Name of organization

FLORI	DA EDUCATION FOUNDATION, INC.		59-2718509
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AT&T 600 NW 79TH AVENUE, ROOM 648 MIAMI, FL 33126	\$200,00	0. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FLORIDA PREPAID 2011 DELTA BLVD TALLAHASSEE, FL 32303	\$55,00	0 . Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FLORIDA PREPAID 2011 DELTA BLVD TALLAHASSEE, FL 32303	\$50,00	0. Person Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GULF POWER FOUNDATION, INC. <u>1 ENERGY PLACE</u> <u>PENSECOLA, FL 32520</u>	\$50,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SIMPLY HEALTHCARE 9250 WEST FLAGLER ST. SUITE 600 MIAMI, FL 33174	\$50,00	0. Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 123452 11-1		\$50,00	Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (20)
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(Form 990) (2021)

TAMPA, FL 33602		(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
BERNIE MARCUS FOUNDATION 1266 WEST PACES FERRY RD SUITE 615 ATLANTA, GA 30327	\$ <u>1,250,000.</u>	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
BILL & MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102	\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll On Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll On Complete Part II for noncash contributions.) Schedule B (Form 990) (20
24		

FLORIDA EDUCATION FOUNDATION, INC.

TAMPA ELECTRIC COMPANY

702 N. FRANKLIN STREET

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

(b)

Name, address, and ZIP + 4

Name of organization

(a)

No.

(a) No.

8

(a) No.

9

(a) No.

(a) No.

(a)

No.

7

Employer identification number

(d)

Type of contribution

X

59-2718509

Person Payroll

Noncash

(c)

Total contributions

\$

50,000.

n 990) (2021)

123452 11-11-21

FLORI	DA EDUCATION FOUNDATION, INC.	59-2718509			
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	dditional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)			
3	CHLOARSHIP MATCH \$		00. 04/01/22		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)			
		. \$\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)			
		. \$\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)			
		. \$			
(a) No. from Part I	(b) Description of noncash property given	ENV (or estimate)			
		- - - - \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)			
		. \$\$			

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Schedule B (Form 990) (2021) Name of organization

Employer identification number

Schedule E	3 (Form 990) (2021)		Page 4			
Name of o	rganization		Employer identification number			
FLORII	DA EDUCATION FOUNDATION	. INC.	59-2718509			
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in sec) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(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, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) i dipose oi girt					
		(a) Transfor of sitt				
	Transferee's name, address, a	(e) Transfer of gift	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			
-						
	Transferee's name, address, a	(e) Transfer of gift	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			
ľ	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
123454 11-11	-21	1	Schedule B (Form 990) (2021)			

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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.



	nent of the Treasury Revenue Service	►Go to		Attach to Form 990 990 for instructions		rmation.	Inspection	
-	e of the organization						nployer identification n	
				FOUNDATION			59-271850	9
Par			-		er Similar Fund	ls or Accou	nts. Complete if the	
	organization	n answered "Yes" on	Form 990, Part IV, li					
				. ,	dvised funds	(b) Fu	inds and other accounts	\$
		d of year						
			ring year)					
			year)					
5	-			n writing that the asse				
				s exclusive legal cont			Yes	No
				advisors in writing th				
				or donor advisor, or f		0		
Par	impermissible priva	ate benefit?	C O			0 Dout N/ Kara 7	Yes	No
				organization answered		J, Part IV, line	1.	
1			, ,	tion (check all that ap		a for heinte all		
		•	e (for example, recre	eation or education)			y important land area	
		f natural habitat			Preservation	of a certified r	iistoric structure	
•		of open space	unization hold a gua	lified concernation of	atribution in the for	m of a concern	ation accoment on the l	aat
2	day of the tax year.		anization neid a qua	lined conservation co	nunbulion in the ion	m of a conserv	ation easement on the I Held at the End of the T	
•			to			20		ux rour
		inservation easement						
	-	icted by conservation		tructure included in (a				
				l after 7/25/06, and no				
				eleased, extinguished			during the tax	
U	year ►	ation casements me	Junica, transferrea, n				r during the tax	
4	-	where property subje	ct to conservation e	asement is located >	•			
				eriodic monitoring, ins		 of		
-			servation easements				Yes	No
6							sements during the year	
					, C		0,	
7	Amount of expense	es incurred in monito	oring, inspecting, har	ndling of violations, ar	nd enforcing conser	vation easeme	nts during the year	
	►\$				C C		. .	
8	Does each conserv	ation easement repo	orted on line 2(d) abo	ove satisfy the require	ments of section 17	70(h)(4)(B)(i)		
	and section 170(h)	(4)(B)(ii)?					Yes	No
9	In Part XIII, describ	e how the organizati	ion reports conserva	tion easements in its	revenue and expension	se statement a	nd	
	balance sheet, and	include, if applicable	e, the text of the foo ⁻	tnote to the organizat	tion's financial state	ments that des	scribes the	
		ounting for conservat			_		-	
Par	t III Organiza	tions Maintainii	ng Collections o	of Art, Historical	Treasures, or (Other Simila	ar Assets.	
	Complete if	the organization ans	swered "Yes" on For	m 990, Part IV, line 8.				
1 a	If the organization	elected, as permitted	d under FASB ASC 9	958, not to report in its	s revenue statemen	t and balance :	sheet works	
	of art, historical tre	asures, or other simi	lar assets held for pu	ublic exhibition, educa	ation, or research in	furtherance of	public	
	· •			ancial statements that				
b	If the organization	elected, as permitted	d under FASB ASC 9	958, to report in its rev	venue statement an	d balance shee	et works of	
	art, historical treas	ures, or other similar	assets held for publ	ic exhibition, education	on, or research in fu	irtherance of pi	ublic service,	
	-	ng amounts relating t						
	(i) Revenue includ	ded on Form 990, Pa	art VIII, line 1			►	\$	
		d in Form 990, Part >					\$	
2	If the organization	received or held wor	ks of art, historical tr	easures, or other sim	ilar assets for financ	cial gain, provid	le	
		•	•	ASC 958 relating to t	hese items:			
2	Povonuo includod	on Form QQ0 Part VI	III lino 1				C D	

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а	Revenue included on Form 990, Part VIII, line 1	
	As a stalling local stalling France 2020, Rest M	

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Schedule D (Form 990) 2021

2021.05070 FLORIDA EDUCATION FOUNDAT 68180F_1

\$

Sche		EDUCATIO							<u>18509</u>		age 2
Par	t III Organizations Maintaining C	ollections of <i>l</i>	Art, His	torical Tre	easures, o	r Other	Similar /	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other reco	ords, chec	k any of the	following tha	t make sigr	nificant us	e of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌] Loan or exc	hange progr	am					
b	Scholarly research		e	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expl	lain how t	they further th	ne organizati	on's exemp	ot purpose	in Part	XIII.		
5	During the year, did the organization solicit o	-		-	-	-					
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							Part IV. I	_		_
	reported an amount on Form 990, Pai			·· · · · · ·			,	·, ·			
1a	Is the organization an agent, trustee, custodi	an or other interm	ediary for	r contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII									L	
			lonowing	tubio.					Amount		
с	Beginning balance						1c				
	Additions during the year						10 10				
	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-		····· ∟			
Par											
		(a) Current year		Prior year	(c) Two yea		d) Three yea	ars hack	(e) Four	vears	hack
10	Paginning of year balance	(u) canone your	(0)	T Hor your	(0) 100 you		ay 111100 you			youro	buok
	Beginning of year balance										
b			_								
C	Net investment earnings, gains, and losses										
d	Grants or scholarships		_								
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance			,	 						
2	Provide the estimated percentage of the curr	•	nce (line 1	ig, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ssion of the organ	ization th	at are held a	nd administe	red for the	organizati	on	г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		dowment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 9	90, Part I	IV, line 11a. S	See Form 990), Part X, lir	ne 10.				
	Description of property	(a) Cost o		. ,	t or other		cumulated		(d) Book	valu	е
		basis (inve	stment)	basis	(other)	depr	eciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
е	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pa	art X. colu	mn (B), line 1	0c.)						0.
							S	chedule	D (Form	990)	2021

Schedule D (Form 990) 2021 FLORIDA E	DUCATION FOUNDA	IION, INC.	59-2718509 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Y	es" on Form 990, Part IV, line	11b. See Form 990, Part	X, line 12.
(a) Description of security or category (including name of secur	ity) (b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A) EQUITY SECURITIES	3,364,075.	END-OF-YEA	R MARKET VALUE
(B) FIXED INCOME	2,020,928.	END-OF-YEA	R MARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.	▶ 5,385,003.		
Part VIII Investments - Program Related		1	
Complete if the organization answered "Y			
(a) Description of investment	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(*)			
(8)			
(9)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets.		11d See Form 000 Det	Y line 15
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.	es" on Form 990, Part IV, line	11d. See Form 990, Part	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y		11d. See Form 990, Part	: X, line 15. (b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1)	es" on Form 990, Part IV, line	11d. See Form 990, Part	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2)	es" on Form 990, Part IV, line	11d. See Form 990, Part	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3)	es" on Form 990, Part IV, line	11d. See Form 990, Part	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4)	es" on Form 990, Part IV, line	11d. See Form 990, Part	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5)	es" on Form 990, Part IV, line	11d. See Form 990, Part	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6)	es" on Form 990, Part IV, line	11d. See Form 990, Part	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7)	es" on Form 990, Part IV, line	11d. See Form 990, Part	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8)	es" on Form 990, Part IV, line	11d. See Form 990, Part	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9)	res" on Form 990, Part IV, line (a) Description		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B)	res" on Form 990, Part IV, line (a) Description		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (E) Part X Other Liabilities.	Yes" on Form 990, Part IV, line (a) Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (E Part X Other Liabilities. Complete if the organization answered "Y	Yes" on Form 990, Part IV, line (a) Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (E Part X Other Liabilities. Complete if the organization answered "Y 1. (a) Description of liability	Yes" on Form 990, Part IV, line (a) Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (E Part X Other Liabilities. Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes	Yes" on Form 990, Part IV, line (a) Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (E Part X Other Liabilities. Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2)	Yes" on Form 990, Part IV, line (a) Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (E Part X Other Liabilities. Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2) (3)	Yes" on Form 990, Part IV, line (a) Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B Part X Other Liabilities. Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Yes" on Form 990, Part IV, line (a) Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (E) Part X Other Liabilities. Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Yes" on Form 990, Part IV, line (a) Description		(b) Book value
(9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (E) Part X Other Liabilities. Complete if the organization answered "Y (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Yes" on Form 990, Part IV, line (a) Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (E) Part X Other Liabilities. Complete if the organization answered "Y 1. (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (3) (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Yes" on Form 990, Part IV, line (a) Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (E Part X Other Liabilities. Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Yes" on Form 990, Part IV, line (a) Description		(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	'es" on Form 990, Part IV, line (a) Description		(b) Book value

132053 10-28-21

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 FLORIDA EDUCATION FOUNDATION, INC. 59-2718509 Page 4						
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	1,462,124.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a ·	-1,283,239.			
b	Donated services and use of facilities	2b	146,836.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-1,136,403.	
3	Subtract line 2e from line 1			3	2,598,527.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	29,775.			
b	Other (Describe in Part XIII.)	4b	124,363.			
с	Add lines 4a and 4b			4c	154,138.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,752,665.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	n Expenses per R	letur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	2,350,067.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	146,836.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	146,836.	
3	Subtract line 2e from line 1			3	2,203,231.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	29,775.			
b	Other (Describe in Part XIII.)	4b	124,363.			
с	Add lines 4a and 4b			4c	154,138.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,357,369.	
Pa	rt XIII Supplemental Information.					
-		N / 12 - 41		– • •		

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:

WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY

MAJOR TAX JURISDICTIONS FOR YEARS ENDED JUNE 30, 2017 AND PRIOR.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEES

PART XI & XII

FOR AUDITED FINANCIAL STATEMENT PURPOSES, THE ADMINISTRATIVE FEES REVENUE

30

132054 10-28-21

Schedule D (Form 990) 2021

124,363.

124,363.

Schedule [) (Form 99	0) 2021 emental In	FLO formatio	RIDA E		TION	FOUI	NDATION,	, IN	С.	59-2718509	Page 5
AND EX	VPENSE	OFFSE	EACH	OTHER	AND	ARE	NOT	INCLUDE	DIN	I EITHER	TOTAL	
REVENU	JES OF	TOTAL	EXPEN	SES. F	OR TZ	AX RE	TURN	I PURPOS	ES,	THE REV	ENUES AND	
EXPENS	SES AF	E REPOR	RTED.									
											Schedule D (Form	990) 2021

132055 10-28-21

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 15	45-0047
(Form 990)	Go	vernments, an ete if the organization	d Individual	s in the Ŭni [.]	ted States		202	21
Department of the Treasury	Compl		Attach to For		(1 v , line 21 01 22.		Open to	Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.		Inspec	
Name of the organization FLORIDA E	DUCATION I	FOUNDATION,	INC.				Employer identification 59-271	
Part I General Information on Grants a		•						
1 Does the organization maintain records t criteria used to award the grants or assis							on X Yes	No No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to I recipient that received more than \$	•				anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
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 gr or assistance	
A.D. HENDERSON UNIVERSITY SCHOOL 777 GLADES RD, BLDG 26 BOCA RATON, FL 33431	46-4124879	govt	7,000.	0.			NCDC SCHOLARSHIPS	
APOPKA HIGH SCHOOL 555 W MARTIN ST								
APOPKA, FL 32712	59-6000771	GOVT	13,000.	0.			NCDC SCHOLARSHIPS	
CHRISTOPHER COLUMBUS HIGH SCHOOL 3000 SW 8TH AVE MIAMI, FL 33165	59-0855391	501(C)(3)	14,000.	0.			NCDC SCHOLARSHIPS	
COLONIAL HIGH SCHOOL 6100 OLEANDER DR.								
ORLANDO, FL 32807	59-6000771	GOVT	6,000.	0.			NCDC SCHOLARSHIPS	
FLORIDA PREPAID COLLEGE FOUNDATION 1081 HERMITAGE BLVD., STE #210 TALLAHASSEE, FL 32399	59-3012202	501(C)(3)	49,681.	0.			NCDC SCHOLARSHIPS	
FLORIDA VIRTUAL SCHOOL 5422 CARRIER DR., STE #201 ORLANDO, FL 32819	59-3731320	govt	6,000.	0.			NCDC SCHOLARSHIPS	
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 		l de la la				·	>	17.

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

FLORIDA EDUCATION FOUNDATION, INC.

		FOUNDATION,					9-2718509 Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANAPAHA MIDDLE SCHOOL							
5005 SW 75TH ST #4491							
GAINESVILLE, FL 32608	59-6000530	GOVT	11,000.	0.			NCDC SCHOLARSHIPS
SATABOTHE, 18 52000	33 0000330	5071	11,000.				
LAKE MARY PREP							
550 RANTOUL LN							
LAKE MARY, FL 32746	45-5515172	501(C)(3)	6,000.	0.			NCDC SCHOLARSHIPS
		-	, , ,				
POMPANO BEACH HIGH SCHOOL							
600 NE 13TH AVE							
POMPANO BEACH, FL 33060	59-6000530	GOVT	16,000.	٥.			NCDC SCHOLARSHIPS
SAMUEL WOLFSON SCHOOL FOR ADVANCED							
STUDIES - 7000 POWERS AVE -							
JACKSONVILLE, FL 32217	59-6000500	GOVT	10,500.	0.			NCDC SCHOLARSHIPS
SANTA FE HIGH SCHOOL							
16213 US-441							
ALACHUA, FL 32615	59-6000500	GOVT	16,000.	0.			NCDC SCHOLARSHIPS
SOUTH LAKE HIGH SCHOOL							
15600 SILVER EAGLE RD.							
ROVELAND, FL 34736	59-6000694	GOVT	8,000.	0.			NCDC SCHOLARSHIPS
TIMBER CREEK HIGH SCHOOL							
1001 AVALON PARK BLVD				_			
DRLANDO, FL 32828	59-6000771	GOVT	20,000.	0.			NCDC SCHOLARSHIPS
TRENTON MIDDLE/HIGH SCHOOL							
LO13 N MAIN ST.							
IRENTON, FL 32693	59-6000620	GOVT	6,000.	0.			NCDC SCHOLARSHIPS
MINION, PH 52055	35 0000320		0,000.	0.			NODE DEHOLAKBILLED
WELLINGTON COMMUNITY HIGH SCHOOL							
2101 GREENVIEW SHORES BLVD							
WELLINGTON, FL 33414	59-6000789	GOVT	11,000.	0.			NCDC SCHOLARSHIPS

Schedule I (Form 990)

Schedule I (Form 990) FLORIDA EDUCATION FOUNDATION, INC.

