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 850-245-0891 www.fldoe.org/fcs/foundation	Section 1004.71, F.S. A "Statewide Florida College System institution direct-support organization" means an organization that is organized and operated exclusively to receive, hold, invest, and administer property and to make expenditures to, or for the benefit of, the Florida College System institutions in this state.	 As described in its articles of incorporation, the Florida College System Foundation is organized and shall be operated exclusively to: support the development of economic services to business and industry. promote public involvement and awareness of state educational policy issues. provide scholarships and other kinds of support services to students in furtherance of their postsecondary education. publicize and promote activities in support of the Florida College System. support the development of innovative programs. support the advancement of sound educational policies and programs. support the activities and staff of the Chancellor of the Florida College System as they relate to the mission 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'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 \$1,333,126 in scholarships for the 2023-24 academic year. The Foundation also acts as the fiscal agent for many grants aimed at student success programs for the Division of Florida Colleges, the Department of Education and the Florida College System. The Foundation is a 501(c)(3) non-profit organization and the official direct support organization for the FCS in fulfillment of s. 1004.71, F.S. Accordingly, the Foundation is organized and operated exclusively to receive, hold, invest and administer

1

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

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Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation
Florida College System Foundation P.O. Box 10503 Tallahassee, FL 32302 850-245-9494 www.fldoe.org/fcs/foundation		 solicit and receive by gift, devise or bequest, and to acquire by purchase, lease, exchange, or otherwise, or to dispose of by sale, exchange, transfer or otherwise, property, both real and personal, either as absolute owner of, as trustee thereof, and to manage and administer the same. receive contributions, grants, gifts, from and to transfer property, both real and personal, to other organizations identified and associated with The Florida College System Foundation, Inc., which are tax exempt organizations under the provisions of Section 501 (c) (3) of the Internal Revenue Code of the United States of America or acts amendatory thereof or supplementary thereto. furtherance of the above purposes, to conduct any and all activities permitted to an organization exempt under Section 501 (c) (3) of the Internal Revenue Code or acts amendatory thereof or supplementary thereto. 			property and to make expenditures to, or for the benefit of, the FCS institutions in this state. The Florida College System Foundation supports the comprehensive mission of the Florida College System and goals of the Department of Education and is focused on opportunities to increase students' access to postsecondary education and success in postsecondary completion.

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



DSO Report 2024

325 West Gaines Street Suite 1244 Tallahasee, FL 32399

850-245-0891 www.floridacollegesystemfoundation.org

Florida College System – Strategic Plan 2023-2027

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 Student Support Scholarships, and all other support programs

Increase the number of students supported and prioritize student completion with these funds.

- Identify additional donors to impact students.
- 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 teaching, IT, healthcare, and other workforce demands.
- Secure grants or initiatives pertaining to student success.

Goal 2 Florida College System Support Grants, Partnerships, and Marketing

Expand support to the colleges to meet the goals of Florida's education system

- Maintain and seek additional grants and partnerships.
- Pursue funds for startup or expansion of programs aligned with state workforce needs.
- Support access and acceleration including career and academic dual enrollment and 2+2 transfer.
- Secure gifts or grants to address college security and cybersecurity needs.

Goal 3 Board Focus Board Development and Engagement, and Staff Expansion

Utilize the expertise of board members to increase engagement in support of goals 1 and 2.

- Align board members with targeted industry sectors with a focus on industry and geographic diversity.
- Increase coordination with the FCS stakeholder groups and increase FCSF staff as funding allows.
- Continue to educate on mission and priorities of the FCS

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

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2023

PREPARED FOR:

THE FLORIDA COLLEGE SYSTEM FOUNDATION INC PO BOX 10503 TALLAHASSEE, FL 32302

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, 2024.

		~~	Return of Organization Exempt F	rom I	ncome Tax	OMB No. 1545-0047	
Forr	" g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (
1 011		00	Do not enter social security numbers on this form as	•			
		of the Treasury	Go to www.irs.gov/Form990 for instructions and th	-	•	Open to Public Inspection	
	A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023						
	heck if	1	forganization		D Employer identified	ation number	
	pplicabl		FLORIDA COLLEGE SYSTEM FOUNDATION				
	Addre	SS TNO					
	Name chang		usiness as		65-05303	84	
	Initial return			Room/suite			
			OX 10503	100m/suite	850-245-9		
	⊥return/ termin ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,351,753.	
	Ameno	ded mart	AHASSEE, FL 32302		H(a) Is this a group re		
	_lreturn ☐Applic		nd address of principal officer: JUDY GREEN		for subordinates		
L	_ltion pendir		AS C ABOVE		H(b) Are all subordinates in		
1 1	22.02	empt status:		r 🗌 527		list. See instructions	
	Vebsit		IDACOLLEGESYSTEMFOUNDATION • ORG		H(c) Group exemption		
			X Corporation Trust Association Other	I Vear		I State of legal domicile: FL	
	art I	Summarv					
	1	Briefly describ	be the organization's mission or most significant activities: $\underline{ ext{TO}}$	CURE	AND MANAGE F	PUBLIC AND	
e			RESOURCES TO PROVIDE OPTIMAL BENEF			28	
nan		Check this bo					
Governance	-		· · · · · · · · · · · · · · · · · · ·		3	21	
ŝ			lependent voting members of the governing body (Part VI, line 1b)			21	
ళ			of individuals employed in calendar year 2022 (Part V, line 2a)			0	
Activities &			of volunteers (estimate if necessary)			23	
Sti					7a	0.	
Ă			business taxable income from Form 990-T, Part I, line 11			0.	
			· · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year	
•	8	Contributions	and grants (Part VIII, line 1h)		990,022.	490,081.	
Revenue			ce revenue (Part VIII, line 2g)		0.	24,463.	
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		1,385,275.	1,420,536.	
ŭ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		106.	18,900.	
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,375,403.	1,953,980.	
			nilar amounts paid (Part IX, column (A), lines 1-3)		1,218,625.	1,555,720.	
			to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
JSe			undraising fees (Part IX, column (A), line 11e)		0.	0.	
Expense	b			0.			
ŭ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		682,988.	507,867.	
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,901,613.	2,063,587.	
	19	Revenue less	expenses. Subtract line 18 from line 12		473,790.	-109,607.	
Or Ces				Be	ginning of Current Year	End of Year	
ets	20	Total assets (F	Part X, line 16)		25,706,853.	27,026,219.	
t Ass d Ba		Total liabilities	(Part X, line 26)		783.	4,550.	
ERe:			fund balances. Subtract line 21 from line 20		25,706,070.	27,021,669.	
	art II	Signature					
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is	
true,	correc	ct, and complete	Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.		

Sign	Signature of officer			Date				
Here	JUDY GREEN, PRESIDENT							
	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 FER	GUSON P.A.		Firm's EIN 59-3186310				
Use Only	Firm's address 2615 CENTENNIAL B	LVD., 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							
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

_	THE FLORIDA COLLEGE SYSTEM FOUNDATION 990 (2022) INC 65-0530384 Page 2
	990 (2022) INC 65-0530384 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO SECURE AND MANAGE PUBLIC AND PRIVATE RESOURCES TO PROVIDE OPTIMAL
	BENEFIT TO FLORIDA'S 28 COLLEGES, THEREBY SUPPORTING STUDENTS WHO ARE SEEKING A HIGH EDUCATION THAT WILL POSITIVELY IMPACT THEIR LIVES AND
	THE FUTURE OF THEIR COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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
4	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 \$1,812,591. including grants of \$1,555,720.) (Revenue \$)
	GRANTS MADE TO THE FLORIDA COLLEGES TO FUND SCHOLARSHIPS FOR STUDENTS
	AND OTHER ACTIVITIES SUPPORTING THE FLORIDA COLLEGE SYSTEM.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$ 43,363.)
4e	Total program service expenses 1,812,591.
	Form 990 (2022)
232002	2 12-13-22 2

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INC

Part IV Checklist of Required Schedules

Form 990 (2022)

			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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	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			
-	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			
10		10	х	
44	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	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			
	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
	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		х
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
"		17		х
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18		10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		- 23
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		v
	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	(a.a. = . : :
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	<u>1990 (2022)</u> INC 65-053	<u>0384</u>	P	_{age} 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	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		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, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	7		
b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	L
23200	4 12-13-22	Form	990	(2022)

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Form	990 (2022) INC 65-0530	384	Pa	age 5
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 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
		20 3a		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			
	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, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou		6a		х
h	•	Ua		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	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		<u> </u>
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			1
	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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g L		79 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	70		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	⊢	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
U				
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
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			
с	Enter the amount of reserves on hand			
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			
		15		х
	excess parachute payment(s) during the year?	15		- 23
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	j 12-13-22	Form	990	(2022)

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INC 65-0530384 Page 6 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 21 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a 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. 21 **b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section 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? х 10a 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? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe С х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 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 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a а х Other officers or key employees of the organization 15b b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $~~{
m FL}$ 17 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 18 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 JUDY GREEN - 850-245-9494 PO BOX 10503, TALLAHASSEE FL32302 Form **990** (2022) 232006 12-13-22

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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	son i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						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	ual tr	tional		Vold	t con	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JUDY GREEN	40.00	_			-					
PRESIDENT				х				102,799.	0.	28,615.
(2) TERESA BORCHECK	1.00									
PAST CHAIR		Х		Х				0.	0.	0.
(3) JOAN CRAIN	1.00									
DIRECTOR		Х						0.	0.	0.
(4) LYN STANFIELD	1.00									
DIRECTOR		Х						0.	0.	0.
(5) CANDACE MARSHALL	1.00									-
DIRECTOR		Х						0.	0.	0.
(6) MAYELA ROJAS SANCHEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(7) MARVA JOHNSON	1.00									•
DIRECTOR		Х						0.	0.	0.
(8) GEORGE I PLATT III	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(9) MICHAEL HIGHTOWER	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(10) DR JOHN GYLLIN	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(11) WENDY WALKER	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(12) CLAUDIA DAVANT	1.00							0	0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(13) BARBARA FONTE	1.00							0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(14) TAMI CULLENS	1.00							0	0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(15) WILLIAM CRAMER	1.00							0	0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(16) JENNIFER CHRISTIANSEN	1.00	v							•	0
DIRECTOR	1 0 0	Х					<u> </u>	0.	0.	0.
(17) DR JEFFREY ALLBRITTEN	1.00	77							0.	0.
DIRECTOR 232007 12-13-22	1	Х					I	0.	0.	Eorm 990 (2022)

232007 12-13-22

Form 990 (2022)

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INC

Form 990 (2022)

65-0530384 Page 8

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A)								(D)	(E)	(F)	
	Name and title	Average	(-1-			ition			Reportable	Reportable	Estimated	
		hours per	box,	unles	s per	son i	than o s both	an	compensation	compensation	amount of	
		week	offic	er and	d a di	recto	or/trus [.]	tee)	from	from related	other	
		(list any	ector						the	organizations	compensatio	on
		hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the	
		related organizations	ustee	truste		e	bensi		(W-2/1099-MISC/	1099-NEC)	organizatio	
		below	ual tru	ional		ploye	t com		1099-NEC)		and related	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization	15
(18)	G. HUNT DAWKINS	1.00	<u> </u>	<u> </u>	ò	Ke	Ξē	Ē				
	CTOR	1.00	х						0.	0.		0.
	VIOLETA SALUD	2.00	Δ						0.	0.		0.
	NCE CHAIR	2.00	х		х				0.	0.		0.
	KAREN MOORE	1.00	<u> </u>		^				0.	0.		0.
	CTOR	1.00	х		х				0.	0.		ο.
		2 00	Δ		~				0.	0.		0.
	TIM MORRIS	2.00	37		37				0	0		^
	SURER	2 00	Χ		X				0.	0.		0.
	RANDALL VITALE	3.00								0		~
CHAI	R		Χ		X				0.	0.		0.
1b	Subtotal								102,799.	0.	28,61	
с	Total from continuation sheets to Part VI	I, Section A							0.	0.		0.
d	Total (add lines 1b and 1c)		<u></u>	<u></u>					102,799.	0.	28,61	5.
2	Total number of individuals (including but n	ot limited to the	ose	listeo	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable		
	compensation from the organization											1
											Yes	No
3	Did the organization list any former officer,	director, truste	e, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on		
	line 1a? If "Yes," complete Schedule J for s	uch individual									3	Х
4	For any individual listed on line 1a, is the su											
	and related organizations greater than \$150										4	х
5	Did any person listed on line 1a receive or a	accrue compen	satio	on fro	oma	any	unre	late	ed organization or individ	lual for services		
	rendered to the organization? If "Yes." con										5	х
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest co	mpensated ind	epe	nden	nt co	ontra	actor	s th	nat received more than \$	100,000 of compensa	tion from	
	the organization. Report compensation for	the calendar ye	ar e	ndin	g wi	ith c	or wi	thin	the organization's tax ye	ear.		
	(A)	,			0				(B)		(C)	
	Name and business	address	NC)NE					Description of s	ervices	Compensation	
2	Total number of independent contractors (i	ncluding but po	nt lin	nited	to t	thos	se lie	ted	above) who received mo	ore than		
-	\$100,000 of compensation from the organi	0				(

Form 990 (2022)

232008 12-13-22

			2022) INC				65-0530	384 Page 9
Pa	rt \	/111						
			Check if Schedule O contains a response of	or note to any lin		(B)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŝ	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
n G			Fundraising events 1c					
ifts ar A			Related organizations 1d					
s, G mila			Government grants (contributions)	458,606.				
ion: Sij			All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	31,475.				
d O		g	Noncash contributions included in lines 1a-1f					
an Co		h	Total. Add lines 1a-1f		490,081.			
				Business Code				
ce	2	а	SEMINARS	900099	24,463.	24,463.		
ervi		b						
n S /eni		c						
grar Be∖		d						
Program Service Revenue		e f	All other program service revenue					
-			Total. Add lines 2a-2f		24,463.			
	3		Investment income (including dividends, intere		,			
	-		other similar amounts)		621,856.			621,856.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 5,196,453.					
Ø		D	Less: cost or other basis and sales expenses 7b 4, 397, 773.					
evenue		~	and sales expenses 7b 4,397,773. Gain or (loss) 7c 798,680.					
leve			Net gain or (loss)		798,680.			798,680.
er Re	8		Gross income from fundraising events (not		, -			
Other	-	-	including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9b					
	40		Net income or (loss) from gaming activities	T				
	10	а	Gross sales of inventory, less returns and allowances 10a					
		h	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
				Business Code				
sno	11	а	ADMINISTRATIVE FEES	900099	18,900.	18,900.		
ane		b						
sella		с						
Miscellaneous Revenue			All other revenue					
-		е	Total. Add lines 11a-11d		18,900.			
	12		Total revenue. See instructions		1,953,980.	43,363.	0.	1420536.
23200	9 12	-13-	22					Form 990 (2022)

232009 12-13-22

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9

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

Form 990 (2022) Part IX Statement of Functional Expenses

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	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
70, 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	1,555,720.	1,555,720.		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees				
6	Compensation not included above to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b					
c	•	17,710.		17,710.	
d		,			
e					
f	Investment management fees	179,773.		179,773.	
g					
9	column (A), amount, list line 11g expenses on Sch O.)	186,994.	186,994.		
12	Advertising and promotion	39.		39.	
13	Office expenses	7,762.	432.	7,330.	
.e 14	Information technology			,	
15	Royalties				
16	Occupancy				
17	Travel	43,071.	43,071.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	54,747.	10,370.	44,377.	
20	Interest	,		, •	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,264.	497.	1,767.	
23	Insurance	,		,	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TECHNOLOGY	5,644.	5,644.		
b	COMMUNICATIONS	4,652.	4,652.		
c	TUITION WAVER	3,632.	3,632.		
d	INSURANCE	904.	904.		
e		675.	675.		
25	Total functional expenses. Add lines 1 through 24e	2,063,587.	1,812,591.	250,996.	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.				

232010 12-13-22

10 2022.05070 THE FLORIDA COLLEGE SYSTE 62456.T1

Form 990 (2022)

1 2 3 4 5 6 7 8 9 0 a 5 1 2 3	Savings and temporary cash investments	r former o tantial con se person d in section 10a 10b	fficer, director, ntributor, or 35% is ons (as defined on 4958(c)(3)(B) <u>13,299.</u> 9,125.	(A) Beginning of year 157,379. 1,830,521. 566,567. 973. 6,437. 23,144,976.	1 2 3 4 5 5 6 7 8 9 9 10c 11	(B) End of year 2,960,065. 283,284. 56,173. 56,173.
2 3 4 5 6 7 8 9 0 a b 1 2 3	Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of the Loans and other receivables from other disquali under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	r former o tantial con se person d in section 10a 10b	fficer, director, ntributor, or 35% is ons (as defined on 4958(c)(3)(B) <u>13,299.</u> 9,125.	(A) Beginning of year 157,379. 1,830,521. 566,567. 973.	1 2 3 4 5 5 6 7 8 9 9 10c 11	(B) End of year 2,960,065. 283,284. 56,173.
2 3 4 5 6 7 8 9 0 a b 1 2 3	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current of trustee, key employee, creator or founder, subst controlled entity or family member of any of thes Loans and other receivables from other disquali under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	r former o tantial con se person fied perso d in sectio	fficer, director, ntributor, or 35% is ons (as defined on 4958(c)(3)(B) <u>13,299.</u> 9,125.	Beginning of year 157,379. 1,830,521. 566,567. 973. 6,437.	2 3 4 5 6 7 8 9 9 10c 11	End of year 2,960,065. 283,284. 56,173.
2 3 4 5 6 7 8 9 0 a b 1 2 3	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current of trustee, key employee, creator or founder, subst controlled entity or family member of any of thes Loans and other receivables from other disquali under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	r former o tantial con se person fied perso d in sectio	fficer, director, ntributor, or 35% is ons (as defined on 4958(c)(3)(B) <u>13,299.</u> 9,125.	1,830,521. 566,567. 973. 6,437.	2 3 4 5 6 7 8 9 9 10c 11	283,284. 56,173.
2 3 4 5 6 7 8 9 0 a b 1 2 3	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current of trustee, key employee, creator or founder, subst controlled entity or family member of any of thes Loans and other receivables from other disquali under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	r former o tantial con se person fied perso d in sectio	fficer, director, ntributor, or 35% is ons (as defined on 4958(c)(3)(B) <u>13,299.</u> 9,125.	1,830,521. 566,567. 973. 6,437.	2 3 4 5 6 7 8 9 9 10c 11	283,284. 56,173.
3 4 5 6 7 8 9 0 a b 1 2 3	Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current of trustee, key employee, creator or founder, subst controlled entity or family member of any of the Loans and other receivables from other disquali under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	r former o tantial con se person fied person d in section 10a 10b	fficer, director, ntributor, or 35% is ons (as defined on 4958(c)(3)(B) <u>13,299.</u> <u>9,125.</u>	<u>566,567.</u> 973. 6,437.	3 4 5 6 7 8 9 9 10c 11	56,173.
4 5 6 7 8 9 0 a b 1 2 3	Accounts receivable, net	r former o tantial con se person fied person d in section 10a 10b	fficer, director, ntributor, or 35% is ons (as defined on 4958(c)(3)(B) <u>13,299.</u> 9,125.	973.	4 5 6 7 8 9 9 10c 11	56,173.
5 6 7 8 9 0 a 5 1 2 3	Loans and other receivables from any current of trustee, key employee, creator or founder, subst controlled entity or family member of any of thes Loans and other receivables from other disquali under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	r former o tantial col se person fied perso d in sectio 10a 10b	fficer, director, ntributor, or 35% ls ons (as defined on 4958(c)(3)(B) <u>13,299</u> 9,125.	6,437.	5 6 7 8 9 9	
6 7 8 9 0a b 1 2 3	trustee, key employee, creator or founder, subst controlled entity or family member of any of thes Loans and other receivables from other disquali under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	tantial con se person fied perso d in section 10a 10b	ntributor, or 35% is ons (as defined on 4958(c)(3)(B) <u>13,299</u> . 9,125.	6,437. 23,144,976.	6 7 8 9 10c 11	4,174. 23,722,523.
7 8 9 0a b 1 2 3	controlled entity or family member of any of thes Loans and other receivables from other disquali under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	se person fied perso d in sectio	13 , 299 . 9 , 125 .	6,437. 23,144,976.	6 7 8 9 10c 11	4,174. 23,722,523.
7 8 9 0a b 1 2 3	Loans and other receivables from other disquali under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	fied perso d in section 10a 10b	ons (as defined on 4958(c)(3)(B) <u>13,299.</u> 9,125.	6,437. 23,144,976.	6 7 8 9 10c 11	4,174. 23,722,523.
7 8 9 0a b 1 2 3	under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	d in section	0n 4958(c)(3)(B) <u>13,299</u> <u>9,125</u>	6,437. 23,144,976.	7 8 9 10c 11	4,174. 23,722,523.
8 9 0a b 1 2 3	Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	10a 10b	<u>13,299</u> . 9,125.	6,437. 23,144,976.	7 8 9 10c 11	4,174. 23,722,523.
8 9 0a b 1 2 3	Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	10a 10b	<u>13,299</u> . 9,125.	6,437. 23,144,976.	8 9 10c 11	4,174. 23,722,523.
9 0a b 1 2 3	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	10a 10b	13,299. 9,125.	6,437. 23,144,976.	9 10c 11	4,174. 23,722,523.
0a b 1 2 3	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	10a 10b	13,299. 9,125.	6,437. 23,144,976.	11	4,174. 23,722,523.
b 1 2 3	basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	11		6,437. 23,144,976.	11	<u>4,174</u> . 23,722,523.
1 2 3	Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line	11		6,437. 23,144,976.	11	4,174. 23,722,523.
1 2 3	Investments - publicly traded securities	11		23,144,976.	11	23,722,523.
3	Investments - other securities. See Part IV, line -	11				
			F		12	
				13		
4					14	
5					15	
6				25,706,853.	16	27,026,219.
7		783.	17	4,550.		
8			18			
9			19			
0			20			
1			I		21	
2	Loans and other payables to any current or form	ner officer	r, director,			
	trustee, key employee, creator or founder, subst	tantial co	ntributor, or 35%			
	controlled entity or family member of any of the	se person	IS		22	
3			E E E E E E E E E E E E E E E E E E E		23	
4					24	
5						
	. ,	s 17-24). (Complete Part X			
				700	25	
6	V			/83.	26	4,550.
		eck here				
-				130 302	07	137 00/
			Г	25 575 768		137,004. 26,884,665.
8				23,373,700.	28	20,004,005.
	-	56, chec				
a					20	
-						
				25.706 070.		27,021,669.
						27,026,219.
5 <u>6</u> 789012 345		 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equitive assets. Add lines 17 through 25 (must equitive assets with our restrictions) Net assets with our restrictions Organizations that follow FASB ASC 958, cheand complete lines 27, 28, 32, and 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equitive assets or fund balances 	 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Loans and other payables to any current or former officer trustee, key employee, creator or founder, substantial concontrolled entity or family member of any of these person Secured mortgages and notes payable to unrelated third Unsecured notes and loans payable to unrelated third pa Other liabilities. (including federal income tax, payables to parties, and other liabilities not included on lines 17-24). (of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, checc and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment Retained earnings, endowment, accumulated income, or Total net assets or fund balances 	 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 	Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities. Add lines 17 through 25 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 25, 706, 070.	Intangible assets 14 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33) 25,706,853. Accounts payable and accrued expenses 783. Grants payable 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Add lines 17 through 25 783. 26 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 130, 302. 27 Net assets without donor restrictions 130, 302. 27 Net assets with donor restrictions 23 25, 575, 768. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 130, 302. 27 Net assets with donor restrictions 25, 575, 768. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29