59-2718509 Page 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 non-cash assistance	(h) Purpose of grant or assistance
ILDWOOD MIDDLE HIGH SCHOOL 00 HUEY ST ILDWOOD, FL 34785	59-6000863	GOVT	9,500.	0.			NCDC SCHOLARSHIPS
, INTER HAVEN HIGH SCHOOL 00 6TH ST SE INTER HAVEN, FL 33880	59-6000807		6,000.	0.			NCDC SCHOLARSHIPS

Schedule I (Form 990)

Schedule I (Form 990) 2021 FLORIDA EDUCATION FOUNDATION, INC.

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
CIVIC INITIATIVE	28	69,000.	0.		
SCHOLARSHIP	2	1,000.	0.		
TEACHER OF THE YEAR	4	4,250.	0.		

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

PART I, LINE 2:

CANDIDATES SUBMIT GRANT APPLICATIONS WHICH ARE REVIEWED AND APPROVED BY THE

EXECUTIVE DIRECTOR IN ACCORDANCE WITH THE ORGANIZATIONS POLICIES.

59-2718509

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

1

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

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	hispoolien
Employer	identification number
5	9-2718509

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FLORIDA	EDUCATION	FOUNDATION,	INC.	

Par	tl	Types of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini		3
1	Δrt.	Works of art			, , , , ,				
2		Historical treasures							
3		Fractional interests							
4		ks and publications							
5		hing and household goods							
6		and other vehicles							
7		is and planes							
8		lectual property							
9		urities - Publicly traded							
9 10		urities - Closely held stock							
11		urities - Partnership, LLC, or							
••									
10		interests							
12 13		urities - Miscellaneous							
13									
14		oric structures							
14 15		estate - Residential							
15 16		estate - Commercial							
17									
18		estate - Other							
19		ectibles							
20		d inventory s and medical supplies							
21		dermy							
22		prical artifacts							
23		ntific specimens							
24		eological artifacts							
25		er (SEAWORLD TICK)	X	210	23,100.	ACTUAL			
26			X	5	10,000.				
27		er ► (,							
28		er ()							
29		ber of Forms 8283 received by the organiz	ration during	the tax vear for co	ontributions				
		hich the organization completed Form 828							
			,,-	y				Yes	No
30a	Duri	ng the year, did the organization receive by	contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it			
		t hold for at least three years from the date							
		npt purposes for the entire holding period?					30a		х
b		es," describe the arrangement in Part II.							
31		s the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31		х
		s the organization hire or use third parties o							
		ributions?			· · ·		32a		х
b		es," describe in Part II.							
33		e organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
		cribe in Part II.	(-) /0/	,, <u> </u>		,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

Schedule M	(Form 990) 2021	FLORIDA	EDUCATION	FOUNDATION,	INC.	59-2718509	Page 2
Part II	Supplementa	I Information t I, column (b), th	Provide the information of contribution of contributic on contributic on contribution of contribution of co	nation required by Part I	. lines 30b. 32b. an	d 33, and whether the organizat combination of both. Also comp	ion dete
132142 11-17-2	1					Schedule M (Form	990) 2021

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



FLORIDA EDUCATION FOUNDATION, INC.

Employer identification number 59 - 2718509

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

PUBLIC PRE-KINDERGARTEN THROUGH 12TH GRADE EDUCATION IN FLORIDA.

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

RECEIVES, HOLDS, INVESTS, AND ADMINISTERS PROPERTY AND MAKES

EXPENDITURES FOR THE BENEFIT OF PUBLIC PRE-KINDERGARTEN THROUGH 12TH

GRADE EDUCATION IN FLORIDA.

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

FORM 990 AND THE ACCOMPANYING SCHEDULES ARE PREPARED BY AN INDEPENDENT

ACCOUNTING FIRM. THE FORM 990 AND ACCOMPANYING SCHEDULES ARE REVIEWED WITH

THE EXECUTIVE DIRECTOR AND AUDIT COMMITTEE. ONCE ALL QUESTIONS ARE

ANSWERED, THE BOARD OF DIRECTORS APPROVES THE RETURN WHICH IS THEN FILED

WITH THE INTERNAL REVENUE SERVICE.

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

THE ORGANIZATION ANNUALLY DISTRIBUTES CONFLICT OF INTEREST DISCLOSURE FORMS TO OFFICERS, DIRECTORS AND KEY EMPLOYEES. COMPLETED FORMS ARE COMPILED AND REVIEWED BY THE BOARD FOR ANY POTENTIAL CONFLICTS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND

THREE MOST RECENT YEARS OF FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, LINE 1A:

KRISTIN PICCOLO'S FULL COMPENSATION IS PAID BY THE FLORIDA DEPARTMENT

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Schedule O (Form 990) 2021	Page 2
Name of the organization FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number 59-2718509
OF EDUCATION. IN JANUARY 2020, KRISTIN SERVED AS THE DIREC	TOR OF
OUTREACH AND SPECIAL PROJECTS FOR THE FLORIDA DEPARTMENT O	F EDUCATION.
IN MAY 2020, KRISTIN TRANSFERRED TO THE FLORIDA EDUCATION	FOUNDATION
AND BEGAN SERVING AS THE DEPUTY DIRECTOR. KRISTIN WAS PROM	OTED TO
EXECUTIVE DIRECTOR OF THE FLORIDA EDUCATION FOUNDATION IN	NOVEMBER
2020. HER STATED COMPENSATION IS FOR SERVICES PROVIDED FOR	
BOTH POSITIONS.	
BECAUSE THE FLORIDA DEPARTMENT OF EDUCATION IS A RELATED P	ARTY OF THE
FLORIDA EDUCATION FOUNDATION, THE COMPENSATION AMOUNT REPO	RTED FOR
KRISTIN REFLECTS TOTAL COMPENSATION FOR ALL POSITIONS HELD	IN BOTH
ORGANIZATIONS FOR THE ENTIRETY OF CALENDAR YEAR 2021.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
GENERAL CONSULTING SERVICES:	
PROGRAM SERVICE EXPENSES	123,995.
MANAGEMENT AND GENERAL EXPENSES	41,331.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	165,326.
COMMUNICATION SUPPORT:	
PROGRAM SERVICE EXPENSES	62,330.
MANAGEMENT AND GENERAL EXPENSES	20,777.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	83,107.

OTHER FEES:

132212 11-11-21

Schedule O (Form 990) 2021 Name of the organization FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number 59-2718509
PROGRAM SERVICE EXPENSES	28,616.
MANAGEMENT AND GENERAL EXPENSES	9,538.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	38,154.
SPEAKER FEES:	
PROGRAM SERVICE EXPENSES	11,250.
MANAGEMENT AND GENERAL EXPENSES	3,750.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	301,587.
132212 11-11-21	Schedule O (Form 990) 20

SCHEDULE	R
(Form 990)	

(FOIII 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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Open to Public Inspection

Employer identification number 59 - 2718509

Department of the Treasury Internal Revenue Service

FLORIDA EDUCATION FOUNDATION, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) (d) Legal domicile (state or foreign country) section		(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FLORIDA DEPARTMENT OF EDUCATION							
325 WEST GAINES STREET							
TALLAHASSEE, FL 32399	GOVT ENTITY	FLORIDA			FL DOE		х
	-						
	-						
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 FLORIDA EDUCATION FOUNDATION, INC.

59-2718509 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partne	l or Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	1										
	1		1			1	1	1	1		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
									\square

Schedule R (Form 990) 2021 FLORIDA EDUCATION FOUNDATION, INC.

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FLORIDA DEPARTMENT OF EDUCATION	0	144,336.	IN-KIND
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 FLORIDA EDUCATION FOUNDATION, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?		(h Dispro tiona allocati) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner	(k) Percentage ownership
			3000013 012 014)	Yes No		Yes	NO		Yes No	

Schedule R (Form 990) 2021

	(Form 990) 202	
Part VII	Supplemer	nta

irt	VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21





Direct Support Organization – Grant/Project Funding & Engagement Plan

The Able Trust (TAT) intends to realign our work to provide maximum support to the Division of Vocational Rehabilitation (VR) and increase the number and quality of VR employment outcomes throughout Florida. With the guidance of VR leadership, we have identified four areas of priority for our support:

1. Collective Impact Grants to Increase the Number and Quality of VR Employment Outcomes

Information that we have gleaned from localized listening sessions, research we have commissioned and data/research that we have studied, indicates that the scale and complexity of the issues and challenges facing the VR system with regard to increasing and improving employment outcomes for people with disabilities cannot be addressed simply by increasing funding for the existing employment service delivery system. Specifically, we have found several root causes of employment outcomes of lesser quantity and quality (i.e., low-wage, low-skill, limited career pathways):

- VR employment service providers rarely work together to leverage employer relationships. Job opportunities are being lost when employers only have access to a small portion of VR consumers being served by one local employment service provider (i.e., Able Trust grantee).
- Providers, VR staff (counselors, business reps, provider liaisons) and other community stakeholders have loose, at best, working relationships focused on employment outcomes.
- Employment service providers have limited skills in building long-term, trust-based relationships with employers. Rather, relationships are often transactional resulting in limited employment outcomes and are not focused on long-term goals for job placements.

As evidenced by our history of grant making, focusing on one aspect of the VR employment outcome system - increasing funds through grant making - doesn't make much difference. We believe that multiple parts of the system must be improved at the same time. No single organization, however innovative or powerful, can accomplish this alone. It requires a collective impact approach which we intend to fund and lead in partnership with FDOE/VR.

Also, in partnership with FDOE/VR, we are exploring the creation of business-focused grants modeled after the Veterans Employment and Training Services Program found in Section (s.) 295.22, Florida Statutes, (F.S.), which is created to link veterans in search of employment with businesses seeking to hire dedicated, well-trained workers. We believe a similar

program for individuals with disabilities can be of value to Florida businesses, and an important part of a collective impact initiative.

Timeline and Funding for Collective Impact Grants

- FY 2022 2023, 4th Quarter
 - Issue RFP for collective impact grants in Tampa Bay and Jacksonville areas. Each grant will be for a 3–4-month period of partnership development, planning, defining outcome metrics and budgeting for 2–3-year pilot initiative.
 - TAT Grant/Project Funding: \$70,000 (approximately \$7,500 more than historical funding)
- FY 2023 2024
 - Execution of Collective Impact Plans in Tampa Bay and Jacksonville area.
 - Training, technical assistance and support provided by The Able Trust and VR.
 - **TAT Grant/Project Funding: \$300,000** (approximately \$50,000 more than historical funding)
- FY 2024 2025
 - Continued execution and iteration of Collective Impact Plans in two targeted areas
 - Pilot evaluation for learning, iteration and scaling purposes
 - Issue RFP to expand collective impact in two additional targeted areas
 - **TAT Grant Funding/Project: \$600,000** (approximately \$350,000 more than historical funding)
- FY 2025 2026
 - Continued execution and iteration of existing Collective Impact Plans
 - Ongoing evaluation for learning, iteration and scaling purposes
 - o Issue RFP to expand collective impact in two additional targeted areas
 - **TAT Grant/Project Funding: \$900,000** (approximately \$650,000 more than historical funding)

2. Funding for VR Staff Retention Initiatives

FDOE/VR and the VR system nationally has identified a critical need to reduce staff turnover and retain highly qualified and productive staff. Beginning in the 4th quarter of FY 2022-2023, The Able Trust will work with VR leadership to develop a plan to support VR staff retention initiatives. These initiatives will be funded through grant making to the division and could include new/emerging leadership programs; incentive programs; recognition programs; scholarships/grants for professional learning; staff on-boarding; increased/improved staff resources; and other staff engagement programs.

- FY 2023 2024 Funding: \$225,000 (approximately \$95,000 more than historical funding)
- FY 2024 2025 Funding: \$337,500 (approximately \$200,000 more than historical funding)
- FY 2025 2026 Funding: \$506,250 (approximately \$375,000 more than historical funding)

3. Assistance to VR with Public Outreach and Partnership Development

Page **2** of **5** Rev. 8/7/2023 FDOE/VR and the VR system nationally has identified the need to improve public outreach and partnership development for the purposes of increasing the number and quality of VR referrals; increasing state and local partnerships for improving VR outcomes; and increasing awareness of and partnerships with Florida businesses and employers. Beginning in the 4th quarter of FY 2022- 2023, The Able Trust will work with VR leadership to develop a plan to support VR public outreach and partnership development. Plans may include funding of positions focused on outreach and partnership development; funding of public outreach campaigns; collaborative messaging and outreach campaigns.

- FY 2023 2024 Funding: \$75,000(not funded historically)
- FY 2024 2025 Funding: \$112,500 (not funded historically)
- FY 2025 2026 Funding: \$168,750 (not funded historically)

4. High School High Tech (HSHT) and Project Venture

The Able Trust will continue administering and expanding HSHT while ensuring the program remains robust and successful. This program is also utilized to introduce students with disabilities to VR and receive Pre-ETS services or become eligible for full services. The Able Trust will also continue the entrepreneur program, Project Venture. This program introduces basic business concepts and develops workplace readiness skills.

- FY 2023 2024 Grant Funding: \$1,073,000 (approx. \$99,000 more than historical funding)
- FY 2024 2025 Grant Funding: \$1,117,000 (approx. \$140,000 more than historical funding)
- FY 2025 2026 Grant Funding: \$1,139,000 (approx. \$165,000 more than historical funding)

Total Grant & Direct Support Funding from The Able Trust

•	FY 2023 – 2024	\$1,673,000	(approximately \$450,000 more than historical funding)
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- FY 2024 2025 \$2,167,000 (approximately \$950,000 more than historical funding)
- FY 2025 2026 \$2,714,000 (approximately \$1,500,000 more than historical funding)

Success and Impact Measurement & Evaluation

Measures of success and impact will be developed for each grant and initiative described here, and at the very minimum, will reflect VR state and federally required outcomes including:

- A. Successful Employment; Means work that is performed on a full-time or part-time basis (including self-employment) and meets three essential criteria of employment:
 - 1. *Income* the individual is compensated at or above minimum wage and the individual's wage and level of benefits are not less than that customarily paid by the employer for the same or similar work performed by individuals without disabilities.
 - 2. *Integration* the individual is employed at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same

Page **3** of **5** Rev. 8/7/2023 extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons.

3. *Advancement* - the employment, as appropriate, presents opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.

To be considered a successful employment outcome, a program participant must have achieved and maintained a suitable employment outcome for at least 90 days or, for Supported Employment, completes an additional 60 days of stabilized employment. The grantee must verify and document suitable employment through contact with the participant including:

- 1. The employment outcome is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice; and
- 2. The individual and grantee consider the employment outcome to be satisfactory and agree that the individual is performing well on the job.
- **B.** Employment Rate: Means that a minimum of 70% of individuals achieving successful employment remain employed in the second quarter after program exit.
- **C. Credential Attainment:** Measures the percentage of program participants who receive a recognized postsecondary or workforce credential as a result of the grant program. If appropriate to the grant program, the rate of credential attainment will be negotiated and approved by The Able Trust leadership and Grant Committee.
- **D. Measurable Skills Attainment:** Measures the percentage of participants who achieve measurable skills gains, defined as documented academic, technical, occupational, or other forms of progress towards such a recognized credential or employment. If appropriate to the grant program, the rate of credential attainment will be negotiated and approved by The Able Trust leadership and Grant Committee.
- **E.** Staff Retention Rate: Target for this measure will be developed by FDOE/VR and include impact on reduced organizational costs, increased employee productivity; employee engagement; and improved VR outcomes.

High School High Tech Grant Measures

- A. Recruitment and Orientation of a minimum of fifteen (15) students.
- B. Graduation Rate of 80% of all active, enrolled seniors
- **C. Career Experience** for a minimum of 50% of active, enrolled students. A Career Experience is considered one or more of the following which totals a minimum of 30 hours during a 12-month period:
 - 1. Job Shadowing (exclusive of HSHT group industry tours)
 - 2. Volunteer Experience

Page **4** of **5** Rev. 8/7/2023

- 3. School-Based Enterprise Career Experience
- 4. Career-Based Exploration Program (i.e. Teen Court, Sheriff's Explorers Club)
- 5. Summer or Seasonal Camp Employment or Volunteer Experience
- 6. Career Certifications
- 7. Paid Internship
- 8. Paid Employment
- **D. VR Referrals** will be made for all HSHT student participants. The requirements of a VR referral are as follows. Students must:
 - 1. Be known to VR or have an Individual Plan for Employment (IPE).
 - 2. Be between the ages of 14-21
 - 3. Have documentation that indicates they are a Student with a Disability, as defined in 34 CFR § 361.5(c)(51), which requires the student:
 - a. Be in a secondary, postsecondary or other recognized educational program; and
 - b. Be at least 14, but not older than 21 years of age; and
 - c. Is eligible for, and receiving, special education or related services under part B of the Individuals with Disabilities Education Act (IDEA); or
 - d. Is an individual with a disability receiving services from a Florida secondary, postsecondary or other recognized educational program under a 504 plan or for purposes of Section 504 of the Rehabilitation Act.
 - 4. Have written consent from the parent or guardian, if student is under the age of 18.

Mailing Address and Website

The Able Trust 1709 Hermitage Blvd., Suite 100 Tallahassee, FL 32308 www.abletrust.org

Mission: Same

Strategic Plan

The Able Trust has recently completed the first year of a three-year strategic plan: Inclusive Florida Powered by The Able Trust. The plan contains three strategic priorities including annual metrics. The following details the organization's results and adjustments for year 2 performance:

Strategic Priority 1: Be the rich source of disability employment date and research for Florida. *Key Metrics*:

- Conduct a minimum of 20 listening sessions with audiences of business, educators, individuals and providers from urban, suburban and rural Florida communities. **Exceeded**
- Release findings and recommendations of research, data analysis, and listening sessions. Achieved
- Implement at least two impact projects using a social impact model to test, iterate and validate proposed solutions. **Exceeded**
- Release findings and recommendations from the impact projects. Achieved

Strategic Priority 2: Be the leader in scaling system capacity and scaling evidenced-based solutions that increase employment outcomes on a statewide basis. *Key Metrics:*

- Complete a scaling map for funding and implementing 2-3 validated evidenced-based practices. Achieved
- Develop a summit vision and plan for execution in FY 23-24. Revised to: Develop and Implement a DSO Engagement Plan that is closely aligned with the goals and priorities of FDOE/VR – Achieved (included as attachment)
- Hold a minimum of one idea sharing event (i.e., TED style event). Exceeded

Strategic Priority 3: Secure a more diversified funding base to ensure organizational stability and achieve our exponential impact.

Key Metrics:

- Demonstrate growth toward diversified income targets. Achieved
- Raise \$600,000 in additional income for programs and operations. Exceeded

In addition to the accomplishments outlined above, The Able Trust secured legislative reauthorization through October 1, 2027.

Rationale for Continuation of The Endowment:

- Remains true to its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDOE Division of Vocational Rehabilitation (VR);
- Has maintained fiscal and operational processes that ensure sound fiscal management and transparency, reviewed annually by an outside independent auditor.

- Is an effective vehicle for cultivating meaningful partnerships between the FDOE and VR and other stakeholders.
- Is actively engaged in developing and successfully executing innovative programs such as its statewide High School High Tech program, Project Venture, Disability Employment Awareness Month, the development of business outreach and engagement programs, and outcome-focused statewide employment activities conducted with a variety of partnering organizations.
- Works with various public and private partners including the consortium of Employment First agencies (s. 413.80, F.S.) on issues connected to the employment of people with disabilities and provides assistance to employers who include or plan to include people with disabilities in their workforce.
- Supported FDOE/VR and several community organizations in FY2023 with technical and staff assistance as well as funding. The organization provided \$1,258,229 in grants and related support.
- Developed a DSO Engagement Plan which directly aligns with FDOE/VR goals and priorities and accounts for over \$1,673,000 in financial support in FY 2024.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. 3320 THOMASVILLE ROAD 100 TALLAHASSEE, FL 32308-7906

Prepared By:

Thomas Howell Ferguson P.A. 2615 Centennial Blvd., Suite 200 Tallahassee, FL 32308

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2023.

			EXTENDED TO MAY 15, 2023		
	0	nn	Return of Organization Exempt From		OMB No. 1545-0047
For	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (▶ Do not enter social security numbers on this form as it may		· 2021
Depa	Open to Public				
Interr	nal Revenu	ue Service	► Go to www.irs.gov/Form990 for instructions and the lat ar year, or tax year beginning JUL 1, 2021 and ending	test information. JUN 30, 2022	Inspection
				,	tion number
р С	heck if pplicable:		f organization FLORIDA ENDOWMENT FOUNDATION	D Employer identifica	tion number
	Addres		VOCATIONAL REHABILITATION, INC.		
	Name Change		usiness as THE ABLE TRUST	59-305230	7
	Initial	0	and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final return/		THOMASVILLE ROAD 100	850-224-4	493
	termin- ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,952,674.
	Amende	IALL	AHASSEE, FL 32308-7906	H(a) Is this a group retu	ım
	Applica tion pending	F Name a	nd address of principal officer: ALLISON CHASE	for subordinates?	Yes X No
		SAME	AS C ABOVE	H(b) Are all subordinates inclu	
		mpt status: [527 If "No," attach a lis	
				H(c) Group exemption	
		Summary		Year of formation: 1991 M	State of legal domicile: F L
	_		e the organization's mission or most significant activities: SEE SCHE	DIILE O	
9	' '	bheny descrit			
Governance	2	Check this bo	x if the organization discontinued its operations or disposed of m	ore than 25% of its net asset	
ver				3	8
			lependent voting members of the governing body (Part VI, line 1b)		8
ې د			of individuals employed in calendar year 2021 (Part V, line 2a)		9
vitie	6 1	Total number	of volunteers (estimate if necessary)	6	10
Activities &			d business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
ne			and grants (Part VIII, line 1h)	<u>604,260.</u> 25,100.	<u>714,093.</u> 63,105.
Revenue		0	ce revenue (Part VIII, line 2g)	1,930,441.	1,773,760.
Be			come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,779.	59,691.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,621,580.	2,610,649.
			nilar amounts paid (Part IX, column (A), lines 1-3)	1,400,650.	1,131,811.
			to or for members (Part IX, column (A), line 4)	0.	0.
S	4- 6		r compensation, employee benefits (Part IX, column (A), lines 5-10)	567,390.	684,754.
Expenses	16 a F	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
pe I	b 1	Total fundrais	ing expenses (Part IX, column (D), line 25)		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	685,918.	992,273.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,653,958.	2,808,838.
		Revenue less	expenses. Subtract line 18 from line 12	-32,378.	-198,189.
IS OF				Beginning of Current Year	End of Year
Assets - d Balanc	20 1		Part X, line 16)	<u>28,817,434.</u> 873,148.	<u>23,761,376.</u> 931,452.
let ⊿ ind			i (Part X, line 26) fund balances. Subtract line 21 from line 20	27,944,286.	22,829,924.
 Pa	<u> 22</u> । art II	Signatur		41,544,400.	44,049,944.
			I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my ki	nowledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of which prep		
		<u>, </u>	· · · · · · · · · · · · · · · · · · ·		
Sig	n	Signatur	e of officer	Date	
Her		► ALLI	SON CHASE, PRESIDENT AND CEO		

пеге	ADDIDON CIMDE, INDIDENI MID CHO					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	STACEY T KOLKA			self-employed P01371120		
Preparer	Firm's name 🕨 THOMAS HOWELL FE			Firm's EIN 59-3186310		
Use Only	Firm's address 🖕 2615 CENTENNIAL	BLVD., SUITE 200				
	TALLAHASSEE, FL	32308		Phone no.850-668-8100		
May the IRS discuss this return with the preparer shown above? See instructions						
				202		

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

_	THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. 59-3052307	_ 0
	rt III Statement of Program Service Accomplishments	Page 2
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	<u></u>
	TO BE A KEY LEADER IN PROVIDING FLORIDIANS WITH DISABILITIES	
	OPPORTUNITIES FOR SUCCESSFUL EMPLOYMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		X No
	If "Yes," describe these new services on Schedule O.	
3		No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	nd
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,047,407. including grants of \$ 215,076.) (Revenue \$ 17,	515.
4a	(Code:) (Expenses \$1,047,407. including grants of \$215,076.) (Revenue \$17, THE ORGANIZATION ASSISTS FLORIDIANS WITH DISABILITIES IN ACHIEVING	<u>JIJ.</u>)
	EMPLOYMENT AND PROVIDES GRANTS TO SUPPORT VOCATIONAL REHABILITATION	
	PROGRAMS AND SERVICES LEADING TO THE EMPLOYMENT OF FLORIDA CITIZENS	
	WITH DISABILITIES. IT ALSO FUNDS YOUTH PROGRAMS AND RETREATS THAT	
	ADDRESS COMMUNITY, ACADEMIC AND EMPLOYMENT LEADERSHIP.	
4b	(Code:) (Expenses \$1,758. including grants of \$) (Revenue \$16,	000.
	DISABILITY EMPLOYMENT AWARENESS MONTH (DEAM) IS COMMEMORATED EACH	
	OCTOBER AND PAIRS STUDENTS WITH DISABILITIES WITH EMPLOYERS FOR A	
	ONE-ON-ONE JOB SHADOWING EXPERIENCE. DEAM IS DESIGNED TO EXPOSE YOUN	
	ADULTS TO A VARIETY OF CAREER OPTIONS AND PROVIDE THEM WITH A BETTER UNDERSTANDING OF THE WORKPLACE ENVIRONMENT. PARTICIPANTS ARE GIVEN A	
	CHANCE TO LEARN ABOUT A TYPICAL WORK DAY AS WELL AS THE SKILLS AND	<u>.</u>
	EDUCATION NEEDED FOR THE SPECIFIC CAREER. EMPLOYERS BENEFIT FROM DEA	м
	BY UNDERSTANDING WHAT PEOPLE WITH DISABILITIES HAVE TO OFFER TO THE	
	WORKPLACE.	
		000
4c	(Code:) (Expenses \$ 958,950. including grants of \$ 916,735.) (Revenue \$ 40, THROUGH THE HIGH SCHOOL HIGH TECH PROGRAM, STUDENTS WITH ALL TYPES O	<u>.000</u> ज
	DISABILITES ARE ENCOURAGED TO SET THEIR SIGHTS ON POST-SECONDARY	<u> </u>
	EDUCATION AND A CAREER IN FIELDS WHICH ARE IN-DEMAND IN THE STATE OF	1
	FLORIDA. MORE THAN 1,076 STUDENTS PARTICIPATE IN HIGH SCHOOL HIGH TE	
	EACH YEAR, WHERE THEY HAVE AN OPPORTUNITY TO TOUR COLLEGE CAMPUSES A	ND
	INDUSTRY OPERATIONS, AND MEET WITH FLORIDA BUSINESS LEADERS. THEY AR	E
	OFFERED CAREER EXPERIENCES THROUGH JOB SHADOWING, INTERNSHIPS, AND	
	VOLUNTEER POSITIONS DURING THEIR INVOLVEMENT IN THE PROGRAM.	
4d	Other program services (Describe on Schedule O.)	
.u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,008,115.	
		990 (2021
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1 ~ -		C 0 C - 0
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THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
L	Part VI	<u>11a</u>		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.10		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

132003 12-09-21

Form 990 (2021)

Part IV Checklist of Required Schedules

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THE FLORIDA ENDOWMENT FOUNDATION

Part IV Checklist of Required Schedules (continued)

FOR VOCATIONAL REHABILITATION, INC. 59-3052307 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<u></u>
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	25		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
350	Part V, line 1	34 35a	- 11	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI			х
38				
		38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	990	(000 1)
132004	4	⊦orm	330 (2021)

Form 990 (2021)

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THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
D.	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instructions.			
20		3a		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		- 23
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		v
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 			х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
		00		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	1		
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
120005	F	Form	990	(2021)
102005	12-09-21 3			(2021)

Form 990 (2021)

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

FOR VOCATIONAL REHABILITATION, INC. 59-3052307 Page 6

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

1		I	<u>م</u> ٦		Yes	No
f the tax year	1a		8			
body, or if the governing			- 1			
explain on Schedule O.						
e independent	1b		8			
hip or a business relationship	with a	any other	1			
			╞	2		X
rily performed by or under the	direct	supervision				
			· E	3		X
ments since the prior Form 99			- F	4	X	
sion of the organization's asse	ets?		.	5		X
			┝	6		X
had the power to elect or app	point o	one or				
			⊦	7a		X
t to approval by) members, sto	ockho	lders, or				
			- H	7b	_	X
ctions undertaken during the year	-	-	1			
			⊦	8a	X	
			· ŀ	8b	X	
Section A, who cannot be reacl						v
ses on Schedule O				9		Х
ot required by the Internal Rev	enue	Code.)			X	
			Г	40 -	Yes	No X
			· ŀ	10a		Λ
rning the activities of such cha				104		
		a filing the form 0	· ŀ	10b	Х	
nembers of its governing body	Deloi		h	11a	<u></u>	
review this Form 990.			1	12a	Х	
o to line 13				12a	X	
ally interests that could give rise t			·	120		
pliance with the policy? If " Y_{ϵ}	,			12c	х	
			Г	13	X	
policy?			Г	14	X	
policy? include a review and approval			· F	14		
e deliberation and decision?	by inc	dependent	- 1			
			-1	15a	Х	
			· ŀ	15b	X	
tructions.			h	100		
nt venture or similar arrangem	ont w	ith a	- 1			
			- 1	16a		Х
ng the organization to evaluate			h	Tou		
steps to safeguard the organiz	-	-	- 1			
			- 1	16b		
	<u></u>			100		
▶FL						
1024-A, if applicable), 990, and	d 990	T (section 501(c)(3)s	onlv) a	availat	ble
that apply.		. (-,-	, ,, -		
est Other <i>(explain</i>)	on Sc	hedule ()				
its governing documents, con		,	ind	financ	ial	
J J J		,, , -				
sesses the organization's book	ks and	l records				
		F				
ASSEE, FL 3230	8					
				Form	990	(202
	·		·		Form	ASSEE, FL 32308 Form 990

Form 990 (2021)

2021.05080 THE FLORIDA ENDOWMENT FOU 62658__1

Form 990 (2021)	FOR VOCATIONAL REHABILITAT	ION, INC.	59-3052307	Page 7					
Part VII Comper	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employ	es, 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 Compen	sated Employees							
1a Complete this table	for all persons required to be listed. Report compensation for	r the calendar year end	ling with or within the organization's	s tax year.					
 List all of the org 	anization's current officers, directors, trustees (whether indivi	duals or organizations)	, regardless of amount of compens	ation.					
Enter -0- in columns (D	, (E), and (F) if no compensation was paid.								
I ist all of the oro	anization's current key employees if any. See the instruction	s for definition of "key (employee "						

st all of the organization's current key employees, if any. See the instructions for definition of "key employee.

THE FLORIDA ENDOWMENT FOUNDATION

• 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)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	ı an	compensation	compensation	amount of
	week		cer an	aad	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1039-1120)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALLISON CHASE	50.00	_		0	-					
PRESIDENT & CEO				х				114,200.	0.	14,979.
(2) GUENEVERE CRUM	40.00									
SENIOR VP				Х				114,826.	Ο.	10,240.
(3) JOSEPH D'SOUZA	40.00									
VP-EXTERNAL ENGAGEMENT				х				76,825.	Ο.	10,471.
(4) JAMES BYERS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) LAURIE SALLARULO	1.00									
CHAIR		Х		Х				0.	0.	0.
(6) DR. MAVARA AGRAWAL	1.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(7) DOUG HILLIARD	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) DONNA WRIGHT	40.00									
VP-DEVELOPMENT & MARKETING				Х				0.	0.	0.
(9) LORI FAHEY	1.00									
DIRECTOR		Х						0.	0.	0.
(10) BRENT MCNEAL	1.00									
DIRECTOR		Х						0.	0.	0.
(11) TODD JENNINGS	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ALEXIS DOYLE, PHD	1.00								•	
DIRECTOR		Х						0.	0.	0.
						-				
132007 12-09-21	1	I						1		Form 990 (2021)

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Form **990** (2021)

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Form 990 (2021) THE FLOR FOR VOCA									59-30)523	307	Pa	age 8
Part VII Section A. Officers, Directors, Trus								-					
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director	not c , unle:	(C Posi heck i ss per	C) ition more f rson is irector	than o	one 1 an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organization: (W-2/1099-MIS 1099-NEC)	in I S SC/	Esti amo comp fro orga	om the nizati relate	of tion e ion ed
		-											
		-											
		-											
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								305,851. 0. 305,851.		0.0.			90.
 2 Total number of individuals (including but r compensation from the organization) wh	o re		000 of reportable	• •			2
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	such individual										3	Yes	No X
 4 For any individual listed on line 1a, is the su and related organizations greater than \$15 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> 	0,000? <i>If</i> "Yes, accrue comper	" co nsati	<i>mple</i> on fr	ete S rom :	Sche any	dule unre	e <i>J fe</i> elate	or such individual ed organization or individ	dual for services		4		x x
Section B. Independent Contractors 1 Complete this table for your five highest complete the your five highest c	ompensated inc	lepe	ndei	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp			n	
the organization. Report compensation for (A) Name and business		ear e	ndir	ng w	ith o	or wi		(B) Description of s	ervices	Cc	(C) ompen		n
EMSI BURNING GLASS, LLC 409 S. JACKSON ST. , MOSC	COS , ID	8	38	43]	LABOR MRKT A	NALYTICS		165	5,00	00.