Form 990 (2022)

232011 12-13-22

THE FLORIDA C	OLLEGE	SYSTEM	FOUNDATION
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Form	1 990 (2022) INC	65-0)530	384	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		<u>,953</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2		,063 -109				
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	1	<u>,425</u>	5,2	06.		
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	27	<u>,021</u>	L,6	69.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>				
					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		X		
	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	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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					1		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form 990 (2022)

232012 12-13-22

(For Departr Internal]			omplete if the organ 49⁄ At Go to www.irs.gov/	blic Charity Status and Public Support ete 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. www.irs.gov/Form990 for instructions and the latest information. DRIDA COLLEGE SYSTEM FOUNDATION							
Name	e of t	ne organizati	on THE INC	FLORIDA CO	LLEGE SYSTEM	FOUNI	DATION	N		identification number 5 – 0 5 3 0 3 8 4		
Par	tl	Reason		Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	<u> </u>	5 0550504		
					For lines 1 through 12, cl							
1 [2 [3 [4 [A church, con A school des A hospital or	nvention of chi cribed in sect i a cooperative search organiz	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	n of churches described Attach Schedule E (Form anization described in se njunction with a hospital	in sectio 1 990).) ection 170	on 170(b)(1)(b)(1)(A)(ii	ii).)(iii). Enter	the hospital's name,		
5 [lege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in		
г	section 170(b)(1)(A)(iv). (Complete Part II.)											
6 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
1	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
o [-			(1)(A)(ui) (Complete Der	• II)						
8 [9 [A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
5 [An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:										
10 [An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment										
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.										
		See section	509(a)(2). (Co	mplete Part III.)								
11 [An organizati	on organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).				
12 [vely for the benefit of, to							
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on		
		lines 12a thro	ough 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.			
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving		
		the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting		
		organizatio	n. You must c	complete Part IV, Se	ections A and B.							
b		Type II. A s	supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving		
		control or r	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III fur	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,		
			•	.,.). You must complete I			•				
d				• •	orting organization oper				Ū			
		that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness		
		- ·	·	,	nplete Part IV, Sections	,						
е			•		written determination from			Туре I, Туре	II, Type III			
-					nally integrated supporting							
<u> </u>		i) Name of supp		about the supporte (ii) EIN	d organization(s). (iii) Type of organization		anization listed	(v) Amount o	f monetary	(vi) Amount of other		
	`	organization			(described on lines 1-10	Yes	ng document? No	support (see ii		support (see instructions)		
					above (see instructions))							
_												
Total												

Schedule A (Form 990) 2022

INC

65-0530384 Page 2

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
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(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	369,702.	96,500.	1055000.	990,022.	490,081.	3001305.					
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 \dots	179,448.			180,546.	204,226.	1018765.					
4	Total. Add lines 1 through 3	549,150.	327,731.	1278314.	1170568.	694,307.	4020070.					
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.						4020070.					
Sec	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
7	Amounts from line 4	549,150.	327,731.	1278314.	1170568.	694,307.	4020070.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources \dots	600,959.	728,096.	709,741.	802,461.	621,856.	3463113.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on	663.					663.					
10	Other income. Do not include gain											
	or loss from the sale of capital	1 - 00 -			100		00 650					
	assets (Explain in Part VI.)	17,807.	5,702.	37.	106.		23,652.					
	Total support. Add lines 7 through 10						7507498.					
	Gross receipts from related activities,					12						
13	First 5 years. If the Form 990 is for th	-		· · ·								
800	organization, check this box and stor											
	ction C. Computation of Publi						53.55 %					
	Public support percentage for 2022 (I					14						
	Public support percentage from 2021					15	, <u> </u>					
108	33 1/3% support test - 2022. If the c											
h	stop here. The organization qualifies33 1/3% support test - 2021. If the organization											
U												
17-	and stop here. The organization qual		•			und line 14 is 10%						
17a	10% -facts-and-circumstances test and if the organization meets the facts	•										
	meets the facts-and-circumstances te			-		-						
h	10% -facts-and-circumstances test	•	•		•	7a and line 15 is ⁻						
U.	more, and if the organization meets th	•				-						
	organization meets the facts-and-circu											
18												
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions											

232022 12-09-22

Schedule A (Form 990) 2022

65-0530384 Page 3

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

INC

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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7a Amounts included on lines 1, 2, and						
3 received from disgualified 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 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	т	T	T	1	1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
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	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	022 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the					33 1/3%. and line 1	7 is not
more than 33 1/3%, check this box a	-					
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization			•		•	
232023 12-09-22	si dia not oncor a	<u>557 61 me 14, 15</u>	a, 51 100, 0100K ti			(Form 990) 2022
202020 12-03-22		15				

Schedule A (Form 990) 2022

INC

1

Yes No

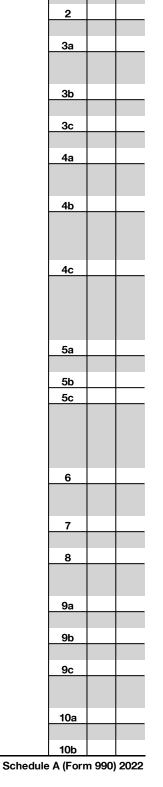
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

232024 12-09-22



16

Sche	dule A (Form 990) 2022 INC 65-	053038	4 Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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?	11b		
	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.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	
•	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	4		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion 6. Type if Supporting Organizations		1	
			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			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructior	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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 been engaged in			
	these activities but for the organization's involvement.	2b		
				<u> </u>

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. 232025 12-09-22

3b Schedule A (Form 990) 2022

3a

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THE	FLORIDA	COLLEGE	SYSTEM	FOUNDATION
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	edule A (Form 990) 2022 INC			5-0530384 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	1
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):			
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		
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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

65-0530384 Page 7

_	dule A (Form 990) 2022 INC				5-0530384 Page	• 7
Par	<u> </u>	a)(3) Supporting Orga	nizations _{(continu}	ed)		
Secti	on D - Distributions		Г		Current Year	
_1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		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		
	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 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	0	(**)	10	()	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					_
	Excess from 2018					_
	Excess from 2019					_
	Excess from 2020					_
	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

232027 12-09-22

		THE	FLORIDA	COLLEGE	SYSTEM	FOUNDATION	
Schedule A	(Form 990) 2022	INC					65-0530384 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	, 2, 3b, 3 lines 2 ar	c, 4b, 4c, 5a, 6 nd 3; Part IV, Se	, 9a, 9b, 9c, 11a ection E, lines 1	a, 11b, and 110 c, 2a, 2b, 3a, a	c; Part IV, Section B, lir and 3b; Part V, line 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
232028 12-09-2	22			20	•		Schedule A (Form 990) 2022

SC	HEDULE D	Supplement	al Financial Statements	OMB No. 1545-0047
	n 990)	Complete if the orga	nization answered "Yes" on Form 990,	2022
Depart	ment of the Treasury), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public
Interna	Revenue Service		0 for instructions and the latest information	
Nam	e of the organization		E SYSTEM FOUNDATION	Employer identification number
Pa	rt I Organiza	INC ations Maintaining Donor Advise	d Funds or Other Similar Funds or	65-0530384
I u		on answered "Yes" on Form 990, Part IV, lir		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at er	nd of year		
2		of contributions to (during year)		
3	Aggregate value o	f grants from (during year)		
4		t end of year		
5	-		writing that the assets held in donor advised f	
			exclusive legal control?	
6	•		dvisors in writing that grant funds can be use	•
			or donor advisor, or for any other purpose cont	°
Pa	impermissible priva		ganization answered "Yes" on Form 990, Part	
1		servation easements held by the organizati		,
-		n of land for public use (for example, recrea		istorically important land area
	Protection o	of natural habitat		ertified historic structure
	Preservation	n of open space		
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year	r.		Held at the End of the Tax Year
а	Total number of co	onservation easements		
b	v			
c			ucture included in (a)	<u>2c</u>
d		vation easements included in (c) acquired a	•	
3			leased, extinguished, or terminated by the org	
Ŭ	year	, , ,	cased, extinguished, or terminated by the org	
4		where property subject to conservation eas	sement is located	
5	Does the organizat	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enf	forcement of the conservation easements in	t holds?	Yes 🗌 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	ation easements during the year
7	Amount of expens	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
•				
8			ve satisfy the requirements of section 170(h)(4)	
9			on easements in its revenue and expense stat	
5	,	0	note to the organization's financial statements	
		counting for conservation easements.		
Pa	rt III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Othei	r Similar Assets.
	Complete if	f the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization	elected, as permitted under FASB ASC 95	i8, not to report in its revenue statement and b	palance sheet works
			olic exhibition, education, or research in furthe	erance of public
_			ncial statements that describes these items.	
b	-		8, to report in its revenue statement and bala	
			e exhibition, education, or research in furtheral	nce of public service,
	-	ing amounts relating to these items: Ided on Form 990. Part VIII. line 1		\$
				•
2			asures, or other similar assets for financial gai	
		unts required to be reported under FASB A		
а	Revenue included	on Form 990, Part VIII, line 1	-	\$
		eduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022
23205	1 09-01-22		21	
			21	

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THE FLORIDA COLLEGE SYSTEM FOUNDATIC

		RIDA COLLEC	E SISTEM I	OUNDATIO	IN			
	dule D (Form 990) 2022 INC t III Organizations Maintaining C	olloctions of Art	Historical Tra	acurac or Ot	hor Simila	65-05	30384	1 Page 2
							• (contin	lued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that mak	e significant	use of its		
_	collection items (check all that apply):		—					
a	Public exhibition	d		hange program				
b	Scholarly research	e	Other					
C A	Preservation for future generations Provide a description of the organization's co	alloctions and avalain	bow thou further th	o organization's	womnt nurne	oo in Dort	VIII	
4 5	During the year, did the organization solicit of	•		•		ise in Fart	AIII.	
5	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pa					s, r arcrv,	1110 0, 01	
1a	Is the organization an agent, trustee, custodi		ary for contribution	s or other assets i	not included			
	on Form 990, Part X?		•				Yes	No
b	If "Yes," explain the arrangement in Part XIII							
		ļ	3				Amount	t
с	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on F						Yes	No No
b	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	rm 990, Part IV, li				
		(a) Current year	(b) Prior year	(c) Two years bad		years back	. ,	years back
1a	Beginning of year balance	16,002,230.	16,002,230.	16,002,23	0. 16,0	02,230.	16,	002,230.
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses	16 000 000	16 000 000	16 000 00	0 100		1.0	000 000
-	End of year balance	16,002,230.	16,002,230.		0. 16,0	02,230.	16,	002,230.
2	Provide the estimated percentage of the curr	rent year end balance) held as:				
	Board designated or quasi-endowment		_%					
		%						
С		%						
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	•	tion that are hold ar	d administered fo	vr tha			
Ja	organization by:	ssion of the organiza	lion that are new ar				ſ	Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Par	t X, line 10.			
	Description of property	(a) Cost or o basis (investn		or other (o (other)	c) Accumulat depreciatior		(d) Bool	< value
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment		1	3,299.	9,1	25.		4,174.
e	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	X, column (B), line 1	0c.)			4	1,174.

Schedule D (Form 990) 2022

232052 09-01-22

		THE FLORI	DA COLLEGE SYST	EM FOUNDATION	
Schedule D		INC			65-0530384 Page
Part VII	Investments - Oth				
	Complete if the organization	ation answered "	res" on Form 990, Part IV, line	e 11b. See Form 990, Part X, I	line 12.
(a) Descrip	tion of security or category ((including name of secu	rity) (b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Financia	al derivatives				
2) Closely	held equity interests				
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Par Investments - Pro	gram Related	1.		
	Complete if the organization	ation answered	es" on Form 990, Part IV, line		
	(a) Description of inve	stment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Par	t X, col. (B) line 13.)		
Part IX	Other Assets.				
	Complete if the organiza	ation answered "	(es" on Form 990, Part IV, line	11d. See Form 990, Part X, I	
			(a) Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(h) must a gual Farm (2) /inc 15)		
Part X	Other Liabilities.	<u>190, Рап X, COI. (E</u>	3) line 15.)		
IUITA		ation answered "	Ast on Form 000 Port IV line	110 or 11f Son Form 000 D	art X line 25
			/es" on Form 990, Part IV, line	FILE OF TH. SEE FUILI 990, P	
1.	. ,	iption of liability			(b) Book value
. /	leral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
) // 05)		
	mn (b) must equal Form 9	, , ,	, ,	a the exception's financial	atotomonto that was sute the
-			ovide the text of the footnote t	-	
organiz	ation's liability for uncerta	un tax positions u	naer FASB ASC 740. Check h	iere if the text of the footnote	has been provided in Part XIII 2

Schedule D (Form 990) 2022

232053 09-01-22

			0530384	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.		
	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	3,403,	<u>639.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities 204,226.			
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d	2e	1,629,	
3	Subtract line 2e from line 1	3	1,774,	207.
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			
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c	179,	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,953,	980.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	2,088,	040.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 204,226.			
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	204,	
3	Subtract line 2e from line 1	3	1,883,	814.
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	179,	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,063,	587.
Pa	rt 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:

THE INVESTMENT RETURN FROM THE ENDOWMENT FUND IS TO BE USED FOR

SCHOLARSHIP ASSISTANCE.

PART X, LINE 2:

THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY MAJOR TAX

24

JURISDICTIONS FOR YEARS ENDED JUNE 30, 2019 AND PRIOR.

232054 09-01-22

Schedule D (Form 990) 2022

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations.		L	OMB No. 1545-0047
(Form 990)	Go	vernments, ar	nd Individual	s in the Ŭni	ted States			2022
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form s.gov/Form990 for		ation.			Open to Public Inspection
Name of the organization THE FLOR INC	IDA COLLEG	E SYSTEM FO	UNDATION				Employer i	dentification number 65-0530384
Part I General Information on Grants	and Assistance							
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's p 	sistance?				v		,	X Yes No
Part II Grants and Other Assistance to recipient that received more than	Domestic Organi	zations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Parl	t IV, line 21, t	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		Purpose of grant or assistance
BROWARD COLLEGE FOUNDATION 111 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301	23-7181959	501 (C)(3)	93,572.	0.			VARIOUS A	WARDS
CHIPOLA COLLEGE FOUNDATION 3094 INDIAN CIRCLE MARIANNA, FL 32446-2053	59-2074070	501 (C)(3)	22,807.	0.			VARIOUS A	WARDS
COLLEGE OF CENTRAL FLORIDA FOUNDATION - 3001 S.W. COLLEGE ROAD - OCALA, FL 34474-4415	59-6139037	501 (C)(3)	34,452.	0.			VARIOUS 2	WARDS
DAYTONA STATE COLLEGE FOUNDATION 1200 W. INTERNATIONAL SPEEDWAY BLV DAYTONA BEACH, FL 32114	ъ 59–1581805	501 (C)(3)	47,256.	0.			VARIOUS A	WARDS
EASTERN FLORIDA STATE COLLEGE FOUNDATION - 1519 CLEARLAKE ROAD - COCOA, FL 32922	59-1747177	501 (C)(3)	44,053.	0.			VARIOUS 2	WARDS
FLORIDA GATEWAY COLLEGE FOUNDATION 149 SOUTHEAST COLLEGE PLACE LAKE CITY, FL 32025-8703	59-1627997	501 (C)(3)	26,613.	0.			VARIOUS 2	
2 Enter total number of section 501(c)(3)3 Enter total number of other organization		• • • • • • • • •						28.

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

INC Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	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
FLORIDA SOUTHWESTERN STATE COLLEGE							
FOUNDATION - 8099 COLLEGE PARKWAY	59-6173638	F01 (d) (2)	E1 E2E	0.			VARIOUS AWARDS
- FORT MYERS, FL 33919 FLORIDA STATE COLLEGE AT	59-01/3038	501 (C/(3)	51,525.	0.			VARIOUS AWARDS
JACKSONVILLE FOUNDATION - 501 WEST							
STATE STREET, SUITE 104 -							
JACKSONVILLE, FL 32202	23-7168438	501 (C)(3)	66,967.	0.			VARIOUS AWARDS
FOUNDATION FOR SEMINOLE STATE							
COLLEGE OF FLORIDA - 1055 AAA DRIVE - HEATHROW, FL 32746	23-7033822	501 (C) (3)	50,454.	0.			VARIOUS AWARDS
DRIVE - HEATHROW, FL 52/40	23-7033022	501 (0/(5)	50,454.	0.			VARIOUS AWARDS
GULF COAST STATE COLLEGE							
FOUNDATION - 5230 WEST HIGHWAY 98							
- PANAMA CITY, FL 32401	59-1682455	501 (C)(3)	29,416.	0.			VARIOUS AWARDS
HILLSBOROUGH COMMUNITY COLLEGE							
FOUNDATION - 39 COLUMBIA DRIVE -	59-1810717	501 (C) (3)	68,877.	0.			VARIOUS AWARDS
TAMPA, FL 33606	59-1010717	501 (C/(5)		0.			VARIOUS AWARDS
INDIAN RIVER STATE COLLEGE							
FOUNDATION - 3209 VIRGINIA AVENUE							
- FORT PIERCE, FL 34981-5596	59-1105591	501 (C)(3)	45,208.	0.			VARIOUS AWARDS
LAKE-SUMTER STATE COLLEGE							
FOUNDATION - 9501 U.S. HIGHWAY 441	E0 1000303	F01 (d) (2)	07.000	•			
- LEESBURG, FL 34788	59-1990323	501 (C)(3)	27,922.	0.			VARIOUS AWARDS
IIAMI DADE COLLEGE FOUNDATION							
300 N.E. SECOND AVENUE, SUITE 1423-							
MIAMI, FL 33132	59-6169745	501 (C)(3)	122,019.	0.			VARIOUS AWARDS
NORTH FLORIDA COLLEGE FOUNDATION							
325 N.W. TURNER DAVIS DRIVE							
MADISON, FL 32340	59-6179948	501 (C)(3)	23,646.	0.			VARIOUS AWARDS

Schedule I (Form 990)

Schedule I (Form 990) INC

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	rt II.) T	
(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
IORTHWEST FLORIDA STATE COLLEGE							
FOUNDATION - 100 COLLEGE BOULEVARD							
- NICEVILLE, FL 32578	59-2865698	501 (C)(3)	27,491.	0.			VARIOUS AWARDS
PALM BEACH STATE COLLEGE							
FOUNDATION - 4200 CONGRESS AVENUE,							
MS #20 - LAKE WORTH, FL 33461	59-1818556	501 (C)(3)	70,906.	0.			VARIOUS AWARDS
PASCO-HERNANDO STATE COLLEGE							
FOUNDATION - 10230 RIDGE ROAD -							
NEW PORT RICHEY, FL 34654-5199	59-1731676	501 (C)(3)	37,732.	0.			VARIOUS AWARDS
PENSACOLA STATE COLLEGE FOUNDATION							
LOOO COLLEGE BOULEVARD, BUILDING 17							
PENSACOLA, FL 32504	59-6173057	501 (C)(3)	38,939.	0.			VARIOUS AWARDS
,			,				
POLK STATE COLLEGE FOUNDATION							
999 AVENUE H., N. E.							
WINTER HAVEN, FL 33881-4299	59-1819213	501 (C)(3)	37,805.	0.			VARIOUS AWARDS
SANTA FE COLLEGE FOUNDATION							
3000 NORTH WEST 83RD STREET, F-207							
GAINESVILLE, FL 32606	51-0240884	501 (C)(3)	41,624.	0.			VARIOUS AWARDS
SOUTH FLORIDA STATE COLLEGE							
FOUNDATION - 13 EAST MAIN STREET -							
AVON PARK, FL 33825	59-3050497	501 (C)(3)	26,734.	0.			VARIOUS AWARDS
ST. JOHNS RIVER STATE COLLEGE							
FOUNDATION - 5001 ST. JOHNS AVENUE				-			
- PALATKA, FL 32177	23-7336585	5UI (C)(3)	29,868.	0.			VARIOUS AWARDS
ST. PETERSBURG COLLEGE FOUNDATION							
P.O. BOX 13489							
ST. PETERSBURG, FL 33733	59-1954362	501 (C)(3)	68,823.	0.			VARIOUS AWARDS

Schedule I (Form 990)

Schedule I (Form 990) INC

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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			
STATE COLLEGE OF FLORIDA, MANATEE SARASOTA FOUNDATION - 5840 26TH STREET WEST - BRADENTON, FL 34207	59-1843274	501 (C)(3)	39,048.	0.			VARIOUS AWARDS			
TALLAHASSEE COMMUNITY COLLEGE FOUNDATION - 444 APPLEYARD DRIVE - TALLAHASSEE, FL 32304	59-2091480	501 (C)(3)	45,967.	0.			VARIOUS AWARDS			
THE COLLEGE OF THE FLORIDA KEYS FOUNDATION - 5901 WEST COLLEGE ROAD - KEY WEST, FL 33040	59-6173174	501 (C)(3)	23,370.	0.			VARIOUS AWARDS			
VALENCIA COLLEGE FOUNDATION 1768 PARK CENTER DRIVE ORLANDO, FL 32835	23-7442785	501 (C)(3)	99,296.	0.			VARIOUS AWARDS			

Schedule I (Form 990)

THE FLORIDA COLLEGE SYSTEM FOUNDATION INC

65-0530384

Page 2

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

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

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

PART I, LINE 2:

Schedule I (Form 990) 2022

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.