Total number of independent contractors (including but not limited to those listed above) who received more than
 \$100,000 of compensation from the organization
 1

Form 990 (2021)

132008 12-09-21

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

			FOR VOCATIONA	L REHABII	LITATION, 1	INC.	59-3052	307 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line		(B)	(C)	
					(A) Total revenue	(P) Related or exempt		(D) Revenue excluded
							business revenue	from tax under
								sections 512 - 514
nts	1		Federated campaigns 1a					
Gra			Membership dues 1b					
Am (Fundraising events 1c					
lar Gift			Related organizations 1d					
js,			Government grants (contributions) 1e	549,823.				
er ei		f	All other contributions, gifts, grants, and					
₽Ę			similar amounts not included above 1f	164,270.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f		E14 002			
<u> </u>		h	Total. Add lines 1a-1f		714,093.			
	_		HOUT DROGRAM	Business Code 900099	40 500	40.500		
ice	2		HSHT PROGRAM DEAM/DMD INCOME	900099	40,500.	40,500.		
er v		b	YOUTH LEADERSHIP TRAINING	900099	16,000. 6,605.	16,000. 6,605.		
Program Service Revenue		c	TOUTH LEADERSHIP TRAINING	900099	8,805.	0,005.		
grai Re		d						
Jrog		e 4	All other program service revenue					
-			Total. Add lines 2a-2f		63,105.			
	3	g	Investment income (including dividends, intere		,			
	Ŭ		other similar amounts)		928,275.			928,275.
	4		Income from investment of tax-exempt bond p		,			,
	5		Royalties	1				
	-		(i) Real	(ii) Personal				
	6 a Gross rents 6a							
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)	►				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 1,187,510.	,				
		b	Less: cost or other basis					
ani			and sales expenses					
evenue		С	Gain or (loss)	112,100.				
Ě			Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	845,485.			845,485.
Other	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	▶				
	Э	a	Gross income from gaming activities. See	.				
		h	Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances102	a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory	-				
				Business Code				
sno	11	а	ADMINISTRATIVE FEES	900099	49,281.			49,281.
nue		b	OTHER	900099	10,410.	10,410.		
iellé eve		с						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d		59,691.			
	12		Total revenue. See instructions	►	2,610,649.	73,515.	0.	1823041.
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132009 12-09-21

9

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. Part IX Statement of Functional Expenses

and domestic governments. See Part IV, Ime 21 1,131,811. 1,131,811. 2 Grants and other assistance to domestic individuals. See Part IV, Ime 22 3 3 Grants and other assistance to foreign organizations, foreign overnments, and foreign individuals. See Part IV, Ime 24 1,131,811. 1,131,811. 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 284,104. 128,886. 155,218. 5 Composation of current officers, trustees, and key employees 336,443. 251,538. 84,905. 8 Pension plan accruits and contributions (include section 4014, and 4030) employee contributions) 336,443. 251,538. 84,905. 9 Other employee banefits 21,999. 21,999. 21,999. 9 Other employee banefits 21,999. 21,999. 21,999. 9 Other employee banefits 35,248. 35,248. 96,526. 9 Other employee banefits 35,248. 35,248. 97,56. 191,419. 9 Other employees for any forderal, state, or local public officials outm (A), amount, list line 11g expenses on Sch 0.0. 36,884. 36,884. 36,884. 36,884. 36,884. 36,884. 36,884. 36,289. 359. 359. 8 Payemets to atfiliates or any federal, state	(D) ndraising (penses
2 Grants and other assistance to domestic individuals. See Part IV, line 22 Image: Compensation of current officers, directors, trustees, and key employees. 4 Benefits paid to or for members Image: Compensation of current officers, directors, trustees, and key employees. 6 Compensation of current officers, directors, trustees, and key employees. 284,104. 128,886. 7 Other satisfies and wages 336,443. 251,538. 84,905. 8 Pension plan accruals and contributions (include section 401(k) and 402(b) employee contributions 336,443. 251,538. 84,905. 9 Other satisfies and wages 336,443. 251,538. 84,905. 9 Pension plan accruals and contributions (include section 401(k) and 402(b) employee contributions 21,999. 21,999. 21,999. 0 Payrolit taxes 96,526. 96,526. 96,526. a Management 9 96,526. 96,526. 96,526. 1 Debying 35,248. 35,248. 35,248. 9 Other water enters (in the tag anounces the 26% of ine 25, column (A), anount, its line the greenes on Structure 36,884. 36,884. 9 Other water or intetainment expenses 359. 359.	
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines ese Part V, line reset. See Part	
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5 Compensation of current officers, directors, trustees, and key employees 284,104. 128,886. 155,218. Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) 336,443. 251,538. 84,905. Persons described in section 4958(c)(3)(B) 336,443. 251,538. 84,905. Persons described in section 4958(c)(3)(B) 336,443. 251,538. 84,905. Persons described in section 4958(c)(3)(B) 21,999. 21,999. 21,999. Other sequence 42,208. 27,646. 14,562. Persons for services (nonemployees): a Management 52,248. 35,248. 35,248. Accounting 96,5266. 96,5266. 96,526. 96,526. 96,526. Gother (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0. 242,208. 7,371. 2,613. Gother (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0. 35,844. 36,884. 36,524. Gotte expenses 9,984. 7,371. 2,613. 26,562. 1,434. 25,128. Bozyatties 722.	
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5 Total functional expenses. Add lines 1 through 24e 2,808,838. 2,008,115. 800,723.	
5 Joint costs. Complete this line only if the organization	
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	

10

132010 12-09-21

Form 990 (2021)

Form 990 (2021)

21510508 136042 62658

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

Check here

orm	990	(2021)	

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

Part		2021) FOR VOCATIONAL REHABILITATION Balance Sheet	I, INC.		59-	3052307 Page 11
		Check if Schedule O contains a response or note to any line in this Part X				
			(A) Beginning of yea			(B) End of year
	1	Cash - non-interest-bearing			1	2,500
	2	Savings and temporary cash investments		28.	2	1,565,186
	3	Pledges and grants receivable, net			3	821,673
	4	Accounts receivable, net			4	23,731
	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	
÷ l	8	Inventories for sale or use			8	
Ass	9		20 21	79.	9	0
		Prepaid expenses and deterred charges Land, buildings, and equipment: cost or other				
	104	basis. Complete Part VI of Schedule D	9.			
	h	Less: accumulated depreciation 10b 136,030		61.	10c	131,153
	11	Investments - publicly traded securities			11	21,115,183
	12	Investments - other securities. See Part IV, line 11		• • •	12	21,113,103
	12 13	Investments - program-related. See Part IV, line 11			13	
					14	
	14 15	Intangible assets		50	14	101,950
	15 16	Other assets. See Part IV, line 11			16	23,761,376
	16 17	Total assets. Add lines 1 through 15 (must equal line 33)				122,856
	17	Accounts payable and accrued expenses		±/•	17	122,030
	18	Grants payable		01	18	734,217
	19	Deferred revenue		01.	19	/34,21/
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
s 2	22	Loans and other payables to any current or former officer, director,				
Ē		trustee, key employee, creator or founder, substantial contributor, or 35%				
Liabilities		controlled entity or family member of any of these persons			22	
1	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
2	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X		0		74 270
		of Schedule D		0.	25	74,379
2	26	Total liabilities. Add lines 17 through 25		40.	26	931,452
s		Organizations that follow FASB ASC 958, check here X				
e l		and complete lines 27, 28, 32, and 33.	24 422 0	40		10 050 101
	27	Net assets without donor restrictions			27	19,950,121
	28	Net assets with donor restrictions	3,521,2	44.	28	2,879,803
ŭ		Organizations that do not follow FASB ASC 958, check here				
<u></u> –		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
ese a	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
3 ¥	31	Retained earnings, endowment, accumulated income, or other funds		0.0	31	00 000 001
	32	Total net assets or fund balances			32	22,829,924
3	33	Total liabilities and net assets/fund balances	. 28,817,4	54.	33	23,761,376. Form 990 (202

Form 990 (2021)

132011 12-09-21

	THE FLORIDA ENDOWMENT FOUNDATION						
Form	990 (2021) FOR VOCATIONAL REHABILITATION, INC.	59-3	052307	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,610				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,808				
3	Revenue less expenses. Subtract line 2 from line 1	3					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	5 Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain 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	22,829	, 92	24.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit					
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						
				200			

Form **990** (2021)

132012 12-09-21

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service	Complete if the organ 494 A	rity Status an ization is a section 501 I7(a)(1) nonexempt cha Attach to Form 990 or F		OMB No. 1545-0047					
	THE FLORIDA ENI	/Form990 for instructio			itormation.	Employor	identification number		
	FOR VOCATIONAL						9-3052307		
	ublic Charity Status.				ee instruction	J	9-3032307		
The organization is not a priva									
1 A church, convention 2 A school described 3 A hospital or a cool	on of churches, or association in section 170(b)(1)(A)(ii). (<i>i</i> perative hospital service orga organization operated in cor	n of churches described Attach Schedule E (Form nization described in se	in sectio 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	i).)(iii). Enter	the hospital's name,		
	erated for the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in		
 6 A federal, state, or 7 An organization that section 170(b)(1)(A 8 A community trust 9 An agricultural reservation 	A)(iv). (Complete Part II.) local government or governm it normally receives a substar A)(vi). (Complete Part II.) described in section 170(b)(earch organization described i on-land-grant college of agricu	ntial part of its support fr 1)(A)(vi). (Complete Part in section 170(b)(1)(A)(i	om a gove II.) x) operate	ernmental o	unit or from th Inction with a	land-grant	college		
university:									
activities related to income and unrelat See section 509(a) 11 An organization org 12 X An organization org more publicly supp lines 12a through 1 a X Type I. A support the supported org organization. You b Type II. A support	at normally receives (1) more that normally receives (1) more that its exempt functions, subjected business taxable income (12). (Complete Part III.) ganized and operated exclusive orted organizations described 2d that describes the type of ting organization operated, su ganization(s) the power to regularized to the power to regularized	to certain exceptions; a (less section 511 tax) fro vely to test for public saf vely for the benefit of, to d in section 509(a)(1) o supporting organization upervised, or controlled I jularly appoint or elect a ctions A and B. or controlled in connect	Ind (2) no i m busines rety. See a perform the r section and and compoy its supp majority o ion with its	more than section 50 ne function 509(a)(2). blete lines ported orga f the direct s supporte	33 1/3% of it red by the org D9(a)(4). ns of, or to ca See section 12e, 12f, and anization(s), t tors or truste	rry out the 509(a)(3). O 12g. ypically by g es of the su n(s), by hav	om gross investment fter June 30, 1975. purposes of one or check the box on giving pporting ing		
control or manag	ement of the supporting orga	nization vested in the sa	ime persoi	ns that co	ntrol or mana	ge the supp	orted		
 control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 									
	the organization received a v rated, or Type III non-function				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , pe			
f Enter the number of sup							1		
	ormation about the supported								
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other		
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
FL. DEPT OF EDU DIV. OF VOCATION		6	x		2,008	8,115.			
Total					2,008	3,115.	0.		

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked fails to qualify under the tests			•	n failed to qualify	under Part III. If	the organization
Sec	tion A. Public Support						
Cale	ndar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		-		1	-	
Cale	ndar 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, e	etc. (see instruct	ions)			12	
13	First 5 years. If the Form 990 is for the	e organization's	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Public	Support Pe	rcentage			- .	
14	Public support percentage for 2021 (lin	ne 6, column (f),	divided by line 11, o	column (f))		14	
15	Public support percentage from 2020 \$	Schedule A, Par	t II, line 14			15	
16a	33 1/3% support test - 2021. If the or	ganization did r	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this	box and
	stop here. The organization qualifies a	s a publicly sup	ported organization				►
b	33 1/3% support test - 2020. If the or	ganization did r	ot check a box on	ine 13 or 16a, and	line 15 is 33 1/3%	% or more, chec	k this box
	and stop here. The organization qualif						
17a	10% -facts-and-circumstances test -						
	and if the organization meets the facts	and-circumstan	ces test, check this	box and stop he	re. Explain in Par	t VI how the org	anization
	meets the facts-and-circumstances tes	t. The organizat	ion qualifies as a pu	blicly supported o	rganization		►

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

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

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Part II

THE FLORIDA ENDOWMENT FOUNDATION	THE	FLORIDA	ENDOWMENT	FOUNDATION
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FOR VOCATIONAL REHABILITATION, INC.

Part III	Support Schedule for 0	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.)

Sec	ction A. Public Support				1		
Cale	ndar 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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiz	ation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20			ine 13, column (f))		17	%
18	Investment income percentage from					18	%
1 9a	33 1/3% support tests - 2021. If the						e 17 is not
	more than 33 1/3%, check this box ar	-					▶∟
b	33 1/3% support tests - 2020. If the	•					
	line 18 is not more than 33 1/3%, che						on
	Private foundation. If the organization	n did not check a	box on line 14, 19	ea, or 19b, check t	nis box and see ins		
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Schedule A (Form 990) 2021

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THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

Yes No

Part IV Supporting Organizations

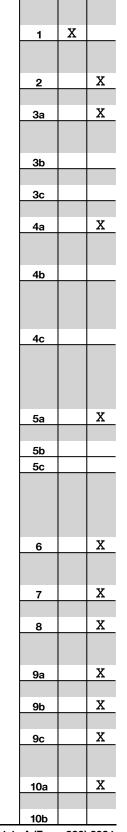
Schedule A (Form 990) 2021

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021

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FOR VOCATIONAL REHABILITATION, INC. Schedule A (Form 990) 2021 Supporting Organizations (continued) Part IV Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and х 11c below, the governing body of a supported organization? 11a Х b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide Х <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the х 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, х upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2b

3a

3

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Yes No 2a

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. 59-3052307 Page 6

	dule A (Form 990) 2021 FOR VOCATIONAL REHABIL			59-3052307 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	lov. 20, 1970 (<i>explain il</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	ganization (see

instructions).

Schedule A (Form 990) 2021

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THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATTONAL REHABILITATION INC

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	ion D - Distributions		loontine	100/	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e 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	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	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:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

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			FLORIDA						
Schedule A	(Form 990) 2021		VOCATIO						59-3052307 Page
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	l, 2, 3b, 3 lines 2 ar	c, 4b, 4c, 5a, 6 nd 3; Part IV, Se	, 9a, 91 ection	b, 9c, 11a, 11 E, lines 1c, 2a	b, and 11c; a, 2b, 3a, an	Part IV, 3 d 3b; Pa	Section B, lines ' it V, line 1; Part '	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
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132028 01-04-2	22								Schedule A (Form 990) 20

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

THE	FLORIDA	ENI	DOWMENT	FOUNDATI	ON
FOR	VOCATION	JAL	REHABII	JITATION,	INC

59-3052307

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

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 \dots \blacktriangleright \$

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)

-	B (Form 990) (2021)			Page 2
	organization LORIDA ENDOWMENT FOUNDATION		Emplo	yer identification number
	OCATIONAL REHABILITATION, INC.		59	-3052307
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution
1	EDMUND FINDER			Person X Payroll
	120 QUAYSIDE DR	\$5,0	00.	Noncash
	JUPITER, FL 33477			(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution
2	FLORIDA POWER AND LIGHT			Person X Payroll
	700 UNIVERSE BLVD	\$5,0	00.	Noncash
	JUNO BEACH, FL 33408			(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution
3	WELLS FARGO FOUNDATION			Person X
	800 N. MAGNOLIA AVE SUITE 100	\$ 10,0	00	Payroll Noncash
	SUU N. MAGNOLIA AVE SUITE 100	\$ 10,0	00.	(Complete Part II for
	ORLANDO, FL 32803			noncash contributions.)
(a)	(b)	(c)		(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution
4	PEPIN FAMILY FOUNDATION			Person X
	12191 W. LINEBAUGH AVE BOX 788	\$ 5,0	00.	Payroll Noncash
		φ <u> </u>	<u></u>	(Complete Part II for
	TAMPA, FL 33626			noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution
5	AT&T FOUNDATION			Person X
	208 S. AKARD RM. 1200.56	\$20,0	00.	Payroll Noncash
	DALLAS, TX 75202			(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution
6	ALEXIS DOYLE			Person X
		10.0	0.0	Payroll
	29812 FAIRWAY DR	\$10,0	00.	Noncash (Complete Part II for
	WESLEY CHAPEL, FL 33543			noncash contributions.)

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	B (Form 990) (2021)			Page Z
THE F	rganization LORIDA ENDOWMENT FOUNDATION OCATIONAL REHABILITATION, INC.			yer identification number
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 contribution	ns	(d) Type of contribution
7	ALEC MILTON <u>3211 PONCE DE LEON BLVD SUITE 301</u> <u>CORAL GABLES, FL 33134</u>	\$6,2	<u>37.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
8	CAREERSOURCE FLORIDA P.O. BOX 13179 TALLAHASSEE, FL 32317	\$5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ns	(d) Type of contribution
9	PETTENGILL ABILITY FUND 70 TOWN CT APT 88B PALM COAST, FL 32164	\$50,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
10	FLORIDAMAKES 201 EAST PINE ST SUITE 735 ORLANDO, FL 32801	\$8,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

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Schedule B	3 (Form 990) (2021)		Page 3
Name of o			Employer identification number
	LORIDA ENDOWMENT FOUNDATION OCATIONAL REHABILITATION, INC.		59-3052307
Part II		II if additional an each is measing	
	Noncash Property (see instructions). Use duplicate copies of Part	II If additional space is needed	I.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		_	
		\$	

Schedule B (Form 990) (2021)

Schedule	B (Form 990) (2021)		Page	э 4				
	organization		Employer identification number	r				
	LORIDA ENDOWMENT FOUNDA							
	OCATIONAL REHABILITATIO		59-3052307					
Part III	from any one contributor. Complete columns (a) through (e) and the following line ent	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea ntry. For organizations	r				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) 🕨 \$					
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
				-				
				-				
				-				
		(e) Transfer of gift	ft					
		(-,						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
				_				
				_				
				_				
(a) Na		1						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
				-				
				-				
	· · · · · · · · · · · · · · · · · · ·			-				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
				_				
				_				
				_				
(a) No.		1						
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
				-				
				-				
				-				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
				_				
				-				
				-				
(a) No.		I						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
<u>Part i</u>								
				-				
				-				
				-				
		(e) Transfer of gift	ft					
		-						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
				-				
				-				
				-				
100 (7)								
123454 11-11	1-21		Schedule B (Form 990) (202	2 1)				

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SCHEDULE C	Po	litical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)			-	-	70	2021
	-	anizations Exempt From Income if the organization is described				
Department of the Treasury Internal Revenue Service		to to www.irs.gov/Form990 for			990-EZ.	Open to Public Inspection
		Form 990, Part IV, line 3, or Fo			aign Acti	
-		plete Parts I-A and B. Do not con				
		1(c)(3)) organizations: Complete F	•	Do not complete Par	t I-B.	
 Section 527 organization 	ations: Complete	Part I-A only.				
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or For	rm 990-EZ, Part VI, lir	ne 47 (Lobbying Acti	vities), th	en
 Section 501(c)(3) org 	ganizations that h	ave filed Form 5768 (election und	der section 501(h)): Co	mplete Part II-A. Do n	ot comple	ete Part II-B.
 Section 501(c)(3) org 	anizations that h	nave NOT filed Form 5768 (election	on under section 501(h))): Complete Part II-B.	Do not co	omplete Part II-A.
		Form 990, Part IV, line 5 (Proxy	r Tax) (See separate ii	nstructions) or Form	990-EZ,	Part V, line 35c (Proxy
Tax) (See separate inst						
 Section 501(c)(4), (5) Name of organization 	-	ions: Complete Part III. RIDA ENDOWMENT FC			Employa	r identification number
Name of organization		ATIONAL REHABILIT				59-3052307
Part I-A Compl		anization is exempt unde				
1 Provide a description	on of the organiz	ation's direct and indirect politica	l campaign activities ir	n Part IV		
2 Political campaign	8		1 0		▶\$	
3 Volunteer hours for						
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3	3).		
1 Enter the amount o	f any excise tax	ncurred by the organization unde	er section 4955		.►\$	
2 Enter the amount o	f any excise tax	ncurred by organization manager	rs under section 4955		. ► \$	
		n 4955 tax, did it file Form 4720 f				Yes No
4a Was a correction m	ade?					Yes No
b If "Yes," describe in		onization is avampt unde	recetion E01(a)	avaant agation F	01(-)(2)	
		anization is exempt unde		-		
		by the filing organization for sec			. ► \$	
		zation's funds contributed to oth	•			
exempt function ac		Add lines 1 and 0. Enter here on			►\$	
	-	Add lines 1 and 2. Enter here an			▶\$	
		1120-POL for this year?			· ·	Yes No
		ployer identification number (EIN) of all section 527 poli			
		ion listed, enter the amount paid				
		omptly and directly delivered to a				
political action com	imittee (PAC). If a	additional space is needed, provid	de information in Part I	V.		
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid f	rom	(e) Amount of political
				filing organizatio		ontributions received and
				funds. If none, ente	er-0	promptly and directly delivered to a separate
						political organization.
						If none, enter -0

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

Schedule C (Form 990) 2021

132041 11-03-21

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. It a Total lobbying expenditures to influence public opinion (grassroots lobbying) (a) Filing organization's totals b Total lobbying expenditures to influence alegislative body (direct lobbying) (b) Affiliated group totals c Total working expenditures to influence alegislative body (direct lobbying) (b) Affiliated group totals c Total working expenditures to influence alegislative body (direct lobbying) (c) Total working expenditures to influence alegislative body (direct lobbying) d Total working comparison to the expenditures is and 10) (c) Other exempt purpose expenditures (c) Other exempt purpose expenditures (add lines 1c and 10) f If the amount on line 1c, column (a) or (b) is: The lobbying nontaxable amount is: (c) Port \$1,000,000 New expenses over \$1,000,000 \$20% of the amount on line 1e. (c) Port \$1,000,000 (c) \$175,000,000 Over \$1,000,000 \$170,000,000 \$100,000 \$100,000 (c) Port \$1,000,000 Over \$1,000,000 \$100,000,000 \$100,000,000 (c) Port \$1,000,000 (c) Port \$1,000,000 Over \$1,000,000 \$100,000,000		FOR VO	CATIO	ENDOWMENT	ITATION, INC	2. 59–3 d Form 5768 (ele	052307 Page 2 ection under
B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization"s totals (b) Affiliated group totals 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) — — b Total lobbying expenditures to influence a legislative body (direct lobbying) — — c Total lobbying expenditures (add lines 1 and 1b) — — — d Other exempt purpose expenditures (add lines 1 c and 1a) — — — f Lobbying nontaxable amount. Enter the amount from the following table in both columns. … … … If the amount on line 1 to column (a) (b) is: The lobbying ontaxable amount is: … … … Not ever \$500,000 but not over \$1,500,000 \$100,000 plus 15% of the excess over \$1,000,000. … … … Over \$10,000,000 but not over \$1,000,000 \$10,000,000. \$10,000,000. … … … Ver \$1,000,000 \$10,000,000. \$10,000,000. \$10,000,000. … … … grassroots nontaxable amount (enter 25% of line 11) h Subtract line	A Check if the filing organization	tion belong	s to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals (b) Affiliated group totals 1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	•••	0		• • •			, , ,
Inter some only paid presentitives organization's totals totals totals totals totals totals totals totals totals total lobbying expenditures to influence a legislative body (direct lobbying) colspan="2">total colbbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures total colbying ontaxable amount. Enter the amount from the following table in both columns. If the amount from the tolowing table in both columns. If the amount form the following table in both columns. If the amount of tor (s : Che lobbying ontaxable amount is: Not over \$500,000 Over \$1,000,000	B Check 🕨 📃 if the filing organiza	tion checke	d box A ar	nd "limited control" pro	visions apply.		
b Total lobbying expenditures to influence a legislative body (direct lobbying)						organization's	
c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 puts 15% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$125,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 11) h h Subtract line 1f from line 1c. If zero or less, enter -0. i j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2t.) Lobbying Expenditures During 4-Year Averaging Period	1a Total lobbying expenditures to influ	uence public	c opinion (grassroots lobbying)			
d Other exempt purpose expenditures (add lines to and 1d) e Total exempt purpose expenditures (add lines to and 1d) f Lobbying nontaxable amount. Inter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount. Is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$1,000,000. Over \$1,000,000 but not over \$17,000,000 \$225,000 plus 15% of the excess over \$1,500,000. Over \$1,000,000 but not over \$17,000,000 \$225,000 plus 15% of the excess over \$1,500,000. Over \$1,000,000 \$175,000 plus 15% of the excess over \$1,500,000. Over \$17,000,000 \$10,000,000. g Grassroots nontaxable amount (enter 25% of line 1f)	b Total lobbying expenditures to influ	uence a legi	slative boo	y (direct lobbying)			
e Total exempt purpose expenditures (add lines 1c and 1d) Image: the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Image: the amount on line 1e. Not over \$500,000 20% of the amount on line 1e. Image: the amount on line 1e. Image: the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 puts 15% of the excess over \$1,000,000. Over \$1,500,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,500,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,000,000. Over \$1,000,000 \$10,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,000,000. Over \$1,000,000 \$10,000,000 \$10,000,000. \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000 \$10,000,000 \$10,000,000. \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000 \$10,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000. If there is an amount other \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Image: \$1,000,000. Is Ubtract line 1f from line 1a. If zero or less, enter -0. Image: \$1,000,000. Image: \$1,000,000. Is Ubtract line 1f from line 1a. If zero or less, enter 40.	c Total lobbying expenditures (add lir	nes 1a and	1b)				
f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 \$100,000. Use \$1,000,000 \$100,000. Over \$1,000,000 \$100,000. Use \$1,000,000 \$100,000. Over \$1,000,000 \$100,000. Use \$1,000,000 \$100,000. Use \$1,000,000	d Other exempt purpose expenditure	es					
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 \$175,000,000 Over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 \$100,000. Over \$1,000,000 \$100,000. Image: the excess over \$1,000,000. \$100,000. Over \$1,000,000 \$100,000. Image: the excess over \$1,000,000. \$100,000. Over \$1,000,000 \$100,000. Image: the excess over \$1,000,000. \$100,000. Over \$1,000,000 \$100,000. Image: the excess over \$1,000,000. Yee \$1000,	e Total exempt purpose expenditures	s (add lines	1c and 1d)			
Not over \$\$00,000 20% of the amount on line 1e. Over \$\$00,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 15% of the excess over \$1,000,000. Over \$1,500,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,7,000,000 \$100,000 g Grassroots nontaxable amount (enter 25% of line 1f)	f Lobbying nontaxable amount. Ente	er the amou	nt from the	e following table in both	n columns.		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f)	If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f)	Not over \$500,000		20% of	the amount on line 1e.			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f)	Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f)	Over \$1,000,000 but not over \$1,50	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)	Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
h Subtract line 1g from line 1a. If zero or less, enter -0. i Subtract line 1f from line 1c. If zero or less, enter -0. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e)) Lobbying expenditures Lobbying expenditures Lobbying expenditures	Over \$17,000,000		\$1,000,	000.			
h Subtract line 1g from line 1a. If zero or less, enter -0. i Subtract line 1f from line 1c. If zero or less, enter -0. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e)) Lobbying expenditures Lobbying expenditures Lobbying expenditures							
i Subtract line 1f from line 1c. If zero or less, enter -0-	g Grassroots nontaxable amount (en	ter 25% of I	ine 1f)				
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes No Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures	h Subtract line 1g from line 1a. If zero	o or less, er	nter -0				
reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e)) Image: Column(e) Image:	i Subtract line 1f from line 1c. If zero	o or less, en	ter -0				
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e))	j If there is an amount other than zer	ro on either	line 1h or	line 1i, did the organiza	ation file Form 4720		
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e)) Lobbying expenditures Lobbying expenditures Lobbying expenditures	reporting section 4911 tax for this	year?				[Yes No
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) Total 2a Lobbying nontaxable amount	(Some organizations th	nat made a	section 5	01(h) election do not l	have to complete all o	f the five columns bo	elow.
(or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e))		Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures	,	(a) 2	018	(b) 2019	(c) 2020	(d) 2021	(e) Total
(150% of line 2a, column(e)) c Total lobbying expenditures							
	c Total lobbying expenditures						
d Grassroots nontaxable amount	d Grassroots nontaxable amount						
e Grassroots ceiling amount							
(150% of line 2d, column (e))	c						
f Grassroots lobbying expenditures	f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

132042 11-03-21

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)		(k))
	olobbying activity.	Yes	N	10	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
	Volunteers?			X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
	Media advertisements?			X		
d	Mailings to members, legislators, or the public?			Х		
	Publications, or published or broadcast statements?			Х		
f	Grants to other organizations for lobbying purposes?			Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			35	5,248.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			Х		
i	Other activities?			Х	-	
j	Total. Add lines 1c through 1i				35	5,248.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			Х		
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), o	r sec	tion	
	50 T(c)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2				2		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
	t III-B Complete if the organization is exempt under section 501(c)(4), section			-	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered					3. is
	answered "Yes."		() -		···· , ·····	-,
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					
	expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
	Carryover from last year			2b		
	Total			2c		
3				3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc			-		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures. See instructions			5		
Par		<u></u>				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A lin	es 1 ar	nd 2 (See	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.		,			
	TII-B, LINE 1, LOBBYING ACTIVITIES:					
DIF	RECT CONTACT WITH LEGISLATORS AND GOVERNMENT OFFICIA	LS TO	MO	NIT	DR	
LEG	SISLATION THAT AFFECTS VOCATIONAL REHABILITATION: MA	INTAIN	IIN	G TI	łE	
ABI	E TRUST PAST OCTOBER 2023 WHEN THE GOVERNING STATUT	EISS	SET	то		
REE	PEAL.					

132043 11-03-21

Schedule C (Form 990) 2021

SC	HEDULE D		tal Financial Statements	;	OMB No. 1545-0047
(Forr	n 990)		rganization answered "Yes" on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b	b .	ZUZ 1
Depart	ment of the Treasury		Attach to Form 990.		Open to Public
-	I Revenue Service		1990 for instructions and the latest information		Inspection
Nam	e of the organization		HABILITATION, INC.		identification number 9 – 3 0 5 2 3 0 7
Pa	t I Organiza		ed Funds or Other Similar Funds of		
1 41		n answered "Yes" on Form 990, Part IV,			
	0.9424.01		(a) Donor advised funds	(b) Funds and	d other accounts
4	Total number at on	nd of yoar			
1 2		nd of year f contributions to (during year)			
2		f grants from (during year)			
4		t end of year			
4 5			n writing that the assets held in donor advise	d funde	
5	-		's exclusive legal control?		X Yes No
6			advisors in writing that grant funds can be u		
Ū	•	C	or donor advisor, or for any other purpose of	•	
	impermissible priva				X Yes No
Pa			organization answered "Yes" on Form 990, P		
1		ervation easements held by the organiza			
•		of land for public use (for example, recr	· · · · ·	a historically impor	ant land area
		f natural habitat	·	a certified historic s	
		of open space			
2		• •	alified conservation contribution in the form o	f a conservation ea	sement on the last
~	day of the tax year.	o o i			it the End of the Tax Year
а					
b					
c			tructure included in (a)		
			d after 7/25/06, and not on a historic structur		
u					
3	Number of conserv	vation easements modified, transferred,	released, extinguished, or terminated by the o		the tax
	year		en anna 15 fa an taol 🔊		
4		where property subject to conservation e			
5			eriodic monitoring, inspection, handling of		
6		orcement of the conservation easements			Yes No
6	•	r nours devoted to monitoring, inspecting	g, handling of violations, and enforcing conse	ervation easements	during the year
7			ndling of violations, and onforcing concernati	on occomonto durir	ag the year
7		es incurred in monitoring, inspecting, na	ndling of violations, and enforcing conservati	on easements duri	ig the year
•	►\$	vetion accoment reported on line Q(d) of	ove satisfy the requirements of section 170(h		
8					Yes No
9			ation easements in its revenue and expense s		
9	,	8	ptnote to the organization's financial statement		bo
		ounting for conservation easements.			
Pa			of Art, Historical Treasures, or Oth	ner Similar Ass	ets.
		the organization answered "Yes" on Fo			
1a			958, not to report in its revenue statement an	nd halance sheet w	orks
		· •	ublic exhibition, education, or research in fur		
			ancial statements that describes these items	-	
b	•		958, to report in its revenue statement and ba		of
	-		lic exhibition, education, or research in furthe		
		ng amounts relating to these items:			-,
	•	0		▶ \$	
				N A	
2	.,		reasures, or other similar assets for financial		
-		ints required to be reported under FASB		J)	
а	-			▶ \$	
		eduction Act Notice, see the Instructio			lule D (Form 990) 2021
	10-28-21		- · · · · · · · · · -		_ ,
			29		

2021.05080 THE FLORIDA ENDOWMENT FOU 62658__1

		RIDA ENDOWN								
		ATIONAL REP						52307		age 2
Par	t III Organizations Maintaining C							continu	ied)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that r	make si	ignificant ι	ise of its			
	collection items (check all that apply):		_							
а	Public exhibition	d		hange prograr						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit o							_		,
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrange		ete if the organizatio	n answered "ነ	res" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		•					-		1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:					<u> </u>		
								Amount		
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance					. 1 f		_		<u> </u>
	Did the organization include an amount on Fe					ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	-								
		(a) Current year	(b) Prior year	(c) Two years		(d) Three y				
	Beginning of year balance	26,674,413.					10,580.	24,9		
b	Contributions	58,612.	51,344.		,827.		38,393.			124.
С	Net investment earnings, gains, and losses	-2,656,559.	5,543,172.	4,162	,270.	-1,8	07,908.			158.
d	Grants or scholarships							1	.54,0	000.
е	Other expenditures for facilities									
	and programs	2,595,413.	2,254,627.	2,424	,741.	2,3	06,897.	1,1	.10,0	000.
f	Administrative expenses									
g	End of year balance	21,481,053.	26,674,413.	23,334,	,524.	21,2	34,168.	25,3	10,5	580.
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administere	ed for th	ie organiza	ation	_		
	by:							<u>ر</u>	/es	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or of basis (investm	• •	or other	• •	ccumulate preciation	ed	(d) Book	value	e
	Land		Dabis	(other)	ue	preciation				
	Land									
	Buildings									
	Leasehold improvements		11	2 010		110 40)	1 -	01
	Equipment			3,910.	-	110,48			,42	
	Other			3,279.		25,54	±/•	127	-	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	X, column (B), line 10	0c.)	<u></u>			131		
							Schedule	D (Form	990)	2021

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Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-vear market value
			or chie of year market value
1) Financial derivatives 2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 000 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or and of year market yalue
	(b) BOOK Value	(c) Method of Valuation. Cost	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Deckurchurc
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) potal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(8) (9) Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities.	Description		
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a)	Description		>
(8) (9) Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Dotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a)	Description		
(8) (9) Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Dotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a)	Description		ne 25.
(8) (9) Tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		ne 25.
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes	Description		>
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY	Description		ne 25.
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3)	Description		ne 25.
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4)	Description		ne 25.
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6)	Description		ne 25.
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5)	Description		ne 25.