SCHE	DUL	.Е О	
(Form	990)		

Name of the organization

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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



65-0530384

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

COLLEGES, THEREBY SUPPORTING STUDENTS WHO ARE SEEKING A HIGH EDUCATION

THAT WILL POSITIVELY IMPACT THEIR LIVES AND THE FUTURE OF THEIR

COMMUNITIES.

FORM 990, PAGE 1, PART I, LINE 6

TNC

THE FOUNDATION RECEIVED DONATED SERVICES FROM THE FLORIDA DEPARTMENT OF

EDUCATION TOTALING 204,226. 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, SECTION B, LINE 11B:

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, SECTION B, LINE 12C:

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.

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

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE.

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

Schedule O (Form 990) 2022

30

Schedule O (Form 990) 2022 Name of the organization THE FLORIDA COLLEGE SYSTEM FOUNDATION INC	Page 2 Employer identification number 65-0530384
FORM 990, PART VII	
THE PRESIDENT OF THE FOUNDATION IS AN EMPLOYEE OF THE FLO	RIDA
DEPARTMENT OF EDUCATION. HER COMPENSATION IS AN IN-KIND C	ONTRIBUTION TO
THE FOUNDATION.	
232212 10-28-22 31	Schedule O (Form 990) 2022

2022.05070 THE FLORIDA COLLEGE SYSTE 62456.T1

22070318 136042 62456.т0

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-kindergarter through 12th 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 educationspecific workshops, professional learning programs, and conferences.

7/27/21

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
	Statutory Authority	Mission	Strategic Plan		 Rationale for Continuation of Foundation that benefit public pre- kindergarten through 12th grade 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 12th 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.

Florida Education Foundation



THE FLORIDA EDUCATION FOUNDATION DSO REPORT – 2024

325 West Gaines Street, Suite 1524 Tallahassee,

Florida 32399

850-245-7878

www.floridaeducationfoundation.org

STATUTORY AUTHORITY – EDUCATION IS OUR BUSINESS

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

MISSION

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

VISION

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

VALUES

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 achievement 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 Thomas Howell Ferguson P.A. 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 FY23-24 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

The Florida Education Foundation is currently in the process of creating a new strategic plan for the 2025-2026 period. This strategic planning initiative is designed to align our efforts with the evolving priorities of the Florida Department of Education while enhancing our operational efficiency and impact. Through comprehensive stakeholder engagement and careful assessment of our current programs and processes, we aim to define clear objectives and actionable strategies. This new strategic plan will guide our mission to support and advance educational excellence throughout Florida, ensuring that we effectively address the needs of students and educators statewide.



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.



CODE OF ETHICS AGREEMENT

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

The Florida Education Foundation promotes and supports academic excellence for 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, 2023

Prepared For:

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

Prepared By:

Carr, Riggs & Ingram, LLC 2633 Centennial Blvd., Ste 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 qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office using our secure file transfer website – https://cricpa.sharefile.com/share/filedrop. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us as soon as possible

Form 8	879-1	ΓE		IR	S e-file Sig for a Ta	gnature Aut ax Exempt E	horizatior Intity	ו	ŀ	OMB No. 1545-0047	
			For calendar year			JUL 1 , 2022, ar			20 2 3	0000	
			-			the IRS. Keep for yo				2022	
	ent of the Tre Revenue Servi			Got		orm8879TE for the la					
Name o	of filer								EIN or SSN		
	F	LORID	A EDUCAT	ION	FOUNDATIO	N, INC.			59-27	718509	
Name a	nd title of c	officer or pe	rson subject to ta	κ LI	NDSEY ZAN	IDER					
					ECUTIVE E	DIRECTOR					
Part	1 1	ype of l	Return and F	Return	Information						
Form 5 or 10a whiche	5330 filers below, ar	may enterned the amo blicable, bl	dollars and cer ount on that line ank (do not ente	nts. For for the er -0-). Bi	all other forms, en return being filed v ut, if you entered -	with this form was bla 0- on the return, then	. If you check the nk, then leave line enter -0- on the ap	box on li e 1b, 2b, pplicable	ne 1a, 2a, 3 b, 4b, 5b line below.	3a, 4a, 5a, 6a, 7a, 8a , 6b, 7b, 8b, 9b, or 10 . Do not complete m	b, ore
1a										1b <u>4,454,39</u>	
2a	Form 99	90-EZ che	ck here							2b	
3a	Form 11	120-POL (heck here			1120-POL, line 22)				3b	
4a			ck here			vestment income (Fo				4b	
5a	Form 88	368 check	here			rm 8868, line 3c)					
6a	Form 99	90-T checl	k here	b	Total tax (Form 9	990-T, Part III, line 4)				6b	
7a	Form 47	7 20 check	here	b	Total tax (Form 4	4720, Part III, line 1)				7b	
8a	Form 52	227 check	here	b	FMV of assets a	t end of tax year (For	rm 5227, Item D)			8b	
9a	Form 53	330 check	here	b	Tax due (Form 53	330, Part II, line 19)				9b	
)38-CP ch				t payment requested				10b	
Part		Declarat	ion and Sigr	nature	Authorization	n of Officer or Pe	rson Subject	to Tax			
Under	penalties	of perjury,	I declare that	X I ar	n an officer of the	above entity or	I am a person sub	oject to ta	ax with resp	pect to (name	
of entit	ty)					, (EIN)		and	that I have	examined a copy of t	he
later th payme person	an 2 busi nt of taxe al identific	ness days s to receiv	prior to the pay e confidential in	ment (se formatio	ettlement) date. I a on necessary to ar	ayment, I must contac also authorize the fina nswer inquiries and re nic return and, if applic	ncial institutions in solve issues relate	nvolved i ed to the	n the proce payment. I	essing of the electronic have selected a	;
			RR, RIGG	S &	INGRAM, L	LC		to	enter my P	NN 02123	٦
			-			m name			,	Enter five numbers,	but
										do not enter all zero)S
	with a on the As an	state ager return's c officer or p	ncy(ies) regulatir isclosure conse person subject t	ng charit nt scree o tax wi	ties as part of the m. th respect to the e	entity, I will enter my F	m, I also authorize PIN as my signatur	e the afor re on the	tax year 20	e return is being filed d ERO to enter my PIN 022 electronically filed charities as part of the	
						disclosure consent s					
Signature	e of officer or	person subject	et to tax						Date)	
Part			tion and Aut	thentio	cation						
ERO's	EFIN/PIN	I. Enter vo	ur six-digit elect	ronic fili	ng identification						
			your five-digit s		-		5917809 Do not enter				
submit		eturn in ac				re on the 2022 electro 4163, Modernized e-F	•			confirm that I am RS <i>e-file</i> Providers for	
ERO's s	signature	CAR	R, RIGGS	& I	NGRAM, LL	C	Date	06/	21/24		
						This Form - See					
			Do Not	Subm	nit This Form t	to the IRS Unless	s Requested 1	To Do S	So		
LHA F	For Privac	cy Act and	Paperwork Re	duction	n Act Notice, see	instructions.				Form 8879-TE (2	022)
202521	12-16-22										

Return of Organization Exempt From Income Tax

01(c) 527 or 4047(c)

OMB No. 1545-0047 2022

1 011		00	Do not enter social security numbers on this form as it	-		
Depa Interr	rtment o	of the Treasury nue Service	formation.	Open to Public Inspection		
			ar year, or tax year beginning JUL 1,2022 and en	ding J	UN 30, 2023	•
Bc	heck if	C Name of	organization		D Employer identifica	ation number
а	pplicab					
	Addre	PLOR	IDA EDUCATION FOUNDATION, INC.			
	Name Chang	je Doing bi	59-271850	9		
	Initial			om/suite	E Telephone number	
	Final return		W. GAINES ST., STE. 1524		(850) 245	-7878
_	termir ated ∖Amen	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,631,497.
	_return	IALL	AHASSEE, FL 32399		H(a) Is this a group ret	
	tion pendi		nd address of principal officer: LINDSEY ZANDER			Yes X No
	-	SAME	AS C ABOVE	<u> </u>	H(b) Are all subordinates incl	
		empt status:		527	,	st. See instructions
	Vebsi		FLORIDAEDUCATIONFOUNDATION.ORG	1	H(c) Group exemption	
	orm o art l	Summary	X Corporation Trust Association Other	L Year of	of formation: 1985 M	State of legal domicile: FL
Га			DECET			пс
ě	1		e the organization's mission or most significant activities: RECEIV			
Governance			TERS PROPERTY, AND MAKES EXPENDITUR			
ern		Check this bo			1.1	
Š						<u> 13</u> 13
<u>ه</u>			ependent voting members of the governing body (Part VI, line 1b)			
ies			of individuals employed in calendar year 2022 (Part V, line 2a)			0
Activities			of volunteers (estimate if necessary)			18
Act			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	<u></u>		0.
					Prior Year	Current Year
P	8		and grants (Part VIII, line 1h)		1,856,661.	3,585,786.
Revenue	9		ce revenue (Part VIII, line 2g)		586,482.	744,691.
3ev			come (Part VIII, column (A), lines 3, 4, and 7d)		307,215.	120,610.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,307.	3,311.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,752,665.	4,454,398.
			nilar amounts paid (Part IX, column (A), lines 1-3)		396,494.	1,095,892.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ŝ			compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		0.	0.
xpenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.
- ad x			······································).		
Ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,960,875.	3,228,025.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,357,369.	4,323,917.
	19	Revenue less	expenses. Subtract line 18 from line 12		395,296.	130,481.
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)	🖵	7,578,427.	7,966,695.
t As	21	Total liabilities	(Part X, line 26)		1,804,652.	1,612,413.
			fund balances. Subtract line 21 from line 20		5,773,775.	6,354,282.
	art II	Signature				
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules an	nd stateme	nts, and to the best of my k	nowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.	

Sign	Signature of officer		Date					
Here	ere LINDSEY ZANDER, EXECUTIVE DIRECTOR							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check] PTIN				
Paid	MICHAEL C CARTER	MICHAEL C CARTER	06/21/24 self-employed	P00292302				
Preparer	Firm's name CARR, RIGGS & ING	RAM, LLC	Firm's EIN 72	-1396621				
Use Only	Firm's address 2633 CENTENNIAL BI	LVD., STE 200						
	TALLAHASSEE, FL 32	2308	Phone no. 850	.878.8777				
May the I	RS discuss this return with the preparer shown above	ve? See instructions		X Yes No				
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2022)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) FLORIDA EDUCATION FOUNDATION, INC. 59-2718509 Page 2
r al	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	
•	Briefly describe the organization's mission: 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 FOUNDATION
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,722,677. including grants of \$647,782.) (Revenue \$66,000.
	THE FLORIDA CIVICS AND DEBATE INITIATIVE (FCDI) IS MADE POSSIBLE BY A
	\$5 MILLION GRANT FROM THE BERNIE MARCUS FOUNDATION. THE GOAL OF THE
	FCDI IS TO IMPROVE CIVIC LITERACY SKILLS IN MIDDLE AND HIGH SCHOOL
	GRADE STUDENTS AND PREPARE THEM VIA PROGRAMS SUCH AS SPEECH AND DEBATE.
	THE INITIATIVE IS A THREE-YEAR, MULTI-PHASE PLAN TO ULTIMATELY
	INCORPORATE CIVICS PROGRAMS IN EVERY FLORIDA SCHOOL DISTRICT.
	(Code:) (Expenses \$ 310,653. including grants of \$ 185,000.) (Revenue \$ 0.
4b	
4b	
4b	THE RESILIENCY FLORIDA INITIATIVE SUPPORTS STUDENT RESILIENCY AND
4b	THE RESILIENCY FLORIDA INITIATIVE SUPPORTS STUDENT RESILIENCY AND CHARACTER EDUCATION BY PROVIDING PUBLIC AWARENESS MATERIALS AIMED AT
4b	THE RESILIENCY FLORIDA INITIATIVE SUPPORTS STUDENT RESILIENCY AND CHARACTER EDUCATION BY PROVIDING PUBLIC AWARENESS MATERIALS AIMED AT STUDENTS, PARENTS AND TEACHERS THAT WOULD EDUCATE, PROMOTE
4b	THE RESILIENCY FLORIDA INITIATIVE SUPPORTS STUDENT RESILIENCY AND CHARACTER EDUCATION BY PROVIDING PUBLIC AWARENESS MATERIALS AIMED AT STUDENTS, PARENTS AND TEACHERS THAT WOULD EDUCATE, PROMOTE PERSEVERANCE, AND HELP CONNECT STUDENTS TO AVAILABLE RESOURCES. THE
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4c	THE RESILIENCY FLORIDA INITIATIVE SUPPORTS STUDENT RESILIENCY AND CHARACTER EDUCATION BY PROVIDING PUBLIC AWARENESS MATERIALS AIMED AT STUDENTS, PARENTS AND TEACHERS THAT WOULD EDUCATE, PROMOTE PERSEVERANCE, AND HELP CONNECT STUDENTS TO AVAILABLE RESOURCES. THE PUBLIC AWARENESS CAMPAIGN SHOULD INCLUDE A WEBSITE, VIDEOS, SOCIAL MEDIA GRAPHICS, AND PUBLIC SERVICE ANNOUNCEMENTS THAT DIRECT STUDENTS, PARENTS AND TEACHERS TO THE RESILIENCY TOOLKIT CREATED BY THE DEPARTMENT OF EDUCATION. (Code:)(Expenses285,673. including grants of s0.) (Revenue s0. THE JUST READ, FLORIDA! PROGRAM PROVIDES PROFESSIONAL LEARNING OPPORTUNITIES AND SUPPORT FOR PREKINDERGARTEN THROUGH 12TH GRADE TEACHERS, LITERACY COACHES, SCHOOL ADMINISTRATORS AND DISTRICT LEVEL STAFF SUPPORTING LITERACY. THIS PROGRAM ALSO PROVIDES PROFESSIONAL LEARNING TO THE DEPARTMENT OF EDUCATION STAFF, INSTITUTES FOR HIGHER EDUCATION (COLLEGE AND UNIVERSITY TEACHER PREP STAFF), AND LITERACY PARTNERS.
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4c 4d	THE RESILIENCY FLORIDA INITIATIVE SUPPORTS STUDENT RESILIENCY AND CHARACTER EDUCATION BY PROVIDING PUBLIC AWARENESS MATERIALS AIMED AT STUDENTS, PARENTS AND TEACHERS THAT WOULD EDUCATE, PROMOTE PERSEVERANCE, AND HELP CONNECT STUDENTS TO AVAILABLE RESOURCES. THE PUBLIC AWARENESS CAMPAIGN SHOULD INCLUDE A WEBSITE, VIDEOS, SOCIAL MEDIA GRAPHICS, AND PUBLIC SERVICE ANNOUNCEMENTS THAT DIRECT STUDENTS, PARENTS AND TEACHERS TO THE RESILIENCY TOOLKIT CREATED BY THE DEPARTMENT OF EDUCATION.

Form	ggn	(2022)

Part IV Checklist of Required Schedules

FLORIDA EDUCATION FOUNDATION, 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		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
1 4a	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			77
	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			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		- 23
19		19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a		
21	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	200		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x	
232003				(2022)

3

232003 12-13-22

Form	990	(2022)
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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 X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		├──
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transportion with a diagonalized person during the verse? ((1)(x = 1) and (1) (x = 1) (x	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		
D	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	200		
	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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c	Х	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	01		
02	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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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			v
00	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?	20	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	л	Ĺ
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 71			
b	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	Х	
232004	12-13-22	Form	990	(2022)

4

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022)				INC.
Statements	Regarding Otl	ner IRS Filings a	and Tax Compliand	ce (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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
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, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C Go	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
0a		6a		х
h	any contributions that were not tax deductible as charitable contributions?	Ua		- 23
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
·a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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			
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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1			
U	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
222004	If "Yes," complete Form 6069.	Form	990	(2022)
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232005 12-13-22

Form 990 (2022)

Part V

Form	990	(2022))

Section A. Governing Body and Management

FLORIDA EDUCATION FOUNDATION, INC.

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

59-2718509 Page 6

X

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

				Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a .	13		
	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		13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	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 99				x
5	Did the organization become aware during the year of a significant diversion of the organization's asse				x
6	Did the organization have members or stockholders?				x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point one or			
	more members of the governing body?		. <u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	The governing body?		8a	х	
	Each committee with authority to act on behalf of the governing body?			X	
				23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		9		x
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)			
10-			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		. <u>10a</u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			37	
	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			X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe			
	on Schedule O how this was done		. 12c	Х	
13	Did the organization have a written whistleblower policy?		. 13		X
14	Did the organization have a written document retention and destruction policy?		. 14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		. 15a		X
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem		. 16a		X
۲	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
IJ	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi				
			. 16b		
Sec	exempt status with respect to such arrangements?			I	1
17	List the states with which a copy of this Form 990 is required to be filed NONE				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 000 T (agation 501(a)	(2)a anlu)	ovoilo	
18	for public inspection. Indicate how you made these available. Check all that apply.	d 990-1 (Section 501(c)	(S)S ONIY)	avallai	ole
	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, cor	nflict of interest policy,	and finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records			
	LINDSEY ZANDER - (850) 245-7878				
	325 W. GAINES ST., STE 1524, TALLAHASSEE, FL 32399				
					(202

Form 990 (2022)	FLORIDA EDUCATION FOUNDATION, INC.	59-2718509	Page 1
Part VII Compen	nsation of Officers, Directors, Trustees, Key Employees, Highest (Compensated	
Employe	ees, and Independent Contractors		
Check if So	chedule O contains a response or note to any line in this Part VII		
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employees		
 List all of the organic 	e for all persons required to be listed. Report compensation for the calendar year endir anization's current officers, directors, trustees (whether individuals or organizations),	5	,
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, box 6 of 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)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition) than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer ar	id a d	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	utiona	_	nploy	st cor	L.			organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) KRISTIN PICCOLO	20.00									
FMR EXEC DIR (TERM NOV 2022)	30.00			Х				0.	89,907.	30,247.
(2) LINDSEY ZANDER	20.00									
EXEC DIR (STARTED JAN 2023)	30.00	1		Х				0.	0.	0.
(3) REBECCA MATTHEWS	1.50									
CHAIR		X		Х				0.	0.	0.
(4) ANDREA TOVAR	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) RON BRISE	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) KRISTIN CRAWFORD-WHITAKER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) CARLOS ALVAREZ	0.50									
DIRECTOR		Х						0.	0.	0.
(8) MARCUS CHAMBERS	0.50									
DIRECTOR		Х						0.	0.	0.
(9) GARY CHARTRAND	0.50									
DIRECTOR		Х						0.	0.	0.
(10) STEVE CRISAFULLI	0.50									
DIRECTOR		х						0.	0.	0.
(11) RAQUEL EGUSQUIZA	0.50									
DIRECTOR		Х						0.	0.	0.
(12) JOHN GRANT	0.50								•	
DIRECTOR	0.50	X						0.	0.	0.
(13) CHARLES HOKANSON	0.50								0	
DIRECTOR		X						0.	0.	0.
(14) SCOTT ROSS	0.50								0	
DIRECTOR	1 00	X				-		0.	0.	0.
(15) TARA TEDROW	1.00	x							0.	
DIRECTOR	0 50	~						0.	0.	0.
(16) MARY CHANCE	0.50	x							0.	
EX-OFFICIO MEMBER (17) ADRIANNA SWEARINGTON	0.50	^						0.	U•	0.
EX-OFFICIO MEMBER	0.50	x						0.	0.	0.
		Δ						I 0.	U •	Form 990 (2022)
232007 12-13-22				_	-					Form 330 (2022)

7

07480621 794202 45-02123.000

2022.06000 FLORIDA EDUCATION FOUNDAT 45-02121

Form 990 (2022)	FLORIDA 1	EDUCATIC)N	FO	UN	DA	TI	ON	I, INC.	59-21	71850	9 F	'age 8
Part VII Section A. Officers	s, Directors, Trus	tees, Key Emp	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	Ð	(B) Average hours per week (list any hours for related organizations	box,	not ch unles	s per	ition more rson i irecto	Highest compensated Light of the stand sta	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organization (W-2/1099-MIS 1099-NEC)	n s co sC/ c	(F) Estimat amount other ompensa from th organiza and rela	of ation ne tion
		below line)	Individual	Institutior	Officer	Key employee	Highest co employee	Former			0	rganizat	ions
1b Subtotal c Total from continuation									0.	89,90	0.	30,2	0.
d Total (add lines 1b and 2 Total number of individua compensation from the o	lls (including but n								0 • 0 • eceived more than \$100,	89,9(000 of reportable		30,2	0
3 Did the organization list a line 1a? If "Yes," complet		-			•	-		Ŭ	• • •		3	Yes	No X
4 For any individual listed o and related organizations5 Did any person listed on l	greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual		4		x
rendered to the organizat	ion? If "Yes." com	-				-			-		5		X
Section B. Independent Cont Complete this table for you the organization. Report of	our five highest co										ensation	from	
	(A) ame and business								(B) Description of s		Com	(C) pensatio	n
RED HILLS STRATE 3400 DEER LANE D	-		r	וס	г [.]	20	21		COMMUNICATION SERVICES	N	1	28,0	07
BILL OF RIGHTS I					<u> </u>	52	<u>, 1 C</u>	_	PLENARY SPEAK	KERS &		20,0	07.
COURTHOUSE ROAD,	-								SUPPORT CIVIO	CS PD SE	1	08,5	00.
2 Total number of independ \$100,000 of compensation			ot lin	nited	l to t	thos 2		ted	above) who received mo	pre than		000	
											For	m 990	(2022)

Form	1 990 (ź		TION FOUN	IDATION, IN	1C.	59-2718	509 Page
Ра	rt VIII						
		Check if Schedule O contains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under
Service Contributions, Gifts, Grants inue and Other Similar Amounts	b c f f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f Add lines REGISTRATION FEES ADMINISTRATION FEES	3,585,786. 42,885. Business Code 900099 900099	3,585,786. 573,373. 171,318.			sections 512 - 5
Program Service Revenue		All other program service revenue		744,691.			
	3 4 5	Investment income (including dividends, intere- other similar amounts) Income from investment of tax-exempt bond p Royalties	roceeds	202,589.			202,589
	b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
ne	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b 3,177,099.	(ii) Other				
Revenue		Gain or (loss) 7c81,979. Net gain or (loss)		-81,979.			-81,97
Other	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19					
	с 10 а b	Less: direct expenses 9b Net income or (loss) from gaming activities 9b Gross sales of inventory, less returns 10a and allowances 10b Less: cost of goods sold 10b					
aneous	с 11 а b	Other INCOME:MISC INCOME - ENHANCE OTHER INCOME	Business Code 900099 900099	2,686. 625.	2,686.		
Miscellaneous Revenue		All other revenue		3,311.			
	12 9 12-13-	Total revenue. See instructions		4,454,398.	748,002.	0.	120,610 Form 990 (2022

9

FLORIDA EDUCATION FOUNDATION, INC.