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

Schedule D (Form 990) 2021

132053 10-28-21

	THE FLORIDA ENDOWMENT FOUN	IDATIO	V		
Sche	dule D (Form 990) 2021 FOR VOCATIONAL REHABILITAT				3052307 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	836,889.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-957,585.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-816,175.		
е	Add lines 2a through 2d			2e	-1,773,760.
3	Subtract line 2e from line 1			3	2,610,649.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,610,649.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per H	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	5,951,251.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities			_	
b	Prior year adjustments			-	
С	Other losses		112,100.	_	
d	Other (Describe in Part XIII.)		3,030,313.		
е	Add lines 2a through 2d			2e	3,142,413.
3	Subtract line 2e from line 1			3	2,808,838.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,808,838.
Pal	t XIII Supplemental Information.				

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

PART V, LINE 4:

PERMANENT ENDOWMENTS RECEIVED FROM DONORS ARE INVESTED IN PERPETUITY WITH

DISTRIBUTIONS DESIGNATED MOSTLY FOR THE ABLE TRUST'S GENERAL PURPOSES,

WITH A FEW OF THE PERMANENT ENDOWMENT FUNDS DESIGNATED FOR HIGH

SCHOOL/HIGH TECH PROGRAMS OR RELATED PROGRAMS. THE BOARD DESIGNATED

ENDOWMENTS REPRESENT RESOURCES CONTRIBUTED BY THE FOUNDATION TO INCREASE

INVESTMENT PRINCIPAL.

PART X, LINE 2:

THE FOUNDATION HAS FILED ALL REQUIRED TAX RETURNS IN ALL JURIDICTIONS IN

WHICH IT OPERATES. TAX YEARS AFTER 2018 REMAIN SUBJECT TO EXAMINATION BY

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THE APPLICABLE TAXING AUTHORITIES.

132054 10-28-21

Schedule D (Form 990) 2021

THE FLORIDA ENDOWMENT FOUNDATION	
Schedule D (Form 990) 2021 FOR VOCATIONAL REHABILITATION, INC. Part XIII Supplemental Information (continued) (conti	59-3052307 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
INTEREST	-928,275.
LOSS ON DISPOSAL OF ASSETS	112,100.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-816,175.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
REALIZED GAINS	-957,585.
	020 275
INTEREST	-928,275.
UNREALIZED LOSSES	4,916,173.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,030,313.
	5,030,313

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047	
(Form 990)	Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		2021	
Department of the Treasury Internal Revenue Service	Comp		Attach to For s.gov/Form990 fo	m 990.			Open to Public Inspection	;
······································		ENT FOUNDAT: ABILITATION					Employer identification numb 59-305230	
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records t criteria used to award the grants or assis	tance?							No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any	
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	
ABILITY 1ST								
1823 BUFORD COURT								
TALLAHASSEE, FL 32308	59-2091522	501(C)(3)	66,000.	0.			VOCATIONAL PROGRAMS	
BEST BUDDIES INTERNATIONAL, INC. 105 E. ROBINSON ST., #540 ORLANDO, FL 32801	52-1614576	501(C)(3)	50,000.	0.			VOCATIONAL PROGRAMS	
BREVARD SCHOOLS FOUNDATION 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 32940-6699	59-2895155	501(C)(3)	22,000.	0.			VOCATIONAL PROGRAMS	
CAREER SOURCE FLORIDA CROWN 1389 US HIGHWAY 90 W, SUITE 170B LAKE CITY, FL 32055	59-3531927	501(C)(3)	88,000.	0.			VOCATIONAL PROGRAMS	
CENTER FOR IND LIV OF BROWARD 4800 N. STATE ROAD 7 BLDG. F, SUITE 102 - FT. LAUDERDALE, FL 33319	65-0292125	501(C)(3)	44,000.	0.			VOCATIONAL PROGRAMS	
CENTER FOR IND. LIVING N. CENTRAL FL - 222 SW 36TH TERRACE - GAINESVILLE, FL 32607	59-2177488	501(C)(3)	110,000.	0.			VOCATIONAL PROGRAMS	
2 Enter total number of section 501(c)(3) an3 Enter total number of other organizations						·	2	7.

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

Schedule I (Form 990)

FOR VOCATIONAL REHABILITATION, INC. -

organization or government If applicable cash grant noncash assistance Ivaluation assistance noncash assistance nocash as							
Deamage B6-1145087 B01(C)(3) 22,000. 0. POCATIONAL FRORM COLLIER COUNTY PUBLIC SCHOOLS 59-6000557 50VT 22,000. 0. POCATIONAL FRORM SYT5 GORGOLA TR. S9-6000557 50VT 22,000. 0. POCATIONAL FRORM DySLEXIA RESEARCH INSTITUTE 59-6000557 50VT 22,000. 0. POCATIONAL FRORM PORT ST. JOE, FL 32456 59-1820902 501(C)(3) 22,000. 0. POCATIONAL PROGRAM EDUCATIONAL FOUNDATION OF LAKE 59-2764174		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	noncash	valuation (book, FMV,	(h) Purpose of grant or assistance
1118 MARKOLIA AVE. 86-1145087 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM COLLIER COUNTY PUBLIC SCHOOLS 59-6000557 DOVT 22,000. 0. VOCATIONAL PROGRAM NAPLES, FL 34109 59-6000557 DOVT 22,000. 0. VOCATIONAL PROGRAM DYSLEXIA RESEARCH INSTITUTE 1934 STATE ROAD 30A F9-1820902 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM DYSLEXIA RESEARCH INSTITUTE 1934 STATE ROAD 30A F9-266174 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM DORKT ST. JOE, FL 32456 59-2764174 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM EDUCATIONAL FOUNDATION OF LAKE 59-2764174 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM EDBRACE FAMILIES FORMERLY 59-2764174 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM FLAGLER COUNTY EDUCATION F1 23817 01-0631375 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM FLAGLER COUNTY EDUCATION F9-2788435 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM FALSE FUNCON - 1766 E. MOODY BLVD., F9-3006312 <td>CHAUTAUQUA CHARTER SCHOOL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	CHAUTAUQUA CHARTER SCHOOL						
COLLIER COUNTY PUBLIC SCHOOLS 59-6000557 povr 22,000. 0. VOCATIONAL PROGRAM NAPLES, FL 34109 59-6000557 povr 22,000. 0. VOCATIONAL PROGRAM DYSLEXIA RESEARCH INSTITUTE 1934 STATE ROAD 30A PORT ST. JOE, FL 32456 59-1820902 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM EDUCATIONAL FOUNDATION OF LAKE COUNTY - 2045 FRUIT ST LEESEURG, FL 34748 59-2764174 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM ENGRACE FAMILIES FORMERLY COMUNITY THT - 4001 PELEE STREET, SUITE 200 - ORLANDO, FL 32817 01-0631375 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM FUNDATION - 1769 E. MOODY ELVD., ELGO. 2 - BUNNELL, FL 32110 59-3006312 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM FOUNDATION FOR ORANGE CO, PUBLIC SCHOOLS - 550 S. EOLA AVE GRLANDO, FL 32801 59-2788435 801(C)(3) 49,500. 0. VOCATIONAL PROGRAM GOODWILL EASTER SEALS GULF (AL) 2440 GORDON SMITH DR. MOBILE, AL 36617-2319 63-0363472 501(C)(3) 44,000. 0. VOCATIONAL PROGRAM GULPSTREAM GOODWILL INUSTRIES, ICC 1015 TIFFANT DRIVE EAST -	1118 MAGNOLIA AVE.						
5775 OGCEOLA TR. S9-6000557 DOVT 22,000. 0. VOCATIONAL PROGRAM DYSUEXIA RESEARCH INSTITUTE 1934 STATE ROAD 30A PORT ST. JOE, FL 32456 59-1820902 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM DRN ST. JOE, FL 32456 59-1820902 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM COUNTY - 2045 PRUITT ST LEBSBURG, FL 34748 59-2764174 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM EMBRACE FAMILIES FORMERLY COMMUNTY INTT - 4001 PRIZE S01(C)(3) 22,000. 0. VOCATIONAL PROGRAM VLAGLER COUNTY EDUCATION OI-0631375 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM PUMDATION - 1769 F. KOODY EDUC, DI-0631375 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM POUNDATION FOR ORANGE CO. PUBLIC S9-3006312 501(C)(3) 22,000. 0. VOCATIONAL PROGRAM POUNDATION FOR ORANGE CO. PUBLIC S9-2788435 501(C)(3) 49,500. 0. VOCATIONAL PROGRAM VOCATIONAL FOR SALLS CULF (AL) S9-2788435 501(C)(3) 49,500. 0. VOCATIONAL PROGRAM VOCATIONAL FROGRAM	PANAMA CITY, FL 32401	86-1145087	501(C)(3)	22,000.	0.		VOCATIONAL PROGRAMS
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COMMUNITY INIT - 4001 PELEE STREET, SUITE 200 - ORLANDO, FL 3281701-0631375501(C)(3)22,000.0.FLAGLER COUNTY EDUCATION FOUNDATION - 1769 E. MOODY BLVD., BLDG. 2 - BUNNELL, FL 3211059-3006312501(C)(3)22,000.0.FOUNDATION FOR ORANGE CO. PUBLIC SCHOOLS - 550 S. EOLA AVE ORLANDO, FL 3280159-2788435501(C)(3)49,500.0.GOODWILL EASTER SEALS GULF (AL) 2440 GORDON SMITH DR. MOBILE, AL 36617-231963-0363472501(C)(3)44,000.0.GULFSTREAM GOODWILL INDUSTRIES, INC 1715 TIFFANY DRIVE EAST -63-0363472501(C)(3)44,000.0.	· · · ·						
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GULFSTREAM GOODWILL INDUSTRIES, INC 1715 TIFFANY DRIVE EAST -	2440 GORDON SMITH DR.						
INC 1715 TIFFANY DRIVE EAST -	MOBILE, AL 36617-2319	63-0363472	501(C)(3)	44,000.	0.		VOCATIONAL PROGRAMS
INC 1715 TIFFANY DRIVE EAST -	GULFSTREAM GOODWILL INDUSTRIES						
	,						
WEST FALM BEACH FL 3340/ I 39-119/040 D01(C)(3) I 22 000.I 0.I I I MOCATIONAL PROGRAM	WEST PALM BEACH, FL 33407	59-1197040	501(C)(3)	22,000.	0.		VOCATIONAL PROGRAMS

Schedule I (Form 990)

Schedule I (Form 990)

FOR VOCATIONAL REHABILITATION, INC.

Part II Continuation of Grants and Other			and Domestic Go	vernments (Sche	edule i (Foitti 990), Fai	L II.)	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 non-cash assistance	(h) Purpose of grant or assistance
HARDEE COUNTY SCHOOL DISTRICT 200 SOUTH FLORIDA AVE.							
WAUCHULA, FL 33873	59-6000631	GOVT	22,000.	0.			VOCATIONAL PROGRAMS
MACDONALD TRAINING CENTER 5420 W. CYPRESS ST. TAMPA, FL 33607	59-0777827	501(C)(3)	83,500.	0.			VOCATIONAL PROGRAMS
MADISON COUNTY SCHOOL BOARD 210 NE DUVAL AVE.							
MADISON, FL 32340	59-6000721	GOVT	22,000.	0.			VOCATIONAL PROGRAMS
MIAMI LIGHTHOUSE FOR THE BLIND 601 SW 8TH AVENUE							
MIAMI, FL 33130	59-0637847	501(C)(3)	44,000.	0.			VOCATIONAL PROGRAMS
NASSAU COUNTY SCHOOL DISTRICT 1201 ATLANTIC AVE.							
FERNANDINA BEACH, FL 32034	59-6000756	GOVT	22,000.	0.			VOCATIONAL PROGRAMS
POLK COUNTY PUBLIC SCHOOLS 1915 SOUTH FLORAL AVE.							
BARTOW, FL 33830	59-6000807	GOVT	22,000.	0.			VOCATIONAL PROGRAMS
SCHOOL DISTRICT OF DESOTO COUNTY 494 N. MANATEE AVE.							
ARCADIA, FL 34266	59-6000580	GOVT	22,000.	0.			VOCATIONAL PROGRAMS
THE HAVEN 4405 DESOTO ROAD							
SARASOTA, FL 34235	59-1305522	501(C)(3)	44,000.	0.			VOCATIONAL PROGRAMS
VOLUSIA COUNTY SCHOOL DISTRICT 1250 REED CANAL RD.							
PORT ORANGE, FL 32129	59-6000884	GOVT	22,000.	0.			VOCATIONAL PROGRAMS

Schedule I (Form 990)

Schedule I (Form 990)

FOR VOCATIONAL REHABILITATION, INC.

(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 non-cash assistance	(h) Purpose of grant or assistance
ABILITIES, INC. OF FLORIDA DBA							
SERVICESOURCE - 2735 WHITNEY ROAD							
CLEARWATER, FL 33760-1610	59-0874493	501(C)(3)	66,000.	0.			VOCATIONAL PROGRAMS
EMERALD COAST CHILDREN'S ADVOCACY							
CENTER - PO BOX 1237 - NICEVILLE,							
PL 32588	59-3454168	501(C)(3)	27,467.	0.			VOCATIONAL PROGRAMS
HE ARC OF JACKSONVILLE							
050 NORTH DAVIS ST	59-6209603	F01/(0)/(0)	66,000	0			
ACKSONVILLE, FL 32209	59-6209603	501(C)(3)	66,000.	0.			VOCATIONAL PROGRAMS

Schedule I (Form 990)

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

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

PART I, LINE 2:

Schedule I (Form 990) 2021

Part III

ALL GRANTS ARE MADE VIA CONTRACTS THAT REQUIRE REGULAR REPORTING - 2 OR 3

TIMES PER YEAR, DEPENDING ON THE TERMS OF THE CONTRACT. THE FOUNDATION'S

STAFF REVIEWS PERIODIC REPORTS FROM GRANTEES TO DETERMINE IF CONTRACT

DELIVERABLES ARE BEING MET. SITE VISITS ARE ALSO CONDUCTED TO ASSESS HOW

GRANTEES ARE MEETING DELIVERABLES.

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Page 2

SCH	HEDULE J Compensation Information	I	OMB No. 1	545-004	47	
(1 01	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		2021			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				•	
	Attach to Form 990. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection		IC .	
	e of the organization THE FLORIDA ENDOWMENT FOUNDATION	Employer i	•		mber	
	FOR VOCATIONAL REHABILITATION, INC.		05230			
Pa			05250			
				Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990		103		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for perso	naluse				
	Travel for companions Payments for business use of personal re					
	Tax indemnification and gross-up payments Health or social club dues or initiation fee					
Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b			
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee					
	Independent compensation consultant					
	Form 990 of other organizations	ommittee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?		4a		X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		4b		X	
с	Participate in or receive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the revenues of:					
	The organization?				X	
	Any related organization?		5b		X	
	If "Yes" on line 5a or 5b, describe in Part III.					
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the net earnings of:					
	The organization?				X	
	Any related organization?		<u>6b</u>		X	
	If "Yes" on line 6a or 6b, describe in Part III.					
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v	
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X	
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		-			
	Regulations section 53.4958-6(c)?					
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	1 990)	2021	

132111 11-02-21

FOR VOCATIONAL REHABILITATION, INC.

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(i)								
(ii)								
(i)								
(ii)								
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Schedule J (Form 990) 2021

Schedule J	(Form	000	2021
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FOR VOCATIONAL REHABILITATION, INC.

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

INC.

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. THE FLORIDA ENDOWMENT FOUNDATION



59-3052307

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

FOR VOCATIONAL REHABILITATION,

TO BE A KEY LEADER IN PROVIDING FLORIDIANS WITH DISABILITIES

OPPORTUNITIES FOR SUCCESSFUL EMPLOYMENT.

FORM 990, PART VI, SECTION A, LINE 4:

THE INVESTMENT, PROCUREMENT, TRAVEL AND GRANT POLICIES WERE UPDATED. A

SPENDING POLICY WAS ADOPTED.

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

FORM 990 AND ACCOMPANYING SCHEDULES ARE PREPARED BY AN INDEPENDENT

ACCOUNTING FIRM. THE ORGANIZATION'S MANAGEMENT REVIEWS THE FORM 990 AND

ACCOMPANYING SCHEDULES. ALL QUESTIONS AND ISSUES ARE RESOLVED WITH THE

INDEPENDENT ACCOUNTING FIRM PRIOR TO FILING WITH THE INTERNAL REVENUE

SERVICE CENTER. FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE AND THEN

SENT TO THE FULL BOARD FOR REVIEW AND VOTE.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MONITORS THE POLICY

ANNUALLY AND PERIODICALLY AS IS APPROPRIATE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE BASE SALARY

AND ANNUAL INCENTIVE OPPORTUNITIES OF THE PRESIDENT.

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

ALL GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC. SOME DOCUMENTS ARE

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UPON REQUEST.

REGULATION SECTION 1.263(A)-1(F) - DE MINIMIS SAFE HARBOR ELECTION

TAXPAYER NAME: THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL

REHABILITATION, INC.

TAXPAYER ADDRESS: 3320 THOMASVILE RD., STE 200, TALLAHASSEE, FL 32308

TAXPAYER ID NUMBER: 59-3052307

YEAR-END: 06/30/2022

UNDER IRC REGULATION SECTION 1.263(A)-1(F), THE TAXPAYER HEREBY ELECTS

TO APPLY THE DE MINIMIS SAFE HARBOR ELECTION.

21510508 136042 62658

SCHEDULE R (Form 990)	► Com		Related Organizations and Unrelated Partnerships te if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.							
· · ·	Com		tach to Form 990.	ine 33, 34, 350, 30	, 01 37.			ZUZ Open to P		
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990		st information.			,	Inspecti	on	
Name of the organiza		NDOWMENT FOUNDATIO					veridentif −3052		umber	
Part I Identifica	tion of Disregarded Entities. Compl	ete if the organization answered "Ye	s" on Form 990, Part IV, line 33	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	or (d) Total incor	ne End-of-year	assets	(f) Direct contro entity		9	
		-								
	tion of Related Tax-Exempt Organiz ons during the tax year.	zations. Complete if the organizatio	n answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one c	or more relat	ted tax-exe	empt		
	(a) me, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct co	(f) irect controlling entity		g) 512(b)(13) rolled iity?	
	BLE FOUNDATION, INC BLUE QUILL TRAIL, 32312	CHARITABLE	FLORIDA	501(C)(3)		I/A		Yes	x	
		_								
		_								

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

Schedule R (Form 990) 2021

THE FLORIDA ENDOWMENT FOUNDATION

Schedule R (Form 990) 2021 FOR VOCATIONAL REHABILITATION, INC.

59-3052307 Page 2

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

	T	-					-			-		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i	i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana parti	ral or iging her?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) :tion b)(13) rolled tity?
		country)						Yes	No

THE FLORIDA ENDOWMENT FOUNDATION

Schedule R (Form 990) 2021 FOR VOCATIONAL REHABILITATION, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		100	
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		x
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution for related organization(s)	1c		X
		1d		X
	Loans or loan guarantees to or for related organization(s)	1e		X
е	Loans or loan guarantees by related organization(s)	le		
		44		x
T	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1 j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		Х
-				
r	Other transfer of cash or property to related organization(s)	1r		х
s	Other transfer of cash or property from related organization(s)	1s		Х

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

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

THE FLORIDA ENDOWMENT FOUNDATION Schedule R (Form 990) 2021 FOR VOCATIONAL REHABILITATION, INC.

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs	ali s sec.)(3)	Share of total	Share of end-of-year	Dispr tion	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managin	Percentage
		country)	excluded from tax under sections 512-514)	orgs Yes	.? No	income			tions?	of Schedule K-1 (Form 1065)	Yes No	
												1
					_							
												+
					_							+

Schedule R (Form 990) 2021

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. 59-3052307 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21

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

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

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Blind Services Foundation of Florida, Inc. 325 W. Gaines St. Room 1114, Turlington Building, Tallahassee, Florida 32399 1-800-342-1828 www.blindservicesfoundation.org	Section 413.0111, F.S.	The Blind Services Foundation of Florida, Inc., serves Florida's blind citizens with intensity. Our efforts are to use funds of the Foundation to support programs of the Florida Division of Blind Services; and to conduct programs and activities, and initiate developmental projects for the benefit of citizens of Florida who are blind and/or visually impaired.	 Over the next three fiscal years, the Blind Services Foundation will focus on: Supporting the Florida Division of Blind Services by raising funds and bringing public awareness for outreach programs and educational opportunities. Explore more options for accessible training opportunities . The Foundation is also exploring a project that would provide data on apprenticeship programs in Florida that are accessible to people who are blind. The Foundation will continue to look for innovative projects that enhance the effectiveness of the Division of Blind Services. The Foundation will continue to work closely with DBS to ensure that the BSFVET is accessible; and is widely available not only across the State of Florida, but across the United States and the world. 	See Tab 4.	 The Florida Division of Blind Services, rationale to continue the Blind Services Foundation of Florida, Inc., is that the foundation: Maintains its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDBS; Serves as an efficient fiscal agent for statewide initiatives and developmental projects for the benefit of blind and/or visually impaired Floridians, through fundraising and advocacy groups for the blind and/or visually impaired Floridians; Is an effective vehicle for cultivating meaningful partnerships between the FDBS and other stakeholders; and Is actively engaged in developing and successfully executing innovative programs such as the Bikers Care Tag initiative and supports the efforts of the FDBS regarding services to support the blind and/or visually impaired

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

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

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

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

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

Direct Support Organization – Project Funding & Engagement Plan

The Blind Services Foundation of Florida, Inc., serves Florida's blind citizens by developing, implementing, and overseeing projects which maximize the ability of people who are blind or have low vision in Florida to optimize their inclusion in society. Funds of the Foundation are used to support programs of the Florida Division of Blind Services (DBS) and to conduct programs and activities and initiate developmental projects for the benefit of citizens of Florida who are blind or visually impaired. The Foundation works collaboratively with the Division of Blind Services to identify and implement a range of projects that are likely to significantly increase the engagement and success of people who are blind in Florida. Among the areas the foundation continues to engage are:

1. Funding for a project that would provide data on apprenticeship programs in Florida that are accessible to people who are blind.

Registered Apprenticeship is a model of job preparation that combines paid on-the-job training (OJT) with related instruction to progressively increase workers' skill levels and wages. As an "earn and learn" strategy, Registered Apprenticeships offer job seekers immediate employment opportunities that pay sustainable wages and offer advancement along a career path. Graduates of Registered Apprenticeship programs receive nationally recognized, portable credentials, and their training may be applied toward further post-secondary education. DBS is exploring apprenticeship opportunities that are accessible to people who are blind and other employment areas where individuals who are blind may be successful. The Division has already begun the implementation of one apprenticeship-like program that aims to enable apprentices to learn how to evaluate the accessibility of web sites. Other components of the project will include:

- Conduct surveys or focus groups to gather information about employer knowledge of services provided by the Division of Blind Services to assist blind and visually impaired individuals in the workforce.
- Work with employers to develop and implement candidate interventions (provision of services/support) to remove perceived barriers to employment if the candidate meets all other employment qualifications.

• Work with current apprenticeship sponsors to identify employers who are seeking to tap into the skills and expertise blind and visually impaired individuals bring to the workforce.

The outcomes of this project will include:

The development of a plan of action with regard to apprenticeships that will allow the Division to determine how to move ahead with further actions. Information should also be available about other apprenticeship projects elsewhere in the country.

2. Funding for Senior Equipment Program

The Foundation allocated funding that makes it possible for seniors who are blind or have low vision to apply for technological equipment such as phones, magnifiers, readers, screen readers, and other approved technological devices. This funding priority is extremely important, given the growing population of senior citizens experiencing low vision or blindness. There is also a distinct lack of funding available to provide such equipment.

The maximum size of any request to be considered would be \$2,500. We expect that the amount required for most requests will be considerably less. The Division of Blind Services will make staff available to receive requests and to oversee the handling of approved requests. Staff would also be responsible for tracking expenditures from the funds available. The Foundation will oversee the implementation of this project and believes that, by providing technology and training for this population, we are strengthening the ability of these seniors to function independently in their homes. Without the equipment and training we feel that institutionalization is more likely as people get older and face multiple disabilities.

Another component of the project involves the renewal of licenses for Vispero products for individuals whose case is already closed. Vispero products have been made available to people who are blind or who have low vision based on an agreement between this software company and the Division of Blind Services which is both innovative and cost effective. Our committee determined that the cost of license renewal, \$99, is low enough that the staff assigned to the project can approve these requests as a matter of course and get them processed. Other requests will go through a special committee established by the Foundation. Once the equipment element of the project is operational, our committee will consider training elements. It is our expectation that, no later than October 2023, we will have developed criteria and approaches to adding a training component to the current project.

This project is only funded through the end of the current fiscal year. However, it seems likely that additional funding for this component will be seriously considered by the Foundation and the Division of Blind Services. The number of individuals needing to access this project will only grow as more seniors live longer and more seniors therefore become blind. The Foundation perceives its role as involving the identification of areas of need which are unmet which can be filled by projects such as this one.

3. Funding for White Cane Outreach

The "White Cane Law" is a law that has been enacted in every state. The primary initial sponsors of these laws were the Lions Clubs. Essentially these laws recognize the White Cane signifies that the pedestrian using it is blind or visually impaired, alerts motorists of the need to exercise special caution and provide the user the right of way, and symbolizes the independence, confidence and skills of the person who is using it. Regrettably, there are some questions as to how effective the law is. Many motorists, when questioned, know

Page **2** of **4** Rev. 8/8/2023 nothing about it. Penalties for violating the law are, at most, misdemeanors. No effort to persuade the state Department of Transportation to keep accurate records of violations has yet to be very effective. Often, after police involvement when accidents happen, it is determined that the blind person was at fault because he or she did not cross appropriately. The assumption is therefore that the motorist couldn't help the accident. As a result of all of these circumstances, the following seems to be true:

1. There is little attention paid to the law outside of October, which is the month when White Cane Safety Day is celebrated.

2. Convictions under the law are few and far between.

3. Regardless of cause, it appears that many motorists and many blind people do not fully understand the law.

4. Over the past five years, nothing of importance has been done at the state level to draw attention to the law or to alter how it is being enforced and perceived.

This project could do a number of things:

1. Public service announcements could be prepared for radio or television that would highlight the law.

2. A concerted campaign could be created to make certain that law enforcement officials, training programs and licensing bureaus and driving schools include the law in what they do.

3. Local programs serving people who are blind or have low vision could be required as part of the DBS contract (perhaps) to be certain that clients know about the law.

4. An effort could be made to look at the other state laws in force in other states to assess whether an effort to amend our current Florida law would prove appropriate.

5. An effort to acquire accurate statistics from local authorities, the Highway Patrol and other places could lead to a better understanding of just how widespread accidents are that involve blind pedestrians and motorists.

6. Perhaps such a project could explore whether we gain enough from the White Cane Law to make it worth retaining. We might do better to create a new law with stiffer penalties and perhaps even strict requirements that local and state folks enforce the law. Evidence each year suggests that motorists routinely ignore white canes.

The current fiscal year includes an allocation of just under \$165,000. These funds were transferred to the DBS Gifts and Donations account to be distributed among the Senior Equipment Program, White Cane Outreach, and Accessible Apprenticeship Programs.

The Foundation continues to monitor projects that it has supported in the past. As a result, we continue work in the following areas:

The Blind Services Foundation Vocational Evaluation Tool (BSFVET) provides invaluable employment information to individuals who experience blindness or visual impairments. It is used to assess the job readiness of each individual who takes the test. Based on the

results, a plan can be prepared that indicates the kind of training the test-taker needs before being ready to work. The BSFVET is widely available in Florida, in other states, in Canada, and we are attempting to make it available through the American Printing House for the Blind.

The Foundation will continue to look for innovative projects that enhance the effectiveness of the Division of Blind Services and we will continue to serve as an efficient fiscal agent for statewide initiatives and developmental projects for the benefit of blind and/or visually impaired Floridians, through fundraising and advocacy groups for the blind and/or visually impaired Floridians.

The Foundation continues to work with the Division of Blind Services on a variety of outreach projects aiming to make Floridians better understand the capabilities of people who are blind or have low vision. We also continue to work with the Division to support the analysis of the cost-of-service delivery through local programs who are partially funded by the Division of Blind Services.

The Foundation holds meetings four to five times a year and creates committees who sometimes meet more often. We provide an annual report which summarizes our activities each year. Individual projects report regularly to the Foundation Board and senior staff of the Division of Blind Services are typically directly involved in our Board meetings and are actively included in decisions we take.

Assessment

Each of the projects we have supported has measurable outcomes and their results have been incorporated into our annual reports. It is expected that the elements of engagement described above will continue to be at the core of what we do. We will be certain to incorporate into our projects measurable expectations on which we can report. An assessment of our current and past performance will clearly indicate that we have worked to create and implement projects which have had the net effect of increasing the inclusion of people who are blind in our state. While we do not typically look much farther ahead than the end of each fiscal year, most of our projects operate for several years. We expect to continue to be engaged in all the current projects over the next three years and will continue to assess the impact of our work and our projects. We will also undertake to consider projects which are specifically designed to function over several years if that appears more appropriate.

The Foundation consists of volunteers. Many of us are blind or visually impaired. It is our pleasure to work collaboratively with the Division of Blind Services to substantially alter for the better the lives of people who are blind in Florida!

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

October 31, 2022

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

Dear Client:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

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

Sincerely,

Scot A. Shepard, CPA

		~	Short Form Return of Organization Exempt From In		Тах			OMB No. 1545-0047
Forr	n 9 2	90-EZ	Under section 501(c), 527, or 4947(a)(1) of the Internal (except private foundations)					2021
			Do not enter social security numbers on this form, as it is	may be m	nade publ	lic.	h	On an to Datalla
Depa Interr	rtment nal Rev	of the Treasury enue Service	Go to www.irs.gov/Form990EZ for instructions and the	e latest in	formatior	າ.		Open to Public Inspection
Α	For t	he 2021 calend	lar year, or tax year beginning $7/01$, 2021, and	ending	6/30		,	2022
		if applicable: C				D Em	ıployer i	dentification number
		s change change B1	ind Services Foundation of Florida, Inc			5	5-08	88147
	Initial r	aturn 32	5 W Gaines St Turlington Bldg #1114				ephone	
		urn/terminated Ta	llahassee, FL 32399			(850)	245-0392
	Amend	led return				F Gro	oup E:	xemption
		ation pending				Nu	mber	•
		unting Method						organization is not
			floridablindservices.org only one) - X 501(c)(3) 501(c)() ◄(insert no.) 4947(a)(1) or	r 5 27	requir (Form		attach	Schedule B
		empt status (check		JZ7	(10111	550).		
		of organization						
L	Add I asset	ines 5b, 6c, ai s (Part II, coli	nd 7b to line 9 to determine gross receipts. If gross receipts are \$200 mn (B)) are \$500,000 or more, file Form 990 instead of Form 990-E2	0,000 or r 7	more, or i	f total	► \$	84,961.
Pa			Expenses, and Changes in Net Assets or Fund Balance					
			organization used Schedule O to respond to any question in this Par					
	1	Contributions	gifts, grants, and similar amounts received				1	83,433.
	2	Program serv	ice revenue including government fees and contracts				2	
	3	Membership of	lues and assessments				3	
	4		come	1			4	1,528.
			from sale of assets other than inventory					
			other basis and sales expenses	-			-	
	6	Gaming and	n sale of assets other than inventory (subtract line 5b from line 5a)				5 c	
ρue			from gaming (attach Schedule G if greater than \$15,000) 6a					
ver	b			f contribut	tions			
Revenue		of such gross	ng events reported on line 1) (attach Schedule G if the sum income and contributions exceeds \$15,000)					
	С	Less: direct e	xpenses from gaming and fundraising events	C				
	d		r (loss) from gaming and fundraising events (add lines 6a and ct line 6c)				6 d	
	7 a	Gross sales of	f inventory, less returns and allowances 7a	а				
			goods sold	-				
	С	•	r (loss) from sales of inventory (subtract line 7b from line 7a)			-	7 c	
	8		e (describe in Schedule O)				8	
	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	Schodu	100	►	9	84,961.
	10 11		milar amounts paid (list in Schedule O)			• • • • •	10 11	80,423.
s	12		r compensation, and employee benefits				12	
ISe	13		ees and other payments to independent contractors			-	13	600.
Expenses	14		ent, utilities, and maintenance.			-	14	000.
Щ	15	Printing nubl	cations postage and shipping				15	
	16	Other expens	es (describe in Schedule O).	Schedu	ıle O		16	1,779.
	17	Total expens	Add lines 10 through 16	<u></u>	<u></u>	►	17	82,802.
	18	Excess or (de	ficit) for the year (subtract line 17 from line 9)				18	2,159.
Net Assets	19		fund balances at beginning of year (from line 27, column (A)) (must d on prior year's return)				19	98,614.
et A	20		s in net assets or fund balances (explain in Schedule O)			-	20	JU, 014.
Ž	21		fund balances at end of year. Combine lines 18 through 20				21	100,773.
BA	A Foi	r Paperwork R	eduction Act Notice, see the separate instructions.					Form 990-EZ (2021)