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).

0000	on 501(c)(3) and 501(c)(4) organizations must comp			· · · ·	X
	Check if Schedule O contains a respon	(A)	(B)	(C)	<u>A</u> (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
	and domestic governments. See Part IV, line 21	1,089,892.	1,089,892.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	6,000.	6,000.		
3	Grants and other assistance to foreign	-	-		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	46,370.		46,370.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	25,389.		25,389.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	989,130.	786,701.	202,429.	
12	Advertising and promotion	265,635.	199,226.	66,409.	
13	Office expenses	26,151.	19,613.	6,538.	
14	Information technology	8,118.	6,088.	2,030.	
15	Royalties				
16		30,019.	22 514	7 505	
17	Travel	30,019.	22,514.	7,505.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,648,200.	1 400 070	247,230.	
19	Conferences, conventions, and meetings	1,040,200•	1,400,970.	241,230.	
20	Interest				
21	Payments to affiliates				
22 22	Depreciation, depletion, and amortization	2,732.		2,732.	
23 24	Insurance Other expenses. Itemize expenses not covered	4,154.		4,154.	
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.)				
а	ADMIN FEES	171,318.	171,318.		
a b	FEES/BANK CHARGES	13,601.	_/_/0101	13,601.	
c					
d					
	All other expenses	1,362.	1,362.		
25	Total functional expenses. Add lines 1 through 24e	4,323,917.	3,703,684.	620,233.	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)				
					000

10

232010 12-13-22

Form 990 (2022)

07480621 794202 45-02123.000

FLORIDA EDUCATION FOUNDATION, INC	FLORIDA	EDUCATION	FOUNDATION,	INC.
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59-2718509 Page 11

Check if Schedule O contains a response or note to any line in this Part X						
		·		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,142,905.	1	1,280,305.
	2	Savings and temporary cash investments			2	641,648.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		20,843.	4	454,662.
	5	Loans and other receivables from any current or		.,		
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of these			5	
	6	Loans and other receivables from other disgualit			Ŭ	
	ľ	under section 4958(f)(1)), and persons described			6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ass	9	_		29,676.	9	102,399.
		Land, buildings, and equipment: cost or other		2370701	3	102/0000
	104	basis. Complete Part VI of Schedule D	100			
	h	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	0.
	12	Investments - other securities. See Part IV, line 1		5,385,003.	12	5,487,681.
	13	Investments - program-related. See Part IV, line		5,505,005.	13	5,407,0010
	14				14	
	14	Intangible assets		14		
	16	Other assets. See Part IV, line 11		7,578,427.	16	7,966,695.
	17			178,534.	17	512,124.
	18			1/0/0011	18	510/1010
	19			1,626,118.	19	1,100,289.
	20	Deferred revenue		1,020,110.	20	1,100,200.
	20	Tax-exempt bond liabilitiesEscrow or custodial account liability. Complete I			20	
	22	Loans and other payables to any current or form			21	
Liabilities	~~~	trustee, key employee, creator or founder, subst				
bilit		controlled entity or family member of any of thes			22	
Lia	23	Secured mortgages and notes payable to unrela			22	
	23	Unsecured notes and loans payable to unrelated			23 24	
	24	Other liabilities (including federal income tax, pa			24	
	25	parties, and other liabilities not included on lines	-			
					25	
	26	of Schedule D Total liabilities. Add lines 17 through 25		1,804,652.	25	1,612,413.
	20	Organizations that follow FASB ASC 958, che	ck here X	1,004,052.	20	1,012,413.
S		and complete lines 27, 28, 32, and 33.				
ů.	27	Net assets without donor restrictions		877,067.	27	474,775.
ala	28	Net assets with donor restrictions		4,896,708.	28	5,879,507.
Б	20	Organizations that do not follow FASB ASC 9		1,050,7000	20	5767575674
Net Assets or Fund Balances		and complete lines 29 through 33.				
ъ С	29	Capital stock or trust principal, or current funds			29	
ets	29 30	Paid-in or capital surplus, or land, building, or ec			29 30	
SSI	30	Retained earnings, endowment, accumulated in			30 31	
et≱	32	Total net assets or fund balances		5,773,775.	31	6,354,282.
Ž	32	Total liabilities and net assets/fund balances		7,578,427.	_32 	7,966,695.
					30	.,

Form 990 (2022)

Form 990 (2022)
Part X Balance Sheet

	1990 (2022) FLORIDA EDUCATION FOUNDATION, INC.	<u>59-27</u>	18509	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	4,454		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,323		
3	Revenue less expenses. Subtract line 2 from line 1	3			81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,773		
5	Net unrealized gains (losses) on investments	5	450),02	26.
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	6,354	1,2	82.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	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 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	Х	
	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	e 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 Sch	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			_	aan /	

Form **990** (2022)

232012 12-13-22

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						
2022						
Open to Public Inspection						
the second s						

Name of the organization

Name	Name of the organization Employer identification number							
	FLOR	IDA EDUCAT	ION FOUNDATI	ON, IN	۱C.		5	9-2718509
Part		Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
The or	ganization is not a private found							
1	-	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	A school described in sect							
3	A hospital or a cooperative				(b)(1)(A)(ii	i).		
4	A medical research organiz)(iii), Enter	the hospital's name,
	city, and state:						. ,	
5	An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
			č	•	, ,			
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7 🖸		-					ne general i	oublic described in
	section 170(b)(1)(A)(vi). (C	-		5			3	
8	A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org			-	ed in coniu	nction with a	land-grant	college
	or university or a non-land-	-			-		-	•
	university:		, , , , , , , , , , , , , , , , , , ,			,	0	
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exen							
	income and unrelated busir		-					-
	See section 509(a)(2). (Co		. ,			, .		
11	An organization organized	-	vely to test for public sa	fety. See	section 50)9(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section (509(a)(2).	See section &	509(a)(3).	Check the box on
	lines 12a through 12d that	describes the type or	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
	control or management of	of the supporting orga	anization vested in the s	ame persoi	ns that co	ntrol or manag	ge the supp	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	ed with,
	its supported organizatio	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally	v integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	/eness
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
	functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiza	ation.			
f E	Enter the number of supported o	organizations						
g F	Provide the following information			(iv) to the error	nization listed			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of support (see ir		(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see if	istructions)	support (see instructions)
Total								

Schedule A (Form 990) 2022

FLORIDA EDUCATION FOUNDATION, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	770,351.	1066586.	1436172.	1856661.	3585786.	8715556.
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					161,597.	
4	Total. Add lines 1 through 3	911,064.	1307707.	1580301.	2000997.	3747383.	9547452.
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)						5941653.
	Public support. Subtract line 5 from line 4.						3605799.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	911,064.	1307707.	1580301.	2000997.	3747383.	9547452.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	115 050	1 4 0 0 0 0	105 204	100 000	000 500	
	and income from similar sources \dots	115,973.	140,293.	125,394.	199,270.	202,589.	783,519.
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.)						1000000
11	Total support. Add lines 7 through 10						10330971.
12	•		,				<u>,548,693.</u>
13	First 5 years. If the Form 990 is for th	•					
800	organization, check this box and stor		-				·····
	Ction C. Computation of Public					44	34.90 %
	Public support percentage for 2022 (I		-			14	48 08
	Public support percentage from 2021					15	
104	33 1/3% support test - 2022. If the or stop here. The organization gualifies						37
h	33 1/3% support test - 2021. If the c	1 7 11	Ũ			or more, check thi	
N	and stop here. The organization qual						
17-	10% -facts-and-circumstances test						
170	and if the organization meets the facts						
	meets the facts-and-circumstances te					vi now the organiz	
h	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				•		
18	Private foundation. If the organizatio		•		• •		
			,				(Form 990) 2022

	(Complete only if you checked	the box on line 10	of Part I or if the o	organization failed	to qualify under P	art II. If the organiz	ation fails to
Se	qualify under the tests listed b ction A. Public Support	elow, please comp	lete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
Ľ	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(b) 2019	(0) 2020	(u) 2021	(e) 2022	(1) TOTAI
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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 th	ne organization's fi	rst, second, third, [.]	fourth, or fifth tax	year as a section 5	i01(c)(3) organizatio	on,
	check this box and stop here				-		
Se	ction C. Computation of Publi						
15	Public support percentage for 2022 (ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2021					16	%
	Section D. Computation of Investment Income Percentage						
17	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
k	33 1/3% support tests - 2021. If the						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	his box and see ins		
2320	23 12-09-22		1 🗉			Schedule A	A (Form 990) 2022
			15				

 Schedule A (Form 990) 2022
 FLORIDA
 EDUCATION
 FOUNDATION
 INC.

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

1

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

16

232024 12-09-22

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

59-2718509 Page 5 FLORIDA EDUCATION FOUNDATION, INC. Schedule A (Form 990) 2022 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

Yes 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).

17

- 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. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

11b

11c

2

1

Yes No

Yes No

No

2022.06000 FLORIDA EDUCATION FOUNDAT 45-02121

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu	ist 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):					
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				
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-functior	ally integrated	d Type III supporting orga	inization (see		

Schedule A (Form 990) 2022

FLORIDA EDUCATION FOUNDATION, INC.

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

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e Excess from 2022

			INC.
nctionally Integra	ated 509(a)(3) S	upporting Organiz	ations (

_		TION FOUNDATION			9-2718509 Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continu	ied)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
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 (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022			FOUNDATION,		59-2718509 Page 8
Part VI	Supplemental I Part IV, Section A, li line 1; Part IV, Section	nes 1, 2, 3b, 3c, 4b, 4 on D, lines 2 and 3; P	ic, 5a, 6, 9a, 9b, 9c, art IV, Section E, line	required by Part II, line 11a, 11b, and 11c; Part s 1c, 2a, 2b, 3a, and 3b nd 6. Also complete th	: IV, Section B, lines 1); Part V, line 1; Part V	And 2; Part IV, Section C, /, Section B, line 1e; Part V,
232028 12-09-2	2			20		Schedule A (Form 990) 2022
				2.11		

223171 04-01-22

Identification of Excess Contributions Included on Part II, Line 5

59-2718509

2022

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BILL AND MELINDA GATES FOUNDATION	1,940,927.	1,734,308.
FLORIDA PREPAID/MOORE COMMUNICATION	463,499.	256,880.
АТ&Т	539,817.	333,198.
BERNIE MARCUS FOUNDATION	3,667,124.	3,460,505.
STATE FARM	320,000.	113,381.
MORGAN STANLEY GIFT FUND	250,000.	43,381.
Total Excess Contributions to Schedule A, Part II, Line 5		5,941,653.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

oer

Name of the organizatio	Employer identification numb			
	FLORIDA EDUCATION FOUNDATION, INC.	59-2718509		
Organization type (cheo	Organization type (check one):			
Filers of:	Section:			
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

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

General Rule

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

Special Rules

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 ______\$

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) (2022)

07480621 794202 45-02123.000

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)	
Name of organization	

Employer identification number

FLORI	DA EDUCATION FOUNDATION, INC.	-2718509	
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	AT&T 600 NW 79TH AVE, ROOM 684 MIAMI, FL 33126	\$164,817.	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	BILL & MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102	\$133,927.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STATE FARM 14330 PEDIGREE LANE SOUTHWEST RANCHES, FL 33330	\$120,000.	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
4	AMERIHEALTH CARITAS 3875 WEST CHESTER PIKE NEWTON SQUARE, PA 19073	\$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
5	FLORIDA PREPAID 2011 DELTA BLVD TALLAHASSEE, FL 32303	\$105,000.	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
6	MORGAN STANLEY GIFT FUND 1585 BROADWAY, SUITE B NEW YORK, NY 11036	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

23

	1266 WEST PACES FERRY RD, STE 165	\$ <u>1,837,750.</u>	Noncash
	ATLANTA, GA 30327	-	(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15		·	Schedule B (Form 990) (2022)
80621	24 794202 45-02123.000 2022.06000	FLORIDA EDUCATIO	N FOUNDAT 45-02

Schedule B (Form 990) (2022)

FLORIDA EDUCATION FOUNDATION, INC.

SIMPLY HEALTHCARE

MIAMI, FL 33174

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

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

9250 WEST FLAGLER ST, SUITE 600

FLORIDA DEPARTMENT OF EDUCATION

325 WEST GAINES ST, SUITE 1514

TALLAHASSEE, FL 32399

BERNIE MARCUS FOUNDATION

Name of organization

Part I

(a)

No.

(a)

No.

(a)

No.

9

8

7

Employer identification number

(d)

Type of contribution

59-2718509

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

\$

\$

150,000.

103,072.

X

X

X

074

121

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

25

(a)

No.

Employer identification number

59-2718509

(c)

FMV (or estimate)

(d)

FLORIDA EDUCATION FOUNDATION, INC.

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

(b)

223453 11-15-22

07480621 794202 45-02123.000

2022.06000 FLORIDA EDUCATION FOUNDAT 45-02121

Schedule I	B (Form 990) (2022)		Page 4
Name of o	rganization		Employer identification number
FLORTI	DA EDUCATION FOUNDATION,	INC.	59-2718509
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in section through (e) and the following line entry. tharitable, etc., contributions of \$1,000 or less	on 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, ar 	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	(a) i aipece ei giit		
-		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(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
		(e) Transfer of gift	
-	Transferee's name, address, ar	na ZIP + 4	Relationship of transferor to transferee
223454 11-15			Schedule B (Form 990) (2022)

²⁶ 2022.06000 FLORIDA EDUCATION FOUNDAT 45-02121

SCHEDULE D)
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(Form	990)
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unplamental Einanaial Statementa C.



Employer	identification	numbe
Employer	identification	numbe

90	HEDULE D	Supplementa	al Financial S	tatements		OMB No. 1	545-0047
	n 990)	Complete if the organization answered "Yes" on Form 990,					
(1 011		Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	Attach to Form 990.	the latest information		Open to Inspect	o Public
	e of the organizati				Employo	r identificatio	
	-	FLORIDA EDUCATION	FOUNDATION,	INC.	5	59-27185	509
Pa		ations Maintaining Donor Advise		Similar Funds or Ac	counts.	Complete if t	he
	organizatio	n answered "Yes" on Form 990, Part IV, lin	.e 6.				
			(a) Donor advis	ed funds	b) Funds an	d other accou	unts
1	Total number at er	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in v		eld in donor advised fund	ls		
	are the organizatio	on's property, subject to the organization's	exclusive legal control?			Yes	No No
6		on inform all grantees, donors, and donor a				-	
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for a	ny other purpose conferr	ing		
	impermissible priv	ate benefit?	, 	·····		Yes	No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Y	es" on Form 990, Part IV,	line 7.		
1		servation easements held by the organization					
	Preservation	n of land for public use (for example, recrea	tion or education)	Preservation of a histo	rically impo	rtant land are	а
	Protection o	of natural habitat	, <u>Г</u>	Preservation of a certi			
	—	n of open space					
2		through 2d if the organization held a qualif	fied conservation contril	oution in the form of a co	nservation e	asement on t	he last
-	day of the tax year	o o .				at the End of t	
а					2a		
b					2b		
c	-	vation easements on a certified historic stru			2c		
d		vation easements included in (c) acquired a					
					2d		
3		vation easements modified, transferred, rel			· · · · · · · · · · · · · · · · · · ·	a the tax	
Ŭ	year		casca, exangaionea, or	terminated by the organi	Lation during	gine lax	
4	-	where property subject to conservation eas	sement is located				
5		tion have a written policy regarding the per		tion handling of			
Ŭ	-	forcement of the conservation easements it				Yes	No
6	,	r hours devoted to monitoring, inspecting,		and enforcing conservatio			
Ŭ			narialing of violations, e	and officially concervate	in outcomone	e danng the y	oui
7	Amount of expens	 ses incurred in monitoring, inspecting, hand	lling of violations, and e	nforcing conservation ea	sements dur	ing the year	
•	, another of oxpone		ing of violations, and o			ing the year	
8	Does each conser	 vation easement reported on line 2(d) abov	a satisfy the requiremen	ats of section $170(h)(4)(R)$	(i)		
U	and section 170(h)				.,	Yes	No
9)(4)(B)(ii)? be how the organization reports conservatio					
3		d include, if applicable, the text of the footn				the	
		· · · ·	iote to the organization	S manual statements the	at UESCHDES		
Pa		ounting for conservation easements. ations Maintaining Collections of	Art. Historical Tre	easures, or Other S	imilar As	sets.	
		f the organization answered "Yes" on Form	-				
<u> </u>				<u> </u>			

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990. Part VIII. line 1 \$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	de
	(ii) Assets included in Form 990, Part X	\$
		Ψ

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07480621 794202 45-02123.000

Sche		EDUCATION						<u>59-27</u>			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	asures, c	or Other	⁻ Similaı	⁻ Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, chec	k any of the f	ollowing the	it make si	gnificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progi	ram					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how t	hey further th	ne organizati	on's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, h	istorical treas	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of tl	he orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran					"Yes" on	Form 990	, Part IV, I	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.		-							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
			Ũ						Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						,		_		Ī
Par							0.				2
	·	(a) Current year		Prior year	(c) Two yea		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ŭ											
f	Administrative expenses										
g											
2	End of year balance Provide the estimated percentage of the curr		a (lina 1	a column (a)) held as:						
-	Board designated or quasi-endowment	•	%	g, column (a)							
a h		%	_^0								
c		%									
U	The percentages on lines 2a, 2b, and 2c sho	· -									
20	Are there endowment funds not in the posse	•	tion the	at are hold ar	d administe	rad for th	•				
Ja	organization by:	ssion of the organiza		at are neiù ai			e		Г	Yes	No
	c								3a(i)		
									3a(ii)		
h	(ii) Related organizations										
4									30		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		winent	iulius.							
	Complete if the organization answere). Part l	V. line 11a. S	ee Form 99). Part X.	line 10.				
	Description of property	(a) Cost or o		Ť.	or other	1	ccumulate	a l		volu	
	Description of property	basis (investr		• •	(other)	1	oreciation	u	(d) Booł	valu	3
10	Land	· ·		54013	(-110)						
-	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other			(2)	a)	I					0.
iotal	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	<u>X, colui</u>	mn (B), line 1	UC.)	<u></u>	<u></u>		D /5	000	-
								Schedule	e D (Form	990)	2022

232052 09-01-22

Schedule D (Form 990) 2022 FLORIDA EDU	CATION FOUNDA	FION, INC.	59-2718509 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	on Form 990, Part IV, line	11b. See Form 990, Part X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) EQUITY SECURITIES	3,582,228.		MARKET VALUE
(B) FIXED INCOME	1,905,453.	END-OF-YEAR	MARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	5,487,681.		
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuatio	on: Cost or end-of-year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11d. See Form 990, Part X	, line 15.
(a	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes	on Form 990, Part IV, line	11e or 11f. See Form 990,	Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(<i>v</i>)			
(9)			
	,		

232053 09-01-22

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 FLORIDA EDUCATION FOUNDATIO				2718509 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1 1	
1				1	4,991,133.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<u>і і</u>			
а	Net unrealized gains (losses) on investments		450,026.		
b	Donated services and use of facilities		283,413.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	733,439.
3	Subtract line 2e from line 1			3	4,257,694.
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	25,389.		
b	Other (Describe in Part XIII.)	4b	171,315.		
с	Add lines 4a and 4b			4c	196,704.
-				5	1 151 200
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u></u>			4,454,398.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per l		4,454,596• 1.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F		า.
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F		4,454,598. n. 4,410,626.
	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F	Returi	า.
1	t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents With	Expenses per F	Returi	า.
1 2	t XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Returi	า.
1 2	t XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	Expenses per F		า.
1 2 a b	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	Expenses per F		า.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F 283,413. 3.		n. <u>4,410,626.</u> 283,416.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F 283,413. 3.	1	n. <u>4,410,626.</u>
1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F 283,413. 3.	1 2e	n. <u>4,410,626.</u> 283,416.
1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F 283,413. 3.	1 2e 3	n. <u>4,410,626.</u> 283,416.
1 2 3 4	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	Expenses per F	1 2e 3	n. 4,410,626. 283,416. 4,127,210.
1 2 3 4	t XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per F 283,413. 3. 25,389. 171,318.	1 2e 3	n. <u>4,410,626.</u> <u>283,416.</u> <u>4,127,210.</u> 196,707.
1 2 d e 3 4 b c 5	t XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F 283,413. 3. 25,389. 171,318.	1 2e 3	n. 4,410,626. 283,416. 4,127,210.

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 XI, LINE 4B - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEES

PART X, LINE 2:

	PURSUANT TO A	DETERMINATION	LETTER	RECEIVED	FROM	THE	INTERNAL	REVENUE	
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232054 09-01-22

Schedule D (Form 990) 2022

171,315.

171,318.

3.

 $07480621 \ 794202 \ 45-02123.000$

2022.06000 FLORIDA EDUCATION FOUNDAT 45-02121

Schedule D (Form 990) 2022 FLORIDA EDUCATION FOUNDATION, INC. 59-2718509 Page 5 Part XIII Supplemental Information (continued) FOUNDATION, INC. 59-2718509 Page 5
SERVICE, THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE, AND AS SUCH, IS LIABLE FOR TAX
ONLY ON BUSINESS INCOME UNRELATED TO THE PURPOSE FOR WHICH IT IS EXEMPT.
ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE
ACCOMPANYING FINANCIAL STATEMENTS.
PART XI & XII
FOR AUDITED FINANCIAL STATEMENT PURPOSES, THE ADMINISTRATIVE FEES REVENUE
AND EXPENSE OFFSET EACH OTHER AND ARE NOT INCLUDED IN EITHER TOTAL
REVENUES OR TOTAL EXPENSES. FOR TAX RETURN PURPOSES, THE REVENUES AND
EXPENSES ARE REPORTED.
PART XI, LINE 4B - OTHER ADJUSTMENTS
ADMINISTRATIVE FEES 171,318

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE I (Form 990)	G Go	arants and Oth vernments, ar	ner Assistan Ind Individual	ce to Organ s in the Uni	izations, ted States		OMB No. 1545-0047
		ete if the organizatio	n answered "Yes"	on Form 990, Pa			2022
Department of the Treasury Internal Revenue Service		Go to www.irc	Attach to Form s.gov/Form990 for		ation		Open to Public Inspection
Name of the organization			sigowi ormaao ior	the latest morns			Employer identification number
5	DUCATION	FOUNDATION,	INC.				59-2718509
Part I General Information on Grants a							
1 Does the organization maintain records t							
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							N/ line Of few server
Part II Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	es" on Form 990, Part	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
1 OHANA 1 COMMUNITY INC.							
248 THORNBERRY BRANCH LANE							
DAYTONA BEACH, FL 32124	86-2051920	501(C)(3)	10,000.	0.			HOPE FLORIDA GRANT
A.D. HENDERSON UNIVERSITY SCHOOL 777 GLADES RD, BLDG 26 BOCA RATON, FL 33431	46-4124879	GOVT	8,000.	0.			NCDC SCHOLARSHIPS
	10 1121075	0071	0,000.	` `			
ABERDEEN CENTRAL HIGH SCHOOL 2200 S ROOSEVELT ST ABERDEEN, SD 57401	91-6001546	COV	6,250.	0.			NCDC SCHOLARSHIPS
ADERDEEN, SD 57401	51 0001540	3071	0,230.	0.			
APOPKA HIGH SCHOOL 555 W MARTIN ST APOPKA, FL 32712	59-6000771	GOVT	30,000.	0.			NCDC SCHOLARSHIPS
BIG BEND HOMELESS COALITION 2729 W. PENSACOLA STREET TALLAHASSEE, FL 32304	59-2898810	501(C)(3)	10,000.	0.			HOPE FLORIDA GRANT
	35 2050010	501(0/(3/	10,000.	0.			
BIKES FOR CHRIST 2500 AL SIMMONS ROAD	82-2374095	E01/(C)/(2)	10.000	0.			HOPE FLORIDA GRANT
DOVER, FL 33527			10,000.				16
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 		•	e in le i ladie				_

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

FLORIDA EDUCATION FOUNDATION, INC.

		FOUNDATION,					59-2718509 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	T
(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
BRIDGEPREP ACADEMY OF DUVAL							
6400 ATLANTIC BLVD							
JACKSONVILLE , FL 32211	59-1987286	501(C)(3)	6,000.	0.			FCDI STIPENDS
5ACROONVIIIII , 11 52211	33 1307200	501(0)(3)	0,000.				
CAMP ANDERSON MINISTRIES, INC.							
2650 LAKESHORE DRIVE							
MARIANNA, FL 32446	46-3499471	501(C)(3)	10,000.	Ο.			HOPE FLORIDA GRANT
·			,				
CHARLOTTE COUNTY PUBLIC SCHOOLS							
1445 EDUCATION WAY							
PORT CHARLOTTE, FL 33948	54-6001201	GOVT	10,000.	Ο.			HOPE FLORIDA GRANT
CHRISTOPHER COLUMBUS HIGH SCHOOL							
3000 SW 8TH AVE							
MIAMI, FL 33165	59-0855391	501(C)(3)	7,000.	0.			NCDC SCHOLARSHIPS
CITY CHURCH TALLAHASSEE							
3215 SESSION ROAD	00 0551050	501 (2) (2)	10.000				
TALLAHASSEE, FL 32303	20-8751978	501(C)(3)	10,000.	0.			HOPE FLORIDA GRANT
COLONIAL HIGH SCHOOL							
6100 OLEANDER DR.							
ORLANDO, FL 32807	59-6000771	COVT	22,000.	0.			NCDC SCHOLARSHIPS
MIRNDO, FI 52007	33 0000771	5071	22,000.	0.			
CORAL GLADES HIGH SCHOOL							
2700 SPORTSPLEX DR							
CORAL SPRINGS, FL 33065	59-6000530	501(C)(3)	6,000.	Ο.			FCDI STIPENDS
,							
DESOTO COUNTY EDUCATION FOUNDATION							
P. O. BOX 1903							
ARCADIA, FL 33426	59-3533706	501(C)(3)	10,000.	Ο.			HOPE FLORIDA GRANT
· · ·							
DREAM CENTER OF LAKELAND							
635 W. 5TH STREET							
LAKELAND, FL 33805	01-0686634	501(C)(3)	10,000.	Ο.			HOPE FLORIDA GRANT

Schedule I (Form 990) FLORIDA EDUCATION FOUNDATION INC Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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
ECHO MINISTRIES							
4155 K-VILLE AVENE							
AUBURNDALE, FL 33823	73-1690438	501(C)(3)	10,000.	0.			HOPE FLORIDA GRANT
,							
FAU HIGH SCHOOL							
777 GLADES RD							
BOCA RATON, FL 33431	03-0439098	501(C)(3)	18,250.	٥.			NCDC SCHOLARSHIPS
FLORIDA PREPAID COLLEGE FOUNDATION							
1081 HERMITAGE BLVD., STE #210							
TALLAHASSEE, FL 32399	59-3012202	501(C)(3)	69,244.	٥.			NCDC SCHOLARSHIPS
FORT WALTON BEACH HIGH SCHOOL							
400 HOLLYWOOD BLVD NW							
FORT WALTON BEACH, FL 32548	59-6000764	501(C)(3)	9,250.	0.			NCDC SCHOLARSHIPS
HALIFAX URBAN MINISTRIES							
316 NORTH STREET							
DAYTONA BEACH, FL 32114	59-2093922	501(C)(3)	10,000.	0.			HOPE FLORIDA GRANT
HANG MOLICH FOUNDAMION INC							
HANG TOUGH FOUNDATION, INC. 227 E. VIRGINIA STREET							
TALLAHASSEE, FL 32301	47-2388059	501(C)(3)	10,000.	0.			HOPE FLORIDA GRANT
TALLARASSEE, FL 32301	47-2388039	501(C)(5)	10,000.	0.			HOPE FLORIDA GRANT
HARDEE COUNTY SCHOOLS							
1009 N. 6TH AVENUE							
WAUCHULA, FL 33873	59-6000631	GOVT	10,000.	0.			HOPE FLORIDA GRANT
			10,000				
IPREP ACADEMY NORTH							
1420 NE 215TH ST							
MIAMI, FL 33179	65-0202025	501(C)(3)	13,250.	0.			NCDC SCHOLARSHIPS
			,				
KANAPAHA MIDDLE SCHOOL							
5005 SW 75TH ST #4491							
GAINESVILLE, FL 32608	59-6000530	GOVT	13,000.	0.			NCDC SCHOLARSHIPS

Schedule I (Form 990) FLORIDA EDUCATION FOUNDATION INC Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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
KIDDS ARE FIRST, INC.							
P. O. BOX 730221							
ORMOND BEACH, FL 32173	83-0339974	501(C)(3)	10,000.	0.			HOPE FLORIDA GRANT
,			,				
LAKE BRANTLEY HIGH SCHOOL							
991 SAND LAKE RD							
ALTAMONTE SPRINGS, FL 32714	58-6000315	501(C)(3)	25,000.	0.			NCDC SCHOLARSHIPS
·							
LAKE NONA HIGH							
12500 NARCOOSSEE RD							
ORLANDO, FL 32832	59-6000771	501(C)(3)	15,000.	0.			NCDC SCHOLARSHIPS
LEE COUNTY SCHOOLS							
2855 COLONIAL BOULEVARD							
FT. MYERS, FL 33966	64-6000601	GOVT	10,000.	0.			HOPE FLORIDA GRANT
MANATEE EDUCATION FOUNDATION							
1023 MANATEE AVENUE							
BRADENTON, FL 34205	65-0037457	501(C)(3)	10,000.	0.			HOPE FLORIDA GRANT
NO LONGER FATHERLESS							
1648 TAYLOR ROAD	81-4141068	$E_{01}(a)(2)$	10 000	0.			HOPE FLORIDA GRANT
PORT ORANGE, FL 32128	81-4141008	501(C)(5)	10,000.	0.			HOPE FLORIDA GRANT
PEMBROKE PINES CHARTER SCHOOL							
MIDDLE WEST - 18500 PEMBROKE RD -							
PEMBROKE PINES, FL 33029	59-6000530	501(C)(3)	16,000.	0.			NCDC SCHOLARSHIPS
, , , ,							
POMPANO BEACH HIGH SCHOOL							
600 NE 13TH AVE							
POMPANO BEACH, FL 33060	59-6000530	GOVT	21,000.	0.			NCDC SCHOLARSHIPS
			,				
RIVER CITY SCIENCE ACADEMY							
1445 EDUCATION WAY							
PORT CHARLOTTE, FL 33948	46-4007081	GOVT	6,000.	0.			HOPE FLORIDA GRANT

FLORIDA EDUCATION FOUNDATION, INC.

	EDUCATION						59-2718509 Pag
Part II Continuation of Grants and Oth	er Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art 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
ALTY FAMILY SERVICES							
60 E. GRANADA BOULEVARD							
RMOND BEACH, FL 32176	59-6000884	501(C)(3)	10,000.	0.			HOPE FLORIDA GRANT
AMUEL WOLFSON HIGH SCHOOL							
000 POWERS AVE							
ACKSONVILLE, FL 32217	59-6000500	GOVT	15,250.	0.			NCDC SCHOLARSHIPS
		0071	15,250.				
SARASOTA COUNTY SCHOOLS							
.960 LANDINGS BOULEVARD							
ARASOTA, FL 34231	59-6000848	GOVT	10,000.	Ο.			HOPE FLORIDA GRANT
HINE TALLAHASSEE, INC.							
. O. BOX 12669							
ALLAHASSEE, FL 32317	81-1679370	501(C)(3)	10,000.	0.			HOPE FLORIDA GRANT
OUTH LAKE HIGH SCHOOL							
.5600 SILVER EAGLE RD.							
ROVELAND, FL 34736	59-6000694	GOVT	9,250.	Ο.			NCDC SCHOLARSHIPS
,							
AKE A KID FISHING, INC.							
221 ENCLAVE BOULEVARD							
ULBERRY, FL 33860	83-0852912	501(C)(3)	10,000.	0.			HOPE FLORIDA GRANT
HE WOODLANDS COLLAGE PARK							
101 RESEARCH FOREST DR							
HE WOODLANDS, TX 77381	76-0576413	501(C)(3)	28,750.	0.			NCDC SCHOLARSHIPS
IMBER CREEK HIGH SCHOOL							
001 AVALON PARK BLVD							
RLANDO, FL 32828	59-6000771	GOVT	10,000.	0.			NCDC SCHOLARSHIPS
,		_					
OP BUTTONS, INC.							
36 N. KENTUCKY AVENUE							
AKELAND, FL 33801	46-1366179	501(C)(3)	10,000.	Ο.			HOPE FLORIDA GRANT

Schedule I (Form 990) FLORIDA EDUCATION FOUNDATION INC Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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
TRENTON HIGH SCHOOL							
1013 N MAIN ST.							
TRENTON, FL 32693	59-6000620	GOVT	8,000.	0.			NCDC SCHOLARSHIPS
WELLINGTON COMMUNITY HIGH SCHOOL 2101 GREENVIEW SHORES BLVD							
WELLINGTON, FL 33414	59-6000789	GOVT	6,000.	0.			NCDC SCHOLARSHIPS
WILDWOOD MIDDLE HIGH SCHOOL 700 HUEY ST							
WILDWOOD, FL 34785	59-6000863	GOVT	10,250.	0.			NCDC SCHOLARSHIPS
WINTER HAVEN HS 600 6TH ST SE							
WINTER HAVEN, FL 33880	59-6000807	GOVT	7,000.	0.			NCDC SCHOLARSHIPS

Schedule I (Form 990) 2022 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
CDI AMBASSADOR	1	6,000.	0.		FCDI AMBASSADOR

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	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Inspection

2

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

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

Name of the organization

FLORIDA EDUCATION FOU

Employer identification number
59-2718509

ſ Ζι **Open to Public**

NDATION, INC.

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (<u>SEAWORLD TICKET</u>)	Х	210	28,348.			
26	Other (RINGS)	Х	5	10,000.			
27	Other (FOOD AND BEVERA)	Х	1	4,537.	ACTUAL		
28	Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tax year for c	ontributions			
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for		
	exempt purposes for the entire holding period?	•				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p				ions?	31	<u>x</u>
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	r for which column (a) is cheo	cked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

<u>Schedule M</u>	(Form 990) 2022	FLORIDA	EDUCATION	FOUNDATION,	INC.	59-2718509	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information	 Provide the inform e number of contrib 	nation required by Part I outions, the number of ite	, lines 30b, 32b, and 33, a ems received, or a combin	and whether the organizati nation of both. Also compl	on ete
000140 00 00 0	2					Schedule M (Form S	2001 2022
232142 09-09-2	2			4.0		Schedule M (Form S	590) 2022

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 III, LINE 4D, OTHER PROGRAM SERVICES:

VARIOUS MISCELLANEOUS PROGRAM FUNDS.

EXPENSES \$ 1,384,681. INCLUDING GRANTS OF \$ 263,110. REVENUE \$ 682,002.

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number 59-2718509
THREE MOST RECENT YEARS OF FORM 990 AVAILABLE TO THE PUBLI	C UPON REQUEST.
FORM 990, PART VII, LINE 1A:	
LINDSEY ZANDER'S FULL COMPENSATION IS PAID BY THE FLORIDA	
EDUCATION. BECAUSE THE FLORIDA DEPARTMENT OF EDUCATION IS	
PARTY OF THE FLORIDA EDUCATION FOUNDATION, THE COMPENSATIO	
REPORTED FOR LINDSEY REFLECTS TOTAL COMPENSATION FOR ALL P	
IN BOTH ORGANIZATIONS FOR THE ENTIRETY OF CALENDAR YEAR 20	
IN BOTH ORGANIZATIONS FOR THE ENTIREIT OF CALENDAR TEAR 20	22.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAM EXPENSES:	
PROGRAM SERVICE EXPENSES	179,416.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	179,416.
GRANT RELATED:	
PROGRAM SERVICE EXPENSES	506,442.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	506,442.
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	67,683.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	67 , 683 . Schedule O (Form 990) 2022
42	

07480621 794202 45-02123.000 2022.06000 FLORIDA EDUCATION FOUNDAT 45-02121

Name of the organization FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number 59-2718509
	55 2720005
CONSULTING - PUBLIC RELATIONS:	
PROGRAM SERVICE EXPENSES	33,160.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	33,160.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	22,561.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,561.
CONSULTING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	11,054.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,054.
GRANT RELATED EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	168,814.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	168,814.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	989,130.
FORM 990, PART XII, LINE 2C	
THERE HAVE BEEN NO CHANGES.	Colordado O (Form 200) 000

232212 10-28-22

07480621 794202 45-02123.000

ichedule O (Form 990) 202 lame of the organization			EQUINDARTON	TNO	Page Employer identification numbe 59-2718509
	FLORIDA	EDUCATION	FOUNDATION,	INC.	59-2718509
2212 10-28-22					Schedule O (Form 990) 20

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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
	-				

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	9) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FLORIDA DEPARTMENT OF EDUCATION					FLORIDA		
325 WEST GAINES STREET					DEPARTMENT OF		
TALLAHASSEE, FL 32399	GOVERNMENT ENTITY	FLORIDA			EDUCATION		х
	-						
	-						

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

Schedule R (Form 990) 2022



Employer identification number 59-2718509

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GO TO	www.irs.gov	Form990 to	Instructions	and the	latest	informat	lon

Schedule R (Form 990) 2022 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 itions?		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					

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

FLORIDA EDUCATION FOUNDATION, INC. Schedule R (Form 990) 2022

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?			
а	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
с	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
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1 i		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
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	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
	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) FLORIDA DEPARTMENT OF EDUCATION	0	161,597.	FAIR MARKET VALUE
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
232163 09-14-22			Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(f Dispr tior alloca Yes	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner Yes No	(k) r Percentage ownership

Part VII Supplemental Informatio	n
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Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22

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
	Section 413.615,	Per s. 413.615, F.S. – "The Florida	The Able Trust is in the final year of a 3-year	Attached	DVR is seeking to increase alignment of
The Florida Endowment Foundation	F.S.	Endowment Foundation for Vocational	strategic plan created in partnership with its		all Able Trust initiatives,
for Vocational Rehabilitation		Rehabilitation is hereby created as a direct	board of directors. An updated strategic plan		communication and activities to
operating as		support organization of the Division of	in alignment with the goals and priorities of		improve supports and enhancements of
The Able Trust		Vocational Rehabilitation (DVR), to	DVR and FDOE has been identified as a		VR, consistent with requirements per s.
1709 Hermitage Blvd, Suite 100		encourage public and private support to	needed action for the Endowment (Able		413.615, F.S., which include the
Tallahassee, FL 32309		enhance vocational rehabilitation and	Trust) in the coming year. Previously		following actions:
850-224-4493		employment of citizens who are disabled	developed Strategic Priorities are listed		• Ensuring representation of DVR in at
www.abletrust.org		As a direct support organization, the	below, by year, and an overview including		least 85% of all Able Trust board
		foundation shall be approved by the division	key metrics and progress made in years 1-2		meetings.
		to be operating for the benefit and best	is attached.		• Developing and submitting for
		interest of the state."			approval an updated Able Trust
			"Year 1 Strategic Priorities		strategic plan by July 2025.
		*Note: The Endowment's mission per its	Be the rich source of disability		Monthly meetings between Able
		bylaws have been identified as needing an	employment data and research for		Trust and DVR leadership to ensure
		update to ensure alignment with DVR.	Florida.		alignment and review for approval
			• Be the leader in scaling system capacity		all planned activities and
			and scaling evidenced-based solutions		sponsorships, including the
			that increase employment outcomes on		proactive scheduling by Able Trust
			a statewide basis.		of any additional meetings that may
			• Secure a more diversified funding base		be needed prior to any change in
			to ensure organizational stability and		activities, outreach or sponsorships.
			achieve our exponential impact.		Ensuring all Able Trust
					communications, documents and
			Year 2 Strategic Priorities		policies clearly identify the Able
			• Be the leader in data and research		Trust as the DSO of DVR.
			aggregation to tell the story and advance		
			disability employment.		Other Endowment activities for the
			• Be the leader in building system capacity		past year include:

1

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 Able Trust 1709 Hermitage Blvd, Suite 100 Tallahassee, FL 32309 850-224-4493 www.abletrust.org		DVR DSO, Continued	 and scaling evidenced-based solutions that increase employment success for students with disabilities. Secure a more diversified funding base to ensure organizational future and ability to achieve our exponential impact. Year 3 Strategic Priorities Expand The Able Trust youth program to serve 5,000 students annually by FY 2027 – 2028. Secure a more diversified funding base to ensure organizational stability and achieve exponential impact. Raise \$12 million in 4 years. Provide focused support for VR." 		 Maintenance of fiscal and operational processes that ensure sound fiscal management and transparency, reviewed annually by an outside independent auditor. Increased fundraising efforts exponentially over the past three years and has an aggressive plan to raise \$12 million in the next four years. Innovative programs such as its statewide High School High Tech program, Futures in Focus, Project Venture, Disability Employment Awareness Month, the development of business outreach and engagement programs, and statewide employment activities conducted with a variety of partnering organizations. Work 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.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

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, 2024.