	990-EZ (2021) Blind Services		ida,Inc	55	55-0888147 Pag					
Par	<u>t II</u> Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II)	estion in this Part II							
				A) Beginning of yea		(B) End of year				
22	Cash, savings, and investments			98,614		100,773.				
23	Land and buildings			,	23					
24	Other assets (describe in Schedule O)				24					
25	Total assets			98,614	. 25	100,773.				
26	Total liabilities (describe in Schedule O)			0	. 26	0.				
27				98,614	. 27	100,773.				
Par	t III Statement of Program Service Ac	complishments (see the inst	ructions for Part III)			Expenses				
What	Check if the organization used Sc s the organization's primary exempt purpose? See	nedule O to respond to any o	question in this Part III	Δ	(Req	uired for section 501				
Desc	ribe the organization's primary exempt purpose: See	SCREDULE U	its three largest progra	am services as) and 501(c)(4) hizations; optional				
meas	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the service	ces provided, the num	ber of persons		hers.)				
	fited, and other relevant information for e	each program title.								
28	Quality services and prog									
	<u>to gain or substain indep</u>	<u>endence. Endowment</u>	<u>investment</u>	<u>ina to tuna</u>						
	<u>future program expenses f</u> (Grants \$ 80,423,) If th	<u>rom income generat</u> is amount includes foreign g	<u>ed from the fi</u>	<u>ina</u> _	28 a	00 400				
29	(Grants 5 80, 423.) If th	is amount includes foreign gi		· · · · · · · · · · · · · · · ·	20 a	80,423.				
23										
	(Grants \$) If th	is amount includes foreign gi	rants check here		29 a					
30	(u					
	(Grants \$) If th	is amount includes foreign gi	rants, check here		30 a					
31	Other program services (describe in Sch	edule O)								
	(Grants \$) If th	is amount includes foreign gi	rants, check here		31 a					
32	Total program service expenses (add lin				32	80,423.				
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	loyees (list each one eve	n if not compensated — s	ee the i	nstructions for Part IV)				
	Check if the organization used Sc	hedule O to respond to any o	question in this Part IV			<u> </u>				
	(a) Name and title	(b) Average hours per	(c) Reportable compensation (Forms W-2/1099-MIS/	d) Health benefit contributions to empl	s, ovee	(e) Estimated amount of				
	(a) Name and the	week devoted to position	1099-NEC) (if not paid, enter -0-)	benefit plans, and def compensation	erred	other compensation				
Pau	l_Edwards		(
	irman	10	0		0.	0.				
Dwi	ght_Sayer									
Vic	e Chairman	10	0	•	0.	0.				
She	ryl_Brown									
	retary	10	0		0.	0.				
	ce Miles									
	asurer	10	0	•	0.	0.				
	ert_Kelly	1.0			0	0				
-	rigia Lipovsky	10	0	•	0.	0.				
	ricia Lipovsky rd Member	10	0		0.	0.				
	pert Doyle	10	0	•	0.	0.				
	Officio BM	10	0		0.	0.				
<u> </u>				•	••	<u> </u>				
·										
·										
			1							

Form	990-EZ (2021) Blind Services Foundation of Florida, Inc 55-088814	7	P	age 3
Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	See S		0
33	Did the organization engage in any significant activity not previously reported to the IRS?	22	Yes	No
34	If 'Yes,' provide a detailed description of each activity in Schedule Ó	33 34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	-		X
h	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a 35 b		X
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	amount involved			
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39 a 0. Gross receipts, included on line 9, for public use of club facilities 39 b 0.	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
40 a	section 4911 \blacktriangleright 0.; section 4912 \triangleright 0.; section 4955 \triangleright 0.			
b	Section 4512 $0.$, section 4512 $0.$, section 4502 $0.$			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ● 0.			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed None None			
42 a	The organization's books are in care of ► <u>Brandis Hall</u> Located at ► <u>325 W Gaines St Turlington Bldg #1114 Tallahassee FL</u> <u>ZIP + 4 ► 32399</u>	245		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	401	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
	If 'Yes,' enter the name of the foreign country ►			
с	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country ►	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		•	N/A

and enter the amount of tax-exempt interest received or accrued during the tax year	43			N/A
			Yes	
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		44 a		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		44 b	,	X
c Did the organization receive any payments for indoor tanning services during the year?		44 c		Х
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' <i>provide an explanation in Schedule O</i>		44 c	1	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45 a		Х
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13) Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions)? If 'Y€	es,' ••••• 45 b	•	X
BAA TEEA0812L 09/27/21		Form 9	90-EZ ((2021)

Form 990-	EZ(2021) Blind Services Four	dation of Flor	ida,Inc	55-088	38147	P	Page 4
						Yes	No
46 Did t	he organization engage, directly or indire	ctly, in political campai	ign activities on behalf of	of or in opposition to			l
	idates for public office? If 'Yes,' complete				46		Х
Part VI					بالماملة ممالا		
	All section 501(c)(3) organization for lines 50 and 51.	ons must answer q	uestions 47-490 an	a 52, and complete	the table	S	
		Sahadula () ta raar	and to any quastia	n in this Dart \/l			
	Check if the organization used S		bond to any questio	II III UIIS Part VI	<u></u>		1
47 Did th	ne organization engage in lobbying activities	or have a section 501(h)) election in effect during	the tax year? If 'Yes,'		Yes	No
	olete Schedule C, Part II				47		Х
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E							Х
49 a Did the organization make any transfers to an exempt non-charitable related organization?							Х
b lf 'Ye	es,' was the related organization a sectior	527 organization?			49 b		
	blete this table for the organization's five high				кеу		
emple	oyees) who each received more than \$100,0	00 of compensation from	the organization. If there	e is none, enter 'None.'			
		(b) Average hours	(c) Reportable compensation	(d) Health benefits,			
	(a) Name and title of each employee	per week devoted to position	(Forms W-2/1099-MISC/ 1099-NEC)	contributions to employee benefit plans, and deferred	(e) Estimate other com		
				compensation			
None							
	number of other employees paid over \$1						
51 Comp	plete this table for the organization's five high pensation from the organization. If there i	nest compensated indep	endent contractors who e	ach received more than \$	100,000 of		
	-				1		
	(a) Name and business address of each independent co	ontractor	(b) Туре	of service	(c) Comp	pensatio	n
None							
d Total	number of other independent contractors	s each receiving over \$	5100,000	•••••••			
	he organization complete Schedule A? N				► X Yes	Г	٦
· · · ·	bleted Schedule A					;	No
Under penaltie true, correct, a	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	r) is based on all information of	dules and statements, and to th of which preparer has any know	e best of my knowledge and be ledge.	lief, it is		
Signature of officer Date							
Here							
	Type or print name and title			01101111011			
	Print/Type preparer's name	Preparer's signature	Date		PTIN		
Date	Scot A. Shepard, CPA			Check if self-employed	20010330	9	
Paid Preparer	Firm's name ► Rogers Wood Hil.	l Starman & Gu	stason, P.A.	L		-	
Use Only	Firm's address ► 606 Bald Eagle			Firm's EIN	59-1362	099	
	Marco Island, F		~		-394-75		
May the ID	RS discuss this return with the preparer sh		uctions	•	► X Yes		No
BAA					Form 99	U-EZ ((2021)

SCHEDULEA (Form 990) Public Charity Status and Public Support Dotted in the organization of section \$10(5)(0) propriation or a section \$90(70(0) propriation or a section \$90(70(0) propriation or a section \$90(70(0) propriation or a section \$90(70(0) propriation or a section \$55-088147 Dotted in the organization \$55-088147 Part Reason for Public Charity Status. (All organizations must complete this part). See instructions. The organization is not a private foundation of Florida, Inc Environment \$55-088147 Environment \$55-088147 Part Reason for Public Charity Status. (All organizations must complete this part). See instructions. The organization is not a private foundation beause its: (For lines 1 through 12, check only one box). Image: Section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). Image: Section 170(b)(1)(A)(ii).			Public Chari	ty Status and P	ublic	Supr	ort	OMB No. 1545-0047
Operating Research Services > Co to www.irs.gov/Form990 for instructions and the latest information. Operating Research Services Foundation Time of the organization Eso-088147 So-088147 Part Technology Complete this part.) See instructions. The organization of churches, or association of churches described in section 170(b)(1/AQ)(b). 1 A church, convention of churches, or association of churches described in section 170(b)(1/AQ)(b). 4 A school described in section 170(b)(1/AQ)(b). (Attach Schedule E (Form 990).) 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1/AQ)(b). 7 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1/AQ)(b). 8 A conganization operated for the benefit of a sollege or university owned or operated by a governmental unit described in section 170(b)(1/AQ)(b). 9 An organization that normally receives a substantial part of its support from agovernmental unit of from the general public described in section 170(b)(1/AQ)(b). (Complete Part II.) 9 Or anominity trust described in section 170(b)(1/AQ)(b). (Complete Part II.) 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and goss receipts from agricultural research organization described in section 170(b)(1/AQ)(b). (Co		Con	plete if the organizat	e if the organization is a section 501(c)(3) organization or a section				2021
Department Revenues • Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name are organization Enclose 55-088147 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For Inse 11 trough) to ne box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). All and the convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i). An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i). 5 An organization that normally receives a substatial part of its support from a governmental unit described in section 170(b)(1)(A)(i). A community furst described for the series 1010(1)(A)(i) (complete Part II.) A community furst described for method part (1)(A)(A)(A)(A). Commetsity or anon-adargent college or university. 10 Ma organization described in section 170(b)(1)(A)(i). Commetsity or anon-adargent college or ganization described in section 170(b)(1)(A)(i) osciente B)(A). A community furst describes f(i) more than 33-13/8, of its support for more sin averagination than degran college			Attach to Form 990 or Form 990-EZ.					Open to Public
Name of the organization Employer identification number Blind Services Foundation of Florida, Inc Services S	Department of the Treasury Internal Revenue Service	► (to to www.irs.gov/Form990 for instructions and the latest information.				nformation.	
Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1/A)(i). A church, convention of churches, or association of churches described in section 170(b)(1/A)(ii). A school described in section 170(b)(1/A)(iii). A church, convention of churches, or association of churches described in section 170(b)(1/A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1/A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1/A)(x)(x). 6 A federal, state, or local government or governmental unit described in section 170(b)(1/A)(x)(x). 7 An organization that normally receives a substantial part of its support from a governmental unit of rom the general public described in section 170(b)(1/A)(x)(x). 8 A community trust described in section 170(b)(1/A)(x)(x). (Complete Part II.) 9 An argonization that normally receives (). Omer than 33-13% of its support from gors: and gross neceptors in vestment income and unrelated business taxable income (less section 590(x)(2) no more than 33-13% of its support from gors: and gross neceptors investment income and unrelated business taxable income (less 590(x)) for the carry out the purposes of one investity of an organization operated							Employer identifica	ation number
Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A federal, state, or local government a governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit of rom the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An argonization that normally receives () more than 33-13% of its support from conjunction with a land-grant college or university: 10 X An organization that normally receives () more than 33-13% of its support from grans. 11 An organization that normally receives () mo	Blind Services	Foundatio	on of Florida,	Inc			55-088814	7
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e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated supporting organization. f Enter the number of supported organizations	d Type III non-fu functionally ir	Inctionally integ Integrated. The o	rated. A supporting org	anization operated in cor must satisfy a distribu	nection	with its	supported organization(s)) that is not
g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Yes No	e Check this bo integrated, or	ox if the organiz Type III non-fu	ation received a written attorn and the second s	en determination from t supporting organizatior	ı.			-
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(A)					Yes	No		
	(A)							
(B)								

(C)

(D)

(E)

Total

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

	ndar year (or fiscal year nning 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						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning 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 activ	vities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organizati I stop here	on's first, second,	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 20	•			•		%
15	Public support percentage from	2020 Schedule A	, Part II, line 14				%
16a	33-1/3% support test–2021. If t and stop here. The organization	he organization d qualifies as a pu	id not check the t blicly supported o	oox on line 13, and rganization	d line 14 is 33-1/3	3% or more, check	< this box
b	33-1/3% support test-2020. If the and stop here. The organization	ne organization di n qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box ►
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	and-circumstances	s test, check this I	pox and stop here	. Explain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	and-circumstances	s test, check this I	box and stop here	. Explain in Part	VI how the
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨 🗌

Schedule A (Form 990) 2021

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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 (c) 2019 Calendar year (or fiscal year beginning in) > (a) 2017 (b) 2018 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, 1 and membership fees received. (Do not include any 'unusual grants.')... 75,222 71,143 68,303 79,662 83,433 377,763. 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... 0. 3 Gross receipts from activities that are not an unrelated trade or business under section 513. 0. Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf.... The value of services or facilities furnished by a governmental unit to the organization without charge ... Ω Total. Add lines 1 through 5... 75,222 71,143 68,303 79,662 83,433 377 763. Amounts included on lines 1, 7a 2, and 3 received from disqualified persons.... 0 0 0 0 0 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 0 0 0 0 0. c Add lines 7a and 7b.... 0 0 0 0 0 0. 8 Public support. (Subtract line 7c from line 6.). 377,763. Section B. Total Support (e) 2021 (f) Total (a) 2017 (b) 2018 (c) 2019 (d) 2020 Calendar year (or fiscal year beginning in) > 9 Amounts from line 6..... 75,222 71,143 68,303 79,662 83,433 377,763. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 1,419 1,528 1,263 1,406 1,455 7,071. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975... c Add lines 10a and 10b 1,406 1,263 1,455 1,419. 1,528 7,071 Net income from unrelated business 11 activities not included on line 10b. whether or not the business is regularly carried on 0. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in 0. Part VI.)... 13 Total support. (Add lines 9, 84,961 10c, 11, and 12.) 72,549 69,758. 81,081. 384,834. 76,485. 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) 14 ► 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 98.16 16 Public support percentage from 2020 Schedule A, Part III, line 15. 16 Ŷ 98.46 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))..... 17 1.84 0\0 0\0 18 Investment income percentage from 2020 Schedule A, Part III, line 17..... 18 1.54 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 Х is not more than 33-1/3%, check this box and stop here. The organization gualifies 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 gualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

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

Part IV Supporting Organizations (continued)							
	Ye	s No					
11 Has the organization accepted a gift or contribution from any of the following persons?							
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,							
the governing body of a supported organization?	3						
b A family member of a person described on line 11a above? 11							
C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	:						

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Yes

1

2

No

No

No

Yes

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2021

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

		Yes	No
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If <i>No.' explain in Part VI how</i>			
the organization maintained a close and continuous working relationship with the supported organization(s).	2		
By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes' describe in Part VI the role the organization's supported organizations played			
in this regard.	3		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> <i>the organization maintained a close and continuous working relationship with the supported organization(s)</i> . By reason of the relationship described on line 2, above, did the organization's supported organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organization's played</i>	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> By reason of the relationship described on line 2, above, did the organization's supported organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played</i>

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If 'Yes' or 'No,' provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

Schedule A (Form 990) 2021 Blind Services Foundation of Florida, Inc

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns must	v. 20, 1970 (explain ir t complete Sections A	n Part VI). See 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		
		T	

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

Schedule A (Form 990) 2021

BAA

Schedule A (Form 990) 2021 Blind Services Foundation of Florida, Inc 55-0 55-0888147

Par	t v Type III Non-Functionally Integrated 509(a)(5) St	upporting Organiza	ations (continue	a)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu		1		
2	Amounts paid to perform activity that directly furthers exempt purposes	IS,			
	in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required – provide	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons	(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 – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
b	P From 2017				
	From 2018				
	From 2019				
e	Prom 2020				
1	f Total of lines 3a through 3e				
ġ	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
-	Applied to 2021 distributable amount				
	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, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . 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				
C	Excess from 2020				
e	Excess from 2021				

BAA

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	Blind Services Foundation of Florida, Inc 55-0888147	Page 8
B, lines 1 and 2; Pa 3a, and 3b; Part V,	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part , Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section art IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, liso complete this part for any additional information. (See instructions.)	t

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.

Open to Public Inspection

Employer identification number

55-0888147

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Name of the organization

Blind Services Foundation of Florida, Inc

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Excess of \$5,000

Class of Activity: Donee's Name: Cash Amount Given:	Donation Grants & Donations	\$ 80,423.

Form 990-EZ, Part I, Line 16 Other Expenses

Insurance	\$ 773.
Licenses & Permits	199.
Web Fees	807.
Total	\$ 1,779.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Blind Services Foundation of Florida is a direct-support organization to the Division of Blind Services of the Florida Department of Education under Chapter 617, Florida statute, which is organized to raise funds, request and receive grants for the benefit of blind persons in the state of Florida. **Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts** (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No