	-	~~	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047		
Forr	" g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			2022		
1 011			Do not enter social security numbers on this form as	•		Open to Public		
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the	he latest i	nformation.	Inspection		
AF	or th	e 2022 calend	ar year, or tax year beginning $ { m JUL}1,2022$ and $$	ending .	JUN 30, 2023	3		
Вс	heck if	la.	f organization		D Employer identi	fication number		
a	pplicab	THE	FLORIDA ENDOWMENT FOUNDATION					
	Addre Chang	ge FOR	VOCATIONAL REHABILITATION, INC.					
	Name chang Initial	ge Doing b	usiness as THE ABLE TRUST		59-30523			
	Lireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number							
	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,338,501.		
	_returr Appli		AHASSEE, FL 32308-7906		H(a) Is this a group			
	_tion pend	F Name a	nd address of principal officer: ALLISON CHASE AS C ABOVE		for subordinate			
<u> </u>	-	empt status:		or 527	H(b) Are all subordinates			
	Vebsi		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c		H(c) Group exempti	a list. See instructions		
_		f organization:		I Vear		M State of legal domicile: FL		
	irt I							
	1		e the organization's mission or most significant activities: SEE	SCHEDU	JLE O			
e	.	Brieffy deserve						
nan	2	Check this bo	x if the organization discontinued its operations or dispos	ed of more	e than 25% of its net as	ssets		
ver	3				3			
ß	4		ependent voting members of the governing body (Part VI, line 1b)					
s S	5		of individuals employed in calendar year 2022 (Part V, line 2a)					
itie	6		of volunteers (estimate if necessary)					
Activities & Governance	7 a		d business revenue from Part VIII, column (C), line 12			a 0.		
4			business taxable income from Form 990-T, Part I, line 11			b 0.		
					Prior Year	Current Year		
Ð	8	Contributions	and grants (Part VIII, line 1h)		714,093.			
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		63,105.			
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		1,773,760.			
Œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		59,691.			
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,610,649.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		1,131,811.			
	14	-	to or for members (Part IX, column (A), line 4)		0.			
es			compensation, employee benefits (Part IX, column (A), lines 5-10)		684,754.			
sue			undraising fees (Part IX, column (A), line 11e)		0.	. 0.		
Expense			ng expenses (Part IX, column (D), line 25)	0.	000 072	0.01 525		
ш	17	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)		992,273	. 991,535.		
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,808,838.	2,929,189.		
_ v	19	Revenue less	expenses. Subtract line 18 from line 12		-198,189. eginning of Current Year			
ts or inces	00	Tatal assats (23,761,376.			
Assets d Balanc	20	Total assets (F	· · · · · · · · · · · · · · · · · · ·		931,452			
Net A - und			(Part X, line 26) fund balances. Subtract line 21 from line 20		22,829,924			
	nrt II					. 25,022,050.		
		0	I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of n	ny knowledge and helief it is		
			Declaration of preparer (other than officer) is based on all information of wh					

Sign	Signature of officer			Date	
Here	ALLISON CHASE, PRESIDENT 2	AND CEO			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	STACEY T KOLKA	Stacey T. Kolka	5/14/	23 self-employed	P01371120
Preparer	Firm's name THOMAS HOWELL FER	GUSON P.A.		Firm's EIN 59-	3186310
Use Only	Firm's address 2615 CENTENNIAL B	LVD., SUITE 200			
	TALLAHASSEE, FL 3	2308		Phone no. 850 -	668-8100
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990 (2022)

	THE FLORIDA ENDOWMENT FOUNDATION	
	n 990 (2022) FOR VOCATIONAL REHABILITATION, INC. 59-3052307 rt III Statement of Program Service Accomplishments	Page 2
Iu	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	
_		es 🚺 No
	If "Yes," describe these new services on Schedule O.	
3		es 🚺 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 expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	
	revenue, if any, for each program service reported.	and
4a	(Code:) (Expenses \$1, 120, 278. including grants of \$175, 657.) (Revenue \$26	,264.)
	THE ORGANIZATION ASSISTS FLORIDIANS WITH DISABILITIES IN ACHIEVING	
	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 \$ including grants of \$) (Revenue \$) (R	,150.)
	OCTOBER AND PAIRS STUDENTS WITH DISABILITIES WITH EMPLOYERS FOR A	
	ONE-ON-ONE JOB SHADOWING EXPERIENCE. DEAM IS DESIGNED TO EXPOSE YOU	
	ADULTS TO A VARIETY OF CAREER OPTIONS AND PROVIDE THEM WITH A BETTE UNDERSTANDING OF THE WORKPLACE ENVIRONMENT. PARTICIPANTS ARE GIVEN	
	CHANCE TO LEARN ABOUT A TYPICAL WORK DAY AS WELL AS THE SKILLS AND	<u>n</u>
	EDUCATION NEEDED FOR THE SPECIFIC CAREER. EMPLOYERS BENEFIT FROM DE	AM
	BY UNDERSTANDING WHAT PEOPLE WITH DISABILITIES HAVE TO OFFER TO THE	
	WORKPLACE.	
4c	(Code:) (Expenses \$974,105. including grants of \$904,117.) (Revenue \$)	
τu	THROUGH THE HIGH SCHOOL HIGH TECH PROGRAM, STUDENTS WITH ALL TYPES	OF
	DISABILITES ARE ENCOURAGED TO SET THEIR SIGHTS ON POST-SECONDARY	
	EDUCATION AND A CAREER IN FIELDS WHICH ARE IN-DEMAND IN THE STATE O	
	FLORIDA. MORE THAN 1,371 STUDENTS PARTICIPATE IN HIGH SCHOOL HIGH T	
	EACH YEAR, WHERE THEY HAVE AN OPPORTUNITY TO TOUR COLLEGE CAMPUSES	
	INDUSTRY OPERATIONS, AND MEET WITH FLORIDA BUSINESS LEADERS. THEY A OFFERED CAREER EXPERIENCES THROUGH JOB SHADOWING, INTERNSHIPS, AND	.KE
	VOLUNTEER POSITIONS DURING THEIR INVOLVEMENT IN THE PROGRAM.	
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 2,137,594.	
10		n 990 (2022)
23200	12 12-13-22	. ,
• •	2	
.305	514 136042 62658 2022.05090 THE FLORIDA ENDOWMENT FOU	J 62658

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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			37
_	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		37	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			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	1	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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,	110	х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	- 23	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	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			
	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		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	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		<u> </u>
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	X	
232003	12-13-22	Form	990	(2022)

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232003 12-13-22

Form 990 (2022)

Part IV Checklist of Required Schedules

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

Part IV Checklist of Required Schedules (continued)

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		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		<u> </u>
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%			v
07	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? <i>If</i> "Yes," <i>complete Schedule L. Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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		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, 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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
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 19?			
	· · · · · · · · · · · · · · · · · · ·	38	х	
Par				. <u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	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		
232004	12-13-22	Form	990	(2022)
	4			

Form 990 (2022)

THE FLORIDA ENDOWMENT FOUNDATION

Form	990 (2022) FOR VOCATIONAL REHABILITATION, INC. 59-3052	307	Р	_{age} 5
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 8		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i>	30		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	14		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	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
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
10 а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
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 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		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.	Г	000	(0000)
232005	12-13-22	Form	330	(2022)

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232005 12-13-22

THE FLORIDA ENDOWMENT FOUNDATION

59-3052307 Page 6 FOR VOCATIONAL REHABILITATION, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8	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 O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form S			4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
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 ap					
74	more members of the governing body?	•		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			14		
b				7b		x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year					- 22
8		2	0	0-	Х	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					x
600	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Δ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	Х	
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			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ${ m FL}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3)	s onlv)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			e e,)		
	X Own website Another's website X Upon request Other <i>(explain</i>		bedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial	
15	statements available to the public during the tax year.	n nnot C	and a new second s		Jai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ake one	t records			
20	DELIA FINNERTY - 850-878-6189	JNS and	TECOIDS			
	2075 CENTRE POINTE BLVD #200, TALLAHASSEE, FL 3230	าย				
00000				Eor~	990	(2022)
232006	12-13-22 6			FUIII		(2022)
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Form 990 (2022)

Form 990 (2022)	FOR V	OCATIONAL	REHABILITATION	I, INC.	59-3052307	Page 7
Part VII Compens	ation of Offic	ers, Directors, 1	Trustees, Key Employ	/ees, Highest	t Compensated	
Employee	s, and Indepe	endent Contrac	tors			
Check if Sch	dule O contains	a response or note t	o any line in this Part VII			
Section A. Officers, D	ectors, Trustee	s, Key Employees, a	and Highest Compensated	l Employees		
	zation's current	officers, directors, tr	ustees (whether individuals	,	ding with or within the organization'), regardless of amount of compens	,
 List the organization 	n's five current hig ompensation (bo	ghest compensated bx 5 of Form W-2, bo	ny. See the instructions for o employees (other than an o x 6 of Form 1099-MISC, and	fficer, director, tru	ustee, or key employee)	
		efficiency lieurophiculauro	المحصح والمتحاج المحاجة والمحاج المحاج المحاج	البينية مستحا متعميم المص	h	

INC.

59-3052307

Page 7

 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.

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION,

(A)	(B)		(C)					(D)	(E)	(F)	
Name and title	Average hours per week	box offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	hours for related organizations below line)	related organizations below line)	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) ALLISON CHASE	50.00							125 004	0	0 242	
PRESIDENT & CEO	40.00			X				135,804.	0.	9,343.	
(2) DONNA WRIGHT VP-DEVELOPMENT & MARKETING	40.00					x		105,000.	0.	7,110.	
(3) JOSEPH D'SOUZA	40.00							105,000.		,,110.	
VP-EXTERNAL ENGAGEMENT						x		101,602.	0.	6,390.	
(4) JAMES BYERS	1.00							· ·			
SECRETARY		х		x				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		X				0.	0.	0.	
(8) LORI FAHEY	1.00										
DIRECTOR	1 00	X						0.	0.	0.	
(9) BRENT MCNEAL	1.00								•		
DIRECTOR	1 00	Х			<u> </u>			0.	0.	0.	
(10) TODD JENNINGS	1.00	77						0.	0	0	
DIRECTOR	1.00	Х						0.	0.	0.	
(11) ALEXIS DOYLE, PHD DIRECTOR	1.00	x						0.	0.	0.	
232007 12-13-22	1	I	1	I				1		Form 990 (2022)	

232007 12-13-22

Form 990 (2022)

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THE	FLORIDA	ENI	DOWMENT	FOUNDATI	ION
FOR	VOCATION	JAL	REHABII	ITATION	, INC.

59-3052307 Page 8

	990 (2022) FOR VOCAT	IONAL R	EH	AB	IL	IT	ΊAΤ	IC	N, INC.	59-30	<u>)52</u> :	307	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any	B) (C) rage Position (do not check more tha box, unless person is bi officer and a director/tr					an	(D) Reportable compensation from	(E) Reportable compensatio from related	on amo amo		(F) imated ount of other
		(list any hours for related organizations below line) unit function below			Officer	Offlicer Key employee Highest compensated employee Former			the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)		compensation from the organization and related organizations	
	Subtotal								342,406.		0.	22	,843.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.342,406.		0.	22	0. ,843.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	listeo	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;		3
3	Did the organization list any former officer,	-			•	•		Ŭ	• •		[/es No
4	 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization 								3	X			
5									4	X			
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or su	ch r	bers	on .					5	X
1	Complete this table for your five highest cor the organization. Report compensation for t	•	•							•	oensat	ion fron	า
	(A) Name and business address NONE								(B)			(C) Compensation	
	Total number of index and a transfer to a final data and a			oit'						and the -			
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	στ IIN	nited	το 1	thos C		req	above) who received mo	ore than			

Form **990** (2022)

232008 12-13-22

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

					TIONA	L REHABII	LITATION, 1	INC.	59-3052	307 Page 9
Pa	rt V	/111								
			Check if Schedule O co	ontains a	response	or note to any lin		(B)	(0)	
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								function revenue	business revenue	from tax under
										sections 512 - 514
nts nts	1		Federated campaigns		1a	190,025.				
Gra					1b					
Αŭ.			Fundraising events		1c					
lar İlar					1d					
ns,			Government grants (contrib	-	1e	549,823.				
er e		f	All other contributions, gifts, gr			400 550				
jē t			similar amounts not included a		1f	423,578.				
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in lin		1g \$		1 163 426			
00		n	Total. Add lines 1a-1f			Business Code	1,163,426.			
	~	_	DEAM/DMD INCOME			900099	74,150.	74,150.		
/ice	2	a b	HSHT PROGRAM			900099	500.	500.		
Ser		c c								
E La		d								
gra Re		e								
Program Service Revenue			All other program service re	venue						
			Total. Add lines 2a-2f				74,650.			
	3		Investment income (includir				,			
			•	•		,	773,270.			773,270.
	4		Income from investment of							
	5		Royalties		-					
) Real	(ii) Personal				
	6	а	Gross rents	6a						
	b Less: rental expenses 6b									
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss)	<u></u>						
	7	а	Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory	7a 1,2	258,913.					
		b	Less: cost or other basis							
evenue					196,524.					
evel			· / ······		237,611.		0.07 (11)			
, r			Net gain or (loss)			1	-237,611.			-237,611.
Other R	8	а	Gross income from fundraising							
0			including \$							
			contributions reported on lin							
		h	Part IV, line 18 Less: direct expenses							
			Net income or (loss) from fu			1				
			Gross income from gaming							
	•		Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from ga							
			Gross sales of inventory, les							
			and allowances		10a					
		b	Less: cost of goods sold							
		с	Net income or (loss) from sa	ales of inv	ventory					
s						Business Code				
e sout	11	а	ADMINISTRATIVE FEES			900099	42,478.			42,478.
Miscellaneous Revenue		b	OTHER			900099	25,764.	25,764.		
cell }eve		с								
Mis			All other revenue							
			Total. Add lines 11a-11d				68,242.	100 11:		FR0 105
	12		Total revenue. See instruction	IS			1,841,977.	100,414.	0.	578,137.
23200	9 12-	-13-	22							Form 990 (2022)

9

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

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl		r organizations must con	nplete column (A).	
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,079,774.	1,079,774.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	150 045		152 245	
~	trustees, and key employees	152,245.		152,245.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	579,501.	411,446.	168,055.	
7	Other salaries and wages	JIJ, JUL .	+11,440.	T00,000.	
8	Pension plan accruals and contributions (include	21 /01	18,267.	3,224.	
9	section 401(k) and 403(b) employer contributions) Other employee benefits	<u>21,491.</u> 51,507.	10,207.	51,507.	
		53,136.	36,290.	16,846.	
10 11	Payroll taxes Fees for services (nonemployees):	55,150.	50,250.	10,040.	
	Management				
	Legal Accounting	99,160.	49,624.	49,536.	
	Lobbying	71,571.	1570210	71,571.	
	Professional fundraising services. See Part IV, line 17	/ 1 / 3 / 1 0		/ 1 / 3 / 1 0	
f	Investment management fees	159,162.		159,162.	
	Other. (If line 11g amount exceeds 10% of line 25,	100,1010			
9	column (A), amount, list line 11g expenses on Sch 0.)	486.		486.	
12	Advertising and promotion	80,005.	58,404.	21,601.	
13	Office expenses	11,705.	8,545.	3,160.	
14	Information technology	43,494.	30,881.	12,613.	
15	Royalties	·			
16	Occupancy				
17	Travel	5,651.	4,125.	1,526.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	154,629.	128,961.	25,668.	
20	Interest	1,332.	972.	360.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	52,233.	37,085.	15,148.	
23	Insurance	14,563.		14,563.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DATA ECONOMIC ANALYSIS	106,951.	106,951.		
h	HIGH SCHOOL/HIGH TECH	69,988.	69,988.		
с С	DEAM EXPENSES	43,211.	43,211.		
d	GRANTS ADMINISTRATION	18,414.	18,414.		
	All other expenses	58,980.	34,656.	24,324.	
25	Total functional expenses. Add lines 1 through 24e	2,929,189.	2,137,594.	791,595.	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)				

10

232010 12-13-22

Form 990 (2022)

Form 990 (2022)

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Form 990 (2022)

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

orm 9 Part		Balance Sheet	КЫ	INDIDITATION,	INC.	59-	3052307 Page I
urt	~	Check if Schedule O contains a response or not	e to anv	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,500.	1	1,014,188
	2	Savings and temporary cash investments	F	1,565,186.		647,815	
	3	Pledges and grants receivable, net			821,673.		695,697
	4	Accounts receivable, net			23,731.	4	55,775
	5	Loans and other receivables from any current or				<u> </u>	
	Ŭ	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualit				Ŭ	
	U	under section 4958(f)(1)), and persons described	•			6	
	7	Notes and loans receivable, net				7	
ers ers	-					8	
Assels	8	Inventories for sale or use				9	
	9	Prepaid expenses and deferred charges		·····		9	
	IUa	Land, buildings, and equipment: cost or other	100	267,189.			
	b	basis. Complete Part VI of Schedule D		188,269.	131,153.	10-	78,920
		Less: accumulated depreciation		,	21,115,183.		21,144,386
	11	Investments - publicly traded securities			21,113,103.	11	21,144,500
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			101,950.	14	101,950
	15	Other assets. See Part IV, line 11			23,761,376.	15	23,738,731
	16	Total assets. Add lines 1 through 15 (must equa		· · · · · · · · · · · · · · · · · · ·	122,856.	16	136,369
	17	Accounts payable and accrued expenses	122,030.	17	130,303		
	18	Grants payable		734,217.	18	558,241	
	19	Deferred revenue			/ 54, 21/•	19	550,241
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
8	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		22			
- 1 ²	23	Secured mortgages and notes payable to unrela			23		
	24	Unsecured notes and loans payable to unrelated				24	
2	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	,		74 270		
		of Schedule D		·····	74,379.		22,085
2	26			v	931,452.	26	716,695
<i>"</i>		Organizations that follow FASB ASC 958, che	ck here				
2		and complete lines 27, 28, 32, and 33.			10 050 101		10 005 755
	27				19,950,121.	27	19,895,757
5 2	28	Net assets with donor restrictions			2,879,803.	28	3,126,279
		Organizations that do not follow FASB ASC 9	58, che	ck here			
		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
8 3	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets of Fund balances	31	Retained earnings, endowment, accumulated in		····· -		31	
2 3	32	Total net assets or fund balances			22,829,924.	32	23,022,036
3	33	Total liabilities and net assets/fund balances			23,761,376.	33	23,738,731 Form 990 (202

Form **990** (2022)

232011 12-13-22

Form 990 (2022) FOR VOCATIONAL REHABILITATION, INC. 59-3052307 Page Part XI Reconciliation of Net Assets	
Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O)	12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,841,977 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,929,189 3 Revenue less expenses. Subtract line 2 from line 1 3 -1,087,212 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 22,829,924 5 Net unrealized gains (losses) on investments 5 1,279,324 6 6 7 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9	
2Total expenses (must equal Part IX, column (A), line 25)22,929,1893Revenue less expenses. Subtract line 2 from line 13-1,087,2124Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))422,829,9245Net unrealized gains (losses) on investments51,279,32460677878Prior period adjustments89Other changes in net assets or fund balances (explain on Schedule O)9	
2Total expenses (must equal Part IX, column (A), line 25)22,929,1893Revenue less expenses. Subtract line 2 from line 13-1,087,2124Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))422,829,9245Net unrealized gains (losses) on investments51,279,32460677878Prior period adjustments89Other changes in net assets or fund balances (explain on Schedule O)9	
3 Revenue less expenses. Subtract line 2 from line 1 3 -1,087,212 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 22,829,924 5 Net unrealized gains (losses) on investments 5 1,279,324 6 6 6 7 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 22,829,924 5 Net unrealized gains (losses) on investments 5 1,279,324 6 6 6 7 7 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0	
5 Net unrealized gains (losses) on investments 5 1,279,324 6 6 6 7 7 6 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0	_
6 6 7 Investment expenses 8 7 9 Other changes in net assets or fund balances (explain on Schedule O)	
6 6 7 7 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9	.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0	
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.).
<u>column (B)</u> 10 23,022,036	; <u>.</u>
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
	lo
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 O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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?	
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	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a 3a	K
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	

Form **990** (2022)

(Form 990) C			omplete if the organ 494 At	rity Status an ization is a section 501 17(a)(1) nonexempt cha tach to Form 990 or Fo Form990 for instructior	(c)(3) orga ritable tru rm 990-E	anization (Ist. Z.	or a section		OMB No. 1545-0047 2022 Open to Public Inspection
Name of	the organizati			DOWMENT FOUNI			ormation	Employer	identification number
	-			REHABILITAT				5	9-3052307
Part I	Reason			All organizations must c			ee instructior		
The organ				For lines 1 through 12, cl					
1 🗂				n of churches described			I)(A)(i).		
2				Attach Schedule E (Form					
3				nization described in se		(b)(1)(A)(ii	ii).		
4	•	•		njunction with a hospital			•)(iii). Enter	the hospital's name,
	city, and state	e:							
5	An organizati	on operated fo	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)		-				
6				nental unit described in	section 17	70(b)(1)(A)	(v).		
7				ntial part of its support fr				ne general p	oublic described in
			omplete Part II.)		-				
8	A community	trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9	An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university of	or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:								
10	An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	om gross investment
	income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
	See section	509(a)(2). (Cor	mplete Part III.)						
11	An organizati	on organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).		
12 X	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3). 🤇	Check the box on
	_	ough 12d that o	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
a X	Type I. A s	upporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
	the suppor	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting
_	organizatio	n. You must c	complete Part IV, Se	ctions A and B.					
b 🗌			-	or controlled in connect			-		-
	control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
_	_ Ŭ	()	t complete Part IV,						
c		-		g organization operated				lly integrate	d with,
		0	()()	. You must complete I	,				
d		-	• •	orting organization oper			• •	· ·	
				ation generally must sat				l an attentiv	reness
	-			nplete Part IV, Sections					
e				written determination from			Туре I, Туре	II, Type III	
				nally integrated supporting	ng organiz	ation.			1
	er the number		•						1
	vide the followi (i) Name of supp		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
,	organization		(1) 2.14	(described on lines 1-10	in your governi		support (see in	-	support (see instructions)
FL. D	EPT OF 1			above (see instructions))	Yes	No	· · ·		,
	OF VOCA		59-3474751	6	x		1 9/1	,015.	
	OF VOCA		<u> </u>	0	<u></u>		1,741	.,013.	
Total							1,941	,015.	0.

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

Schedule A (Form 990) 2022 F	OR VOCATIO	ONAL REHA	BILITATIO	N, INC.	59-305	2307 Page 2
Part II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio	n failed to qualify ι	under Part III. If the	organization
fails to qualify under the tests	listed below, pleas	se complete Part I	II.)			
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support			_	_		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 \dots						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities,	etc. (see instructio	ons)			12	

13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)
	organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14		%
15	Public support percentage from 2021 Schedule A, Part II, line 14	15		%
16a	33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore, c	heck this box and	
	stop here. The organization qualifies as a publicly supported organization			
b	33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or m	ore, check this box	
	and stop here. The organization qualifies as a publicly supported organization			
17a	10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, a	and lir	ne 14 is 10% or more,	
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part	VI ho	w the organization	
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			

b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

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FOR VOCATIONAL REHABILITATION, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

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

Schedule A (Form 990) 2022

I

Sec	ction A. Public Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	L				ļ	
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						
18	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here		<u></u>				
Sec	ction C. Computation of Public	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2021					16	%
	ction D. Computation of Inves		•			<u> </u>	
17	Investment income percentage for 20			ine 13, column (f))		17	%
18	Investment income percentage from					18	%
1 9a	33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che					•	
20	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, check t	INS DOX AND SEE INS		
23202	23 12-09-22		15	5		Schedule	A (Form 990) 2022

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THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

Part IV Supporting Organizations

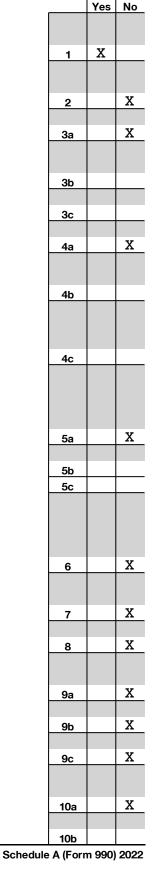
Schedule A (Form 990) 2022

(Complete only if you checked a box on line 12 of 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.)

232024 12-09-22



16

Schedule A (Form 990) 2022 Supporting Organizations (continued) Part IV 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? 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 <u>detail in Part VI</u> 11c 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 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. 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)

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Section D	. All Type II	I Supporting	Organizations

1

			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.

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

17

- 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. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

FOR VOCATIONAL REHABILITATION, INC.

59-3052307 Page 5

Yes

Yes

х

Yes No

Yes No

1

2

1

No

х

Х

Х

No

х

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

	dule A (Form 990) 2022 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		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	<u>st complete S</u>	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 integrated	Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2022

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THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATTONAL REHABILITATION INC

59-3052307 p

Sche Par		L REHABILITATIC a)(3) Supporting Orga			9-3052307 Page 7
	on D - Distributions	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	s of supported organizations	3	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 (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				
	Excess from 2021 Excess from 2022				
e					

Schedule A (Form 990) 2022

232027 12-09-22

			FLORIDA							
Schedule A	(Form 990) 2022		VOCATIO						59-3052307	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	, 2, 3b, 3 lines 2 ar	c, 4b, 4c, 5a, 0 nd 3; Part IV, 9	6, 9a, 9b Section I	5, 9C, 11a, 11 E, lines 1c, 2	b, and 11c; a, 2b, 3a, ar	Part IV, 1d 3b; Pa	Section B, line art V, line 1; Pai	or 17b; Part III, line 12; s 1 and 2; Part IV, Section t V, Section B, line 1e; Pa	n C,
232028 12-09-2	22								Schedule A (Form 9	990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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

2022

Employer identification number

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

59-3052307

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 for an *exclusively* set in the set of the parts unless the set of the parts unless the set of the parts unless to this organization because it received *nonexclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set of the parts unless the
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) (2022)

Schedule	B (Form 990) (2022)			Page 2
	rganization		Emplo	yer identification number
	LORIDA ENDOWMENT FOUNDATION OCATIONAL REHABILITATION, INC.		59	-3052307
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	anaga is needed		5052507
				[
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
<u> </u>	FLORIDA POWER AND LIGHT			Person X
	700 UNIVERSE BLVD	\$5,0	00.	Payroll Noncash
	JUNO BEACH, FL 33408			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
2	WELLS FARGO FOUNDATION			Person X
	800 N. MAGNOLIA AVE SUITE 100	\$10,0	00.	Payroll Noncash
	ORLANDO, FL 32803			(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution
3	PEPIN FAMILY FOUNDATION			Person X Payroll
	12191 W. LINEBAUGH AVE BOX 788	\$5,0	00.	Noncash (Complete Part II for
	<u>TAMPA, FL 33626</u>			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
4	CAREERSOURCE FLORIDA			Person X Payroll
	<u>P.O. BOX 13179</u>	\$5,0	00.	Noncash
	TALLAHASSEE, FL 32317			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
5	PETTENGILL ABILITY FUND			Person X Payroll
	70 TOWN CT APT 88B	\$50,0	00.	Noncash (Complete Part II for
	PALM COAST, FL 32164			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
6	FLORIDAMAKES			Person X
	201 EAST PINE ST SUITE 735	\$8,0	00.	Payroll Noncash
	ORLANDO, FL 32801			(Complete Part II for noncash contributions.)
223452 11-15	5-22			Schedule B (Form 990) (2022)

15430514 136042 62658

22 2022.05090 THE FLORIDA ENDOWMENT FOU 62658__1

	B (Form 990) (2022)		1	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	l space is needed.		
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	าร	Type of contribution
7	MR. KEVIN STEELE			Person
	30545 BAYHEAD RD	\$ 10,0	00.	Payroll Noncash
		•	<u></u>	(Complete Part II for
	DADE CITY, FL 33523			noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	าร	Type of contribution
8	BLUE CROSS, BLUE SHIELD OF FLORIDA			Person X
	4800 DEERWOOD CAMPUS PKWY	\$10,0	22.	Payroll Noncash
	JACKSONVILLE, FL 32256			(Complete Part II for noncash contributions.)
	OACRSONVILLE, FL 52250			noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contribution		(d) Type of contribution
No.			15	
9	VISIT ORLANDO			Person X Payroll
	6277 SEA HARBOR DRIVE STE 400	\$174,8	05.	Noncash
	ORLANDO, FL 32821			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
	FLORIDA ASSOCIATION OF CENTERS FOR		10	
10	INDEPENDENT LIVING			Person X Payroll
	325 JOHN KNOX ROAD BUILDING C STE 132	\$5,0	00.	Noncash
	TALLAHASSEE, FL 32303			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
11	ADVENT HEALTH ORLANDO			Person X Payroll
	601 E ROLLINS ST STE 50	\$7,5	00.	Noncash
	ORLANDO, FL 32803			(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	าร	Type of contribution
12	MARY LOUISE CANTWELL CHARITABLE TRUST			Person X
	1605 MAIN STREETH 1ST FLOOR	\$ 190,0	23.	Payroll Noncash
		↓ <u> </u>		(Complete Part II for
	SARASOTA, FL 34236			noncash contributions.)

Schedule B (Form 990) (2022)

15430514 136042 62658

23 2022.05090 THE FLORIDA ENDOWMENT FOU 62658__1

	3 (Form 990) (2022)		Page 3
Name of or			Employer identification number
	LORIDA ENDOWMENT FOUNDATION DCATIONAL REHABILITATION, INC.		59-3052307
Part II	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) (2022)

Schedule	B (Form 990) (2022)			Page 4					
Name of o	organization			Employer identification number					
THE F	LORIDA ENDOWMENT FOUNDA	TION							
	OCATIONAL REHABILITATIO			59-3052307					
Part III		ions to organizations described in se	ection 501(c)(7), (8), or (10) t	hat total more than \$1,000 for the year					
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info.	once.) \$					
	Use duplicate copies of Part III if additional	space is needed.	, ,						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Doc	cription of how gift is hold					
Part I	(b) Fulpose of gift	(c) Use of gift	(u) Des	(d) Description of how gift is held					
		(e) Transfer of git	ť						
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee					
(a) No.		1							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee					
(a) No.		1							
from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I									
		(e) Transfer of gif	ït						
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee					
(a) No.									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I									
		(e) Transfer of git							
		(e) mansier of gi	ι						
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee					
223454 11-15	5-22			Schedule B (Form 990) (2022)					

15430514 136042 62658

25 2022.05090 THE FLORIDA ENDOWMENT FOU 62658__1

SCHEDULE C	Po	olitical Campaign a	nd Lobbying	a Activities		OMB No. 1545-0047
(Form 990)				-		2022
		anizations Exempt From Income				2022
Department of the Treasury Internal Revenue Service	-	if the organization is described k o to www.irs.gov/Form990 for in:			0-EZ.	Open to Public Inspection
If the organization answ	vered "Yes." on	Form 990, Part IV, line 3, or For	m 990-EZ. Part V. line	e 46 (Political Cam	aian Acti	ivities), then
-		plete Parts I-A and B. Do not com			0	,,
)1(c)(3)) organizations: Complete P	•	Do not complete Par	t I-B.	
 Section 527 organiza 	ations: Complete	e Part I-A only.				
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Act	ivities), th	ien
		nave filed Form 5768 (election und nave NOT filed Form 5768 (election			-	
		Form 990, Part IV, line 5 (Proxy		-		-
Tax) (See separate inst					1000 LL,	
 Section 501(c)(4), (5) 	, or (6) organizat	ions: Complete Part III.				
Name of organization		RIDA ENDOWMENT FO	UNDATION		Employe	er identification number
	FOR VOC	ATIONAL REHABILIT.	ATION, INC.			59-3052307
Part I-A Comple		anization is exempt under		r is a section 52	27 orgai	nization.
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
2 Political campaign a	activity expendit	ures			\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the org	anization is exempt under	r section 501(c)(3)).		
		incurred by the organization under				
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				Yes No
4a Was a correction m	ade?					Yes No
b If "Yes," describe in		·				
-		anization is exempt under		-		-
		I by the filing organization for section			\$	
2 Enter the amount of	0 0	ization's funds contributed to othe	0			
exempt function ac					\$	
		. Add lines 1 and 2. Enter here and	,			
		1120-POL for this year?				
		ployer identification number (EIN)				
		tion listed, enter the amount paid to a sometry and directly delivered to a sometry delivered to a s				
	•	additional space is needed, provid		,	oparate se	spregated fund of a
· · ·	()		Г	1	from	(a) Amount of political
(a) Name	÷	(b) Address	(c) EIN	(d) Amount paid filing organizatio		(e) Amount of political ontributions received and
				funds. If none, ent	er -0	promptly and directly
						delivered to a separate
						political organization. If none, enter -0
						,
				1		
For Paperwork Reducti	on Act Notice.	see the Instructions for Form 99	0 or 990-EZ.		Sch	edule C (Form 990) 2022

LHA

edule C (Form 990) 2

232041 11-08-22

				ENDOWMENT			
Schedule C (Fo	orm 990) 2022	FOR VC	CATIO	NAL REHABIL	ITATION, INC	<u> </u>	052307 Page 2
Part II-A	Complete if the org	anizatio	n is exerr	npt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
	section 501(h)).						
A Check		Ŭ		• • •	Part IV each affiliated	group member's nam	e, address, EIN,
D Obselv	expenses, and shar			• •			
B Check	If the filing organiza	tion checke	ed box A an	d "limited control" pro	ovisions apply.	(a) Filing	(b) Affiliated group
	Limi (The term "expend)	(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lob	bying expenditures to influ	lence publi	c opinion (g	rassroots lobbying)			
b Total lob	bying expenditures to influ	uence a leg	islative bod	y (direct lobbying)			
c Total lob	bying expenditures (add li	nes 1a and	1b)				
	empt purpose expenditure						
	empt purpose expenditure						
	g nontaxable amount. Ente		int from the	following table in both	n columns.		
	ount on line 1e, column (a) o	r (b) is:		bying nontaxable am	ount is:		
	\$500,000			he amount on line 1e.			
	00,000 but not over \$1,000	/		0 plus 15% of the exc			
<u>_</u>	000,000 but not over \$1,5			0 plus 10% of the exc			
	500,000 but not over \$17,	000,000		0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17	7,000,000		\$1,000,0	000.			
	ata nantavabla amayınt (an	tor OEO/ of	line 1f)				
-	ots nontaxable amount (en : line 1g from line 1a. If zer						
	line 1f from line 1c. If zero						
	s an amount other than ze	-		ine 1i, did the organiza			
-	section 4911 tax for this						Yes No
				raging Period Under			
	(Some organizations the second s				• •	of the five columns b	elow.
		See	the separa	ate instructions for lir	nes 2a through 2f.)		
		Lobb	ying Exper	ditures During 4-Yea	ar Averaging Period		r
	alendar year I year beginning in)	(a) 2	:019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying	g nontaxable amount						
	g ceiling amount						
(150% of	f line 2a, column(e))						
c Total lob	bying expenditures						
	ots nontaxable amount						
	ots ceiling amount						
(150% 01	f line 2d, column (e))						
f Grassroo	ots lobbying expenditures						

Schedule C (Form 990) 2022

232042 11-08-22

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	a)	(b)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots	X			
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?	x	Х	71	E 7 1
g		<u> </u>	x	/ 1	,571.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		 X		
	Other activities?		Λ	71	,571.
I I	Total. Add lines 1c through 1i		х	/ 1	, , , , , , , , , , , , , , , , , , , ,
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Δ		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(f	5), or sec	tion	
	501(c)(6).		,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	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 " answered "Yes."	No" OR	(b) Part I	II-A, line	3, is
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				
с	_ · · ·				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
_5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	ide 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, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
DII	RECT CONTACT WITH LEGISLATORS AND GOVERNMENT OFFICIA	LS TO	MONIT	OR	
LEC	GISLATION THAT AFFECTS VOCATIONAL REHABILITATION. TH	E PRIM	IARY		
RES	SPONSIBILITY FOR FISCAL YEAR 2023 WAS TO HELP THE OR	GANIZA	TION	SECURE	
ST	ATUTORY REAUTHORIZATION.				

232043 11-08-22

SCHEDULE D Supplemental Financial Statements								
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2022			
Depart	ment of the Treasury	A	ttach to Form 990.		Open to Public			
	Revenue Service		0 for instructions and the latest information.		Inspection			
Nam	e of the organization				dentification number -3052307			
Pa	t I Organiza	FOR VOCATIONAL REH	d Funds or Other Similar Funds or A					
Ia		n answered "Yes" on Form 990, Part IV, lin			ompiete il trie			
	- guinzation		(a) Donor advised funds	(b) Funds and	other accounts			
1	Total number at er	nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5			writing that the assets held in donor advised fu	Inds				
	-		exclusive legal control?	-	X Yes No			
6			dvisors in writing that grant funds can be used					
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	erring				
	impermissible priva	ate benefit?	·		X Yes No			
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.				
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).					
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of a his	storically importa	ant land area			
	Protection o	f natural habitat	Preservation of a ce	rtified historic st	ructure			
		n of open space						
2		o o i	ied conservation contribution in the form of a c					
	day of the tax year				the End of the Tax Year			
a								
b	•							
c			ucture included in (a)	. 2c				
a		vation easements included in (c) acquired a		2d				
3			eased, extinguished, or terminated by the orga		he tay			
3	year	, , ,	eased, extinguished, or terminated by the orga	anzation during t				
4		 where property subject to conservation eas	sement is located					
5		tion have a written policy regarding the per						
-	0	orcement of the conservation easements it		ſ	Yes No			
6	,		handling of violations, and enforcing conserva		during the year			
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easements during	g the year			
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)				
	and section 170(h))(4)(B)(ii)?		l	Yes No			
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense state	ement and				
	balance sheet, and	d include, if applicable, the text of the footn	note to the organization's financial statements t	that describes th	e			
De		ounting for conservation easements.	Art Historical Tracquess or Other	Cimilar Acad				
Pa		-	Art, Historical Treasures, or Other	Similar Asse	ets.			
		f the organization answered "Yes" on Form						
1a	-		8, not to report in its revenue statement and ba		rks			
		· · · · ·	blic exhibition, education, or research in further	ance of public				
h	· •		ncial statements that describes these items.	aa abaat warka	⊳f			
D	-		 to report in its revenue statement and balan exhibition, education, or research in furtheran 					
		ing amounts relating to these items:			ice,			
	•	5		\$				
2			asures, or other similar assets for financial gain					
_		unts required to be reported under FASB A		· · · · -				
а	-			\$				
		eduction Act Notice, see the Instructions			ule D (Form 990) 2022			
23205	09-01-22							
			29					

20						
2022.05090	THE	FLORIDA	ENDOWMENT	FOU	62658_	_1

		RIDA ENDOWN								
		ATIONAL REP						52307		age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	Othe	r Similar	Assets	(continu	ied)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that r	make si	gnificant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange prograr	n					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further th	e organizatior	ı's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other	similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organization	n answered "ነ	res" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other asse	ets not i	included		_		_
	on Form 990, Part X?						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
								Amount		
С	Beginning balance					. 1c				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					. 1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	istodial accoui	nt liabil	ity?		Yes		No
_	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part I						
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three y	ears back	(e) Four y	ears l	back
1a	Beginning of year balance	21,481,053.	26,674,413.	23,334,	,524.	21,23	34,168.	25,3	10,5	580.
b	Contributions	196,926.	58,612.		,344.	3	62,827.			
с	Net investment earnings, gains, and losses	1,767,525.	-2,656,559.	5,543	,172.	4,1	62,270.	01,807,908		908.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	1,799,042.	2,595,413.	2,254	,627.	2,4	24,741.	2,3	306,8	897.
f	Administrative expenses									
g	End of year balance	21,646,462.	21,481,053.	26,674,	,413.	23,33	34,524.	21,2	34,3	168.
2	Provide the estimated percentage of the curr	ent year end balance	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 an	nd administere	d for th	e		_		
	organization by:							<u>ا</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	organization's endow	wment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	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		or other	(c) A	ccumulate	d	(d) Book	value	Э
		basis (investm	nent) basis	(other)	de	preciation				
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment			3,910.	-	111,62				31.
	Other		15	3,279.		76,64	10.			39.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	X. column (B), line 1	0c.)				78	,92	20.
						:	Schedule	D (Form	990)	2022

FOR VOCATIONAL REHABILITATION, INC. 59-3052307 Page 3 Schedule D (Form 990) 2022 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes 22,085 LEASE LIABILITY (2)(3) (4) (5) (6) (7)(8) (9) 22,085. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 FOR VOCATIONAL REHABILITATION		59-	3052307 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Re	eturn.	
	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	3,121,301.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a 1,279,324.		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	1,279,324.
3	Subtract line 2e from line 1		3	1,841,977.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	l l		
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	1,841,977.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	2,929,189.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1		
а		2a		
b	Prior year adjustments	2b		
С		2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,929,189.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
а		4a		
b	Other (Describe in Part XIII.)	4b		-
с			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,929,189.
Pa	rt 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 2019 REMAIN SUBJECT TO EXAMINATION BY

32

THE APPLICABLE TAXING AUTHORITIES.

232054 09-01-22

	THE FOP	FLORIDA	ENI	OOWMENT FOUNDATIC REHABILITATION,	N TNC	59-3052307	Dec. 5
Schedule D (Form 990) 2022 Part XIII Supplemental Inform	mation	VOCATION		KERADIDITATION,	INC.	23-2022201	Page 5
	nation	(continued)					
						Schedule D (Form 9	90) 2022

33

232055 09-01-22

SCHEDULE I		irants and Oth					OMB No. 1545-0047
(Form 990)		vernments, an ete if the organizatior					2022
Department of the Treasury Internal Revenue Service	Comp	-	Attach to Form .gov/Form990 for	n 990.			Open to Public Inspection
3		ENT FOUNDAT					Employer identification number 59-3052307
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?				•		
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant f	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 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
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	E01(C)(2)	88,000.	0.			VOCATIONAL PROGRAMS
CENTER FOR IND LIV OF BROWARD	59-5551927	501(C)(3)	88,000.	0.			VOCATIONAL PROGRAMS
4800 N. STATE ROAD 7 BLDG. F, SUITE 102 - FT. LAUDERDALE, FL							
33319	65-0292125	501(C)(3)	22,000.	0.			VOCATIONAL PROGRAMS
CENTER FOR IND. LIVING N. CENTRAL FL - 222 SW 36TH TERRACE -							
GAINESVILLE, FL 32607	59-2177488	501(C)(3)	55,000.	0.			VOCATIONAL PROGRAMS
CHAUTAUQUA CHARTER SCHOOL 1118 MAGNOLIA AVE.							
PANAMA CITY, FL 32401	86-1145087		22,000.	0.			VOCATIONAL PROGRAMS
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 			e line 1 table	·····			23.

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

Schedule I (Form 990)

FOR VOCATIONAL REHABILITATION, INC.

59-3052307 Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt 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
EDUCATIONAL FOUNDATION OF LAKE COUNTY - 2045 PRUITT ST							
LEESBURG, FL 34748	59-2764174	501(C)(3)	22,000.	0.			VOCATIONAL PROGRAMS
EMBRACE FAMILIES FORMERLY COMMUNITY INIT - 4001 PELEE STREET, SUITE 200 - ORLANDO, FL 32817	01-0631375	501(C)(3)	22,000.	0.			VOCATIONAL PROGRAMS
	01 0031373	501(0)(5)	22,000.				
EMERALD COAST CHILDREN'S ADVOCACY CENTER - PO BOX 1237 - NICEVILLE, FL 32588	59-3454168	501(C)(3)	27,467.	0.			VOCATIONAL PROGRAMS
FLAGLER COUNTY EDUCATION FOUNDATION - 1769 E. MOODY BLVD.,							
BLDG. 2 - BUNNELL, FL 32110	59-3006312	501(C)(3)	22,000.	0.			VOCATIONAL PROGRAMS
FOUNDATION FOR ORANGE CO. PUBLIC SCHOOLS - 550 S. EOLA AVE ORLANDO, FL 32801	59-2788435	501(C)(3)	44,000.	0.			VOCATIONAL PROGRAMS
GOODWILL EASTER SEALS GULF (AL) 2440 GORDON SMITH DR. MOBILE, AL 36617-2319	63-0363472	501(0)(3)	44,000.	0.			VOCATIONAL PROGRAMS
GULFSTREAM GOODWILL INDUSTRIES, INC 1715 TIFFANY DRIVE EAST -	0000472						
WEST PALM BEACH, FL 33407	59-1197040	501(C)(3)	22,000.	٥.			VOCATIONAL PROGRAMS
HARDEE COUNTY SCHOOL DISTRICT 200 SOUTH FLORIDA AVE.							
WAUCHULA, FL 33873	59-6000631	GOVT	22,000.	0.			VOCATIONAL PROGRAMS
LEARNING INDEPENDENCE FOR TOMORROW INC - 1005 S. HIGHLAND AVE							
CLEARWATER, FL 33756	46-1088977	501(C)(3)	11,000.	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
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.	٥.			VOCATIONAL PROGRAMS
NASSAU COUNTY SCHOOL DISTRICT 1201 ATLANTIC AVE.							
FERNANDINA BEACH, FL 32034	59-6000756	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 ARC OF JACKSONVILLE 1050 NORTH DAVIS ST JACKSONVILLE, FL 32209	59-6209603	501(C)(3)	66,000.	0.			VOCATIONAL PROGRAMS
,							
THE GROW GROUP 412 E MADISON ST #1104							
TAMPA, FL 33602	27-3549225	501(C)(3)	25,000.	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	COVT	22,000.	Ο.			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 (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance 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) 2022

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.

59-3052307

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

INC.

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. 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 FOLLOWING DOCUMENTS WERE UPDATED: BY-LAWS, EMPLOYEE HANDBOOK, GRANT

POLICIES, FINANCE POLICIES AND PROCEDURES AND TH INVESTMENT POLICY.

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

38

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: 06/30/2023

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

TO APPLY THE DE MINIMIS SAFE HARBOR ELECTION.

15430514 136042 62658

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.

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,	Section 413.0111,	The Blind Services Foundation of Florida,	Over the next three fiscal years, the Blind	See Tab 4.	The Florida Division of Blind Services,
Inc.	F.S.	Inc., is the Division of Blind Services official	Services Foundation will focus on:		rationale to continue the Blind Services
325 W. Gaines St. Room 1114,		direct support organization. The Foundation			Foundation of Florida, Inc., is that the
Turlington Building,		serves Florida's blind citizens with intensity.	 Internal controls developed and 		foundation:
Tallahassee, Florida 32399		Our efforts are to use funds of the	implemented during fiscal year		 Maintains its mission and is
1-800-342-1828		Foundation to support programs of the			focused on a strategic plan that
www.blindservicesfoundation.org		Florida Division of Blind Services; and to	 The development and approval of 		is closely aligned with the
		conduct programs and activities, and initiate	a new approach to soliciting		priorities of the FDBS;
		developmental projects for the benefit of	proposals		 Serves as an efficient fiscal
		Floridians of all ages who are blind and/or			agent for statewide initiatives
		visually impaired.	 Distribution of funds 		and developmental projects for
					the benefit of blind and/or
			 Senior Equipment and Training 		visually impaired Floridians,
					through fundraising and
			 Florida's White Cane Law 		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 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					 community. The Foundation continues to monitor the Vocational Evaluation Tool. The foundation dedicated their time establishing the Senior Equipment and Training project. Main objective of SET is to create a mechanism where funds from the foundation could be used to acquire equipment that contribute to independence and increase capacity for seniors in the State of Florida who are blind or have low vision. The Foundation will focus on Florida's White Cane Law and developing innovative projects that will materially affect the lives of people who are blind or have low vision in the state of Florida.

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

ef	ile P	ublic Visua	al Render	ObjectId:	2023329893492	200118 - S	ubmis	sion: 2	023-10-25	5		TIN	l: 55-0888147
					Sho	ort Form						10	MB No. 1545-0047
For	" 9	90EZ	Re	eturn of G	Organization			om In	come T	ax			2022
		of the Treasury enue Service	Under section	n 501(c), 527,	or 4947(a)(1) of th	e Internal Re	venue	Code (ex	cept private	foun	dation	is)	
			•	Do not enter	social security numl	bers on this fo	orm as i	it may be	made publi	c.			Open to Public
			► G	io to <u>www.irs</u>	s.gov/Form990EZ	for instructio	ons and	d the late	est informa	tion.			Inspection
Α	For th	ne 2022 cale	endar year, or	r tax year beg	ginning 07-01-202	2, and endin	ng 06-3	80-2023		-			-
		if applicable: s change	C Name of o	organization vices Foundation	of FloridaInc					DE	mploy	er iden	tification number
_	Name o	-									55-0888		
	Initial r	-		nd street (or P. C ines St Turlingtor). box, if mail is not deliv n Bldg 111	vered to street a	iddress)	Room/suit	e	ΕT	elephon	e numb	er
		urn/terminated	City or to	wn, state or prov	vince, country, and ZIP of	or foreign postal	code				((850) 24	45-0392
		ed return tion pending		e, FL 32399							Group Ex Jumber	emptio	n
G		ting Method:			r (specify) 🕨				H Check	• 🗸			
07	ccoun	iting method.							required (Form 9				
			ablindservices.org						(FOITI 9	90, 9	990-EZ	, 01 99	ю-рг).
J Ta	ax-exe	mpt status (ch	heck only one) - 🗹 5	501(c)(3)🕵 🛛	501(c)() ┥ (insert no	o.) 🗆 4947(a)(1)or 🛛	527					
ΚF	orm of	organization:	Corporation	n O Trust O	Association O Other	r							
L A are	dd line \$500,	es 5b, 6c, an ,000 or more	d 7b to line 9 to e, file Form 990	o determine g instead of For	ross receipts. If gros rm 990-EZ ••••	s receipts are	\$200,0	000 or mo	re, or if tota	l asse	ets (Pa	rt II, c ▶ \$ 17	olumn (B) below) 71,167
P	Part I	Reven Check if	ue, Expense the organization	es, and Char on used Sched	nges in Net Asse ule O to respond to a	ts or Fund any question in	Balan n this P	ces (see art I	the instruct	ions f	for Par	t I)	🗹
	1				amounts received .						1		169,494
	2	Program se	rvice revenue i	ncluding gover	rnment fees and con	tracts				Ľ	2		
	3	Membership	p dues and asse	essments							3		
	4	Investment	income								4		1,673
	5a	Gross amou	unt from sale of	f assets other	than inventory		5a						
	b				nses		5b			0			
	с	Gain or (los	ss) from sale of	assets other t	than inventory (Subt	ract line 5b fro	om line	5a)			5c		
~	6		d fundraising ev										
nue	а	Gross incon	ne from gaming	g (attach Sche	dule G if greater tha	n \$15,000)	6a						
Revenue	b		ne from fundrai events reporte		not including \$ attach Schedule G if t	he	of con	itributions	s from				
		sum of such	n gross income	and contributi	ions exceeds \$15,00	0)	6b			0			
	с	Less: direct	expenses from	n gaming and i	fundraising events		6c			0			
	d	Net income	or (loss) from	gaming and fu	undraising events (ac	ld lines 6a and	d 6b an	d subtrac	t line 6c)		6d		
	7a			ess returns and	d allowances		7a						
	b		of goods sold				7b			0	_		
	c		. ,		tory (Subtract line 7					' -	7c		
	8		,	,							8 9		171 167
	9	Total Teve	nue. Add intes	1, 2, 3, 4, 30,	6d, 7c, and 8					•	9		171,167
	10	Grants and	similar amount	ts paid (list in	Schedule O)						10		168,448
	11	Benefits pai	id to or for mer	mbers						Ī	11		
95	12	Salaries, ot	her compensati	ion, and emplo	oyee benefits						12		
ns(13	Professiona	I fees and othe	r payments to	independent contrac	ctors					13		600
Expenses	14	Occupancy,	rent, utilities,	and maintenar	nce		•••				14		
ш	15	Printing, pu	Iblications, post	tage, and ship	ping		• •				15		
	16		nses (describe				• •				16		1,778
	17		enses. Add line							►	17		170,826
\$	18		-		line 17 from line 9)						18		341
Assets	19				g of year (from line 2			-					
t A				. ,	r's return)					+	19		100,773
Net	20		-		ances (explain in Sch	,				-	20		101 111
Fai	21				ar. Combine lines 18	-	• •				21		101,114
101	rap€	work Keal	UCLION ACT NOT	uce, see the	separate instructio			Cat. N	lo. 10642I			For	m 990-EZ (2022)

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— Page 2 —

tructions for Pai this Part III Blind Services se funds, req gest program , the number	t III) s of the Florida uest and receive services, as of persons ence. Endowment	(22 23 24 25 26	(B) End of year 101,1: 101,1: 101,1: 101,1: Expens (Required for set (3) and 501(c)(organizations; c others.)	14 14 es ection 501(c 4)
tructions for Pai this Part III Blind Services funds, requ gest program , the number ain independe nd.	100,773 2 100,773 2 100,773 2 100,773 2 100,773 2 100,773 2 100,773 2 100,773 2 2 100,773 2 100,773 2 100,775 2 100,	22 23 24 25 26	101,1 101,1 101,1 Expens (Required for se (3) and 501(c)(organizations; c others.)	14 14 ction 501(c 4) pptional for
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se funds, requ gest program , the number ain independend.	services, as of persons ence. Endowment		organizations; c others.)	ptional for
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— Page 3 —

Form 990-EZ (2022)

 Part 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 O

Page 3

Blind Services Foundation Of Florida Inc - Full Filing- Nonprofit Explorer - ProPublica

Yes No

33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	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	35c		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	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?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 0; section 4912 0; section 4955 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess 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	40b		No
С	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 sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0			
е 41	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	40e		No
	List the states with which a copy of this retain is near	► (8 ¹	50) 245-0	1329
	List the states with which a copy of this return is filed. The organization's books are in care of Brandis Hall Telephone not	o.▶ <u>(85</u>	50) 245-0)329
	The organization's books are in care of Brandis Hall Telephone no)329
	List the states with which a copy of this retain is near)	
42a	The organization's books are in care of Brandis Hall Telephone no			0329 No No
42a	The organization's books are in care of Brandis Hall Telephone no Located at 325 W Gaines St Turlington Bldg 111 Tallahassee , FL ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	32399)	No
42a	The organization's books are in care of Brandis Hall Telephone no Located at Located at At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	32399)	No
42a	The organization's books are in care of Brandis Hall Telephone no Located at 325 W Gaines St Turlington Bldg 111 Tallahassee , FL ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	32399)	No
42a b	The organization's books are in care of Brandis Hall Telephone no Located at 325 W Gaines St Turlington Bldg 111 Tallahassee , FL ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<u>32399</u>)	No No
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42a b c	The organization's books are in care of Brandis Hall Telephone no Located at Size W Gaines St Turlington Bldg 111 Tallahassee , FL ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	<u>32399</u>	Yes	No No
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42a b c 43 \$	The organization's books are in care of Earndis Hall Telephone not be and the organization's books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of Earndis Hall Telephone not books are in care of the foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: Earndis telephone not books are 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 U.S.? If "Yes," enter the name of the foreign country: Earndian telephone not books are interest filing Form 990-EZ in lieu of Form 1041 - Check here All telephone not books are interest received or accrued during the tax year All telephone not be completed instead of Form 990-EZ in the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ in the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ in the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ in the organization maintain any donor advised funds	<u>32399</u>	Yes	No No
42a b c 43 5 44a b	The organization's books are in care of strandis Hall	32399 42b 42c 44a 44b	Yes	No No No
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42a b c 43 \$ 44a b c d	The organization's books are in care of Brandis Hall Telephone normalization's books are in care of Brandis Hall Telephone normalization's books are in care of Brandis Hall Telephone normalization's books are in care of Telephone normalization's books are in care of Telephone normalization's books are in care of Telephone normalization and the organization bldg 111 Tallahassee , FL ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	32399 42b 42c 44a 44b 44c	Yes	No No No No No
42a b c 43 \$ 44a b c d 45a	The organization's books are in care of remains that the provide a term of the brands that the organization's books are in care of remains that the organization's books are in care of remains the term of the organization based of the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	32399 42b 42c 44a 44a 44b 44c 44d	Yes	No No No No No No
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— Page 4 —

Form 990-EZ (2022)

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		No

Part VI Sectio	n 501(c)(3) Organizations Only	
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All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

		<u> </u>	Yes	No
			res	NO
47	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	47		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and busine	ss address of each independent contractor	(b) Type of service	(c) Compensation
NONE			

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a

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

Sign Here	inature of officer ul Edwards Chairman pe or print name and title			2023-10-25 Date		
Paid Preparer	Print/Type preparer's name Scot A Shepard CPA Firm's name Rogers Wood Hill	Preparer's signature Starman & Gustason PA	Date	Check if self-employed PTIN P00103309 Firm's EIN ▶ 59-1362099		
Use Only	Firm's address F 606 Bald Eagle Dr Marco Island, FL			Phone no. (239) 394-7502	39) 394-7502	

https://projects.propublica.org/nonprofits/organizations/550888147/202332989349200118/full

Form **990-EZ** (2022)

Additional Data

Return to Form

Software ID: 22015553 Software Version: 2022v5.0

Form 990-EZ, Special Condition Description:

Special Condition Description

Blind Services Foundation Of Florida Inc - Full Filing- Nonprofit Explorer - ProPublica

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SC	HED	ULE A		Public	Charity Statu	is and Pi	ublic Supp	ort	OMB No. 1545-0047
(For	n 990))	Coi		rganization is a sect	ion 501(c)(3) organization or		2022
Depart	ment of t	he Treasury			4947(a)(1) nonexe Attach to Form				
Interna	l Revenu	le Service	►	Go to <u>www.irs</u>	<u>s.gov/Form990</u> for i			rmation.	Open to Public Inspection
		he organiza						Employer identifi	
Blind	Service	s Foundation o	f FloridaInc					55-0888147	
	rt I	Reason	for Public	Charity Stat	us (All organization	s must comp	lete this part.) S	See instructions.	
1 ne o 1	organiz		-		e it is: (For lines 1 thro				
2					sociation of churches			(A)(I).	
3					vice organization desc	-			
4		•	•		ed in conjunction with			2	- nter the hospital's
-	\cup	name, city	, and state:						
5	\Box	An organiz	ation operate	ed for the benef	t of a college or unive	rsity owned or	operated by a gov	ernmental unit descr	ibed in section
6				omplete Part II.) · governmental unit de	scribed in sec	170(h)(1)(A)(v)	
7				-	a substantial part of it				ral public described in
		section 1	70(b)(1)(A)	(vi). (Complete	e Part II.)		5	file of from the gene	
8					n 170(b)(1)(A)(vi).				
9					escribed in 170(b)(1) ee instructions. Enter				llege or university or a
10					(1) more than 331/3% actions—subject to cer				
		investmen	t income and	unrelated busir					organization after June
11	\square				d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12					d exclusively for the be				
					described in section 5 s the type of supportir				a)(3). Check the box
а					ated, supervised, or c				
				ctions A and B	appoint or elect a majo •	ority of the dire	ctors or trustees c	or the supporting org	anization. You must
Ь		manageme	ent of the sup		pervised or controlled i ation vested in the sar				
с		Type III f	unctionally	integrated. A	supporting organizatio				ated with, its
d	\square		-		ions). You must com d. A supporting organ	• •			nization(s) that is not
	\cup	functionall	y integrated.	The organizatio	n generally must satis	fy a distributio	n requirement and	an attentiveness re	quirement (see
е		Check this	box if the or	ganization recei	ved a written determir	nation from the		pe I, Type II, Type II	I functionally
f	Enter			-	integrated supporting	-			
g			••		upported organization(· · · · · · · - <u>-</u>	
	(i) N	Name of sup organizatio		(ii) EIN	(iii) Type of organization		rganization listed rning document?	(v) Amount of monetary support	(vi) Amount of other support (see
		organizacio			(described on lines	in your gove	ining document:	(see instructions)	instructions)
					1- 10 above (see instructions))				
						Yes	No		
				1					
Tota	1								
For I	Paperv		tion Act No	tice, see the I	nstructions for	Cat. No. 112	85F	Schedul	e A (Form 990) 2022
Forn	1 990	or 990-EZ.							
					Pa	ge 2			
Sche	dule A	(Form 990)							Page 2
Pa	rt II				zations Described				
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	ection	n A. Public		i		ŕ	;		
			a.org/nonprof	its/organizations	/550888147/20233298	39349200118/fu		•	

	24, 5:05 PM		Foundation Of Fl			orer - ProPublica	
	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
_	include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
4	the organization without charge 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.						
5	Section B. Total Support						
Ca	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(o 7	r fiscal year beginning in) 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						
10	business is regularly carried on Other income. Do not include gain or						
10	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10 Gross receipts from related activities, e	te (coo instructio	nc)				
12	First 5 years. If the Form 990 is for th	•				12	ization check
15	this box and stop here			•			
5	Section C. Computation of Public						
	Public support percentage for 2022 (line		-	olumn (f))		14	
15	Public support percentage for 2021 Sch	edule A, Part II, li	ne 14			15	
16	33 1/3% support test—2022. If the o						
	and stop here. The organization qualifi 33 1/3% support test—2021. If the	ies as a publicly si organization did r	upported organiza	tion			▶ □ (this
	box and stop here. The organization of						_
17;	10%-facts-and-circumstances test-	-2022. If the org	anization did not of	check a box on lin	e 13, 16a, or 16b	, and line 14 is 10	% or more,
	and if the organization meets the "facts			-	-	-	
ŀ	meets the "facts-and-circumstances" te 10%-facts-and-circumstances test		•	, ,,			
	more, and if the organization meets th	e "facts-and-circu	imstances" test, cl	heck this box and	stop here. Expla	in in Part VI how t	he organization
	meets the "facts-and-circumstances" to Private foundation. If the organizatio						🕨 🗆
18	instructions						
							Form 990) 2022
			Page 3				
Sch	edule A (Form 990) 2022						Page 3
	Part III Support Schedule fo						
	(Complete only if you on the organization fails to						er Part II. If
5	Section A. Public Support	o quality anaci		below, please e		/	
Ca	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .	71,143	68,303	79,662	83,433	169,494	472,035
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						0
	any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are						
	not an unrelated trade or business under section 513						0
4	Tax revenues levied for the						-
	organization's benefit and either paid						0

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5	The value of services or facilities furnished by a governmental unit to								0
	the organization without charge								0
6	Total. Add lines 1 through 5	71,143	68,303	79,662	83,433	169,4	94	4	472,035
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons								0
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								0
	\$5,000 or 1% of the amount on line								
с	13 for the year. Add lines 7a and 7b.								
8	Public support. (Subtract line 7c							4	472,035
Se	from line 6.) ection B. Total Support								
-	endar year	(-) 2010	(1-) 2010	(-) 2020	(4) 2021	(-) 2022	(0)	Tabal	
(or	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		Total	
9 10a	Amounts from line 6 Gross income from interest,	71,143	68,303	79,662	83,433	169,4	94	4	472,035
104	dividends, payments received on	1,406	1,455	1,419	1,528	1,6	73		7,481
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								0
	1975.								
с 11	Add lines 10a and 10b. Net income from unrelated business	1,406	1,455	1,419	1,528	1,6	73		7,481
11	activities not included on line 10b,								0
	whether or not the business is regularly carried on.								Ŭ
12	Other income. Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI.) .								0
13	Total support. (Add lines 9, 10c,	72,549	69,758	81,081	84,961	171,1	67	4	179,516
14	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	first second third	fourth or fifth t	ax vear as a secti	on $501(c)(3)$ or	ganiza	tion cł	neck
14	this box and stop here	-			-		-		_
Se	ection C. Computation of Public								
15	Public support percentage for 2022 (lin			column (f))		15		98.	440 %
16	Public support percentage from 2021 S	Schedule A, Part I	II, line 15			16			160 %
Se	ection D. Computation of Invest	ment Income	Percentage						
17	Investment income percentage for 20	22 (line 10c, colu	mn (f) divided by	line 13, column (f	f))	17		1.	560 %
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17 .			18		1.	840 %
19a	33 1/3% support tests-2022. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	n 33 1/3%, and I	ine 17	is not	
	more than 33 1/3%, check this box and								10:-
b	33 1/3% support tests—2021. If the not more than 33 1/3%, check this box								18 15
20								\sim	
	Private foundation. If the organizati	on did not check a	a box on line 14, 1	.9a, or 19b, check	this box and see	Schedule A			2022
						benedule /	(,	
			Page 4						
Sche	dule A (Form 990) 2022								1
	t IV Supporting Organization	~						P	age 4
Fai	(Complete only if you checked		f Part I If you ch	ecked box 12a of	Part I complete	Sections A and I	3 If vo	u chec	ked
	box 12b, of Part I, complete Se	ections A and C. If	you checked box						
	12d, of Part I, complete Section		omplete Part V.)						
56	ection A. All Supporting Organiz	ations						Yes	No
1	Are all of the organization's supported	organizations list	od by pama in the	organization's go	worning documon	tc2		163	
1	Are all of the organization's supported If "No," describe in Part VI how the s								
	describe the designation. If historic an			5	, , ,		1		
2	Did the organization have any support					er section			
	509(a)(1) or (2)? If "Yes," explain in I	ed organization th	hat does not have	an IRS determina	ition of status und				
	described in section $509(a)(1)$ or (2).						2		
3a	described in section 509(a)(1) or (2). Did the organization have a supported	Part VI how the o	rganization deterr	nined that the sup	oported organizati	on was			
3a	described in section 509(a)(1) or (2).	Part VI how the o	rganization deterr	nined that the sup	oported organizati	on was			
3a b	described in section 509(a)(1) or (2). Did the organization have a supported	Part VI how the o	rganization deterr cribed in section 5 ization qualified u	nined that the sup 01(c)(4), (5), or (nder section 501(o	(6)? If "Yes," answ (6)? (6), (5), or (6)	on was ver lines 3b and and satisfied			

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

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4a	a 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.	4a 4b	
с	to 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 (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 .		
	Did and an entry discussion (as defined as the Oc) hold a controlling interest is source the is which the summer	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 .		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	9b	
Ľ	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.	10-	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a	 <u> </u>
D	the organization had excess business holdings. In the tax year? (Use Schedule C, Form 4/20, to determine whether the organization had excess business holdings).	10b	

Schedule A (Form 990) 2022

Page 5

— Page 5 -

Schedule A (Form 990) 2022

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

Section B. Type I Supporting Organizations

Section C. Type II Supporting Organizations

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

No

Yes

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

1

,				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Ŧ	1	I
S	ection 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times			
	during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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.

з 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.

3b Schedule A (Form 990) 2022

2a

2Ь

3a

Schedule A (Form 990) 2022

Page 6

No

Yes

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization			
	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):	1		
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):			

Page 6 -

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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 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-functionally-i instructions) 	ntegrate	d Type III supporting organization (see

Schedule A (Form 990) 2022

Page 7 -

Schedule A (Form 990) 2022

Page **7**

Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (co	ntinued)	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	2			
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)		5	
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	nich the organization is respons	sive (<i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019 .				
d From 2020				
e From 2021				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2022 distributable amount				
i Carryover from 2017 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7: \$				
a Applied to underdistributions of prior years				
b Applied to 2022 distributable amount				

Part VI

c Remainder. Subtract lines 4a and 4b from line 4.		
 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 		
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2023. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2018		
b Excess from 2019		
c Excess from 2020		
d Excess from 2021		
e Excess from 2022		
	Scł	nedule A (Form 990) (2022)

– Page 8 – Schedule A (Form 990) 2022 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Explanation

Facts And Circumstances Test

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Schedule A (Form 990) 2022

Additional Data

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Page 8

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Form 990) Pepartment of the Trea Internal Revenue Serv	asury	Complete to provide informati Form 990 or 990-EZ or to Attach to	ation to Form 990 or 990- on for responses to specific questions of provide any additional information. o Form 990 or 990-EZ. <u>orm990</u> for the latest information.	
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Services rour			55-0)888147
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Grants and Similar Amounts Paid In Excess of \$5,000.1	Class of Activity: I	Donation Donee's Name: Grants	& Donations Cash Amount Given: \$16844{	8
Other Expenses.101	Insurance \$783 2			
Other Expenses.1	Web Fees \$857			
Other Expenses.2	Licenses & Permi	s \$138		
or Paperwork Redu	ction Act Notice, see the	nstructions for Form 990 or 990-EZ.	Cat. No. 51056K	Schedule O (Form 990) 202
